



**The Club Name:** \_\_\_\_\_

**Project Name:** Club Tax Network Club Whistleblower Hotline

This STATEMENT OF WORK details Services to be performed for \_\_\_\_\_ (“**The Club**”) by **The Club Tax Network, Inc.** (“**Provider**”), collectively known as the “**Parties**”.

### 1. Information Provided By The Club

- A. **The Club** acknowledges and agrees that the following information provided by **The Club** and used to develop the statement of work is correct and complete as of the date hereof. Any deviation from this information may result in changes to project schedule, deliverables, fees, and the level of effort required to perform services contained within this statement of work.
- B. **The Club** has employees who will contact the helpline telephonically or electronically (web form) and either file an original report or engage in a general inquiry.

### 2. Definitions

- A. **Original Report** – A report which alleges a violation of **The Club’s** standards of conduct. Original reports can be taken through the telephonic or web intake process a call which alleges a violation of **The Club’s** standards of conduct.
- B. **General Inquiry** – A call that does not allege a violation of **The Club’s** standards of conduct, such as benefits questions, payroll questions or any other matter for which **The Club** requires **Provider** to refer the person making the call to **The Club**.

### 3. Service Deliverables

The following items are included within the scope of this statement of work:

- A. **Club Fraud Hotline Service** – includes Domestic Telephonic and Employee Web Form
  - 1. Club Fraud Hotline service is available to all employees 24 hours per day, 365 days per year and includes support for follow-up support for both named and anonymous reporters. All intake data is retained and available for up to twelve (12) months from the date of the original report. As required, all non-English intake data is translated into and retained in English.
  - 2. Service includes the standard employee-facing Web-based reporting method allowing employees to enter allegations and responses to certain critical questions in order to capture and centralize all reported issues.

*Club Tax Network, Inc.*

26 Princewood Lane • Palm Beach Gardens, FL 33410-1493  
Tel: 561-776-0452 • Fax: 561-776-0454 • E-mail: mitch@clubtax.com  
www.clubtaxnetwork.com



3. Program will be implemented in accordance with **Schedule A: Scope of Professional Services for Implementation.**

B. Monthly Hotline Activity Reporting

1. Standard Report Library – Provider will have the ability to select pre-written standard reports, apply filters to those reports, and produce reports for print or electronic distribution that may prove to be helpful to Clubs.
2. Report Portal – Provider will have the ability to create, save and share custom reports to display specific details, summary overviews or graphical representations.

C. Employee Awareness

Ready-made electronic and print media to promote program to employees.

Item	Description	Language / Quantity
Speak Up Poster	Themed program poster (11" wide by 17" tall) displaying program message, telephonic Intake number(s) and URL for Employee Web Form.	English / 2

D. Professional Services

1. Provider agrees to provide the services listed in **Schedule A: Scope of Professional Services for Implementation** in support **The Club's** project.

#### 4. Fees and Payments

All Pricing is based upon Information Provided by **The Club** in section 1, the Service Deliverables defined in section 3, and additional information provided in this section.

All Fees stated herein exclude any sales or any other applicable tax assessments by any governmental jurisdiction. *(We believe this is a service not subject to state sales tax in FL.)*

A. Fees

1. Hotline Program (annual fee)



Program – Circle One	Annual Program Fee
Club Whistleblower Hotline Program (0 – 200 full time employees) (Financial Audit client of <b>Club Tax Network</b> CPA Firm)	<b>\$300.00</b> (\$150.00)
Club Whistleblower Hotline Program ( 201+ full time employees) (Financial Audit client of <b>Club Tax Network</b> CPA Firm)	<b>\$600.00</b> (\$300.00)

- a. The Annual Fee covers the hotline reporting program for Clubs in the U.S.
2. Awareness Materials

Awareness Materials Component	Project Fee
11 x 17 Speak Up Posters	<b>No Additional Charge</b>

## 5. Term

The term of this statement of work is one (1) year(s) from date of activation.

### Change Management

- A. Statement of work Change Request Process. Scope control is a priority during the term of this statement of work. A Change Request is defined as a written agreement between the Parties for additions, modifications, or deletions to this statement of work. The following provides a detailed procedure to follow if a change to this statement of work is desired.
- B. **The Club** and/or Provider will identify a desired change and give the other Party a written notice thereof (“Notice of Proposed Change”).
- C. Provider will determine the impact of the desired change on Project scope, schedule and/or budget, and will provide **The Club** with a written statement of such impact (“Statement of Impact”) concurrently with any Notice of Proposed Change given to **The Club** or within a commercially reasonable time after either Party documents a Notice of Proposed Change.
- D. **The Club** will review the Statement of Impact and may request additional information. Provider may specify commercially reasonable fees to be charged, if any, to reimburse Provider for expenses to be incurred in providing such additional information with respect to any Notice of Proposed Change initiated by **The Club**.
- E. If both Parties desire to implement the proposed change, the Parties will jointly develop a Change Request describing the proposed change and the rationale for such change. If the Change Request is acceptable to both Parties, **The Club** and Provider will each sign and



deliver the Change Request to the other, which will then constitute the Parties' binding agreement to the proposed change and any associated fees provided for therein.

- F. Provider will invoice **The Club** for any additional charges provided for in the Change Request.

**IN WITNESS WHEREOF**, the parties hereto have caused this Statement of Work to be executed by their duly authorized representatives as of the date(s) indicated below.

***Club Tax Network, Inc.***

**The Club**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name:  Mitchell L. Stump

Name: \_\_\_\_\_

Title:  President

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## Schedule A

### Scope of Professional Services for Implementation

#### 1. Hotline Implementation Process

Once this Statement of Work is fully executed, Provider will follow Provider's standard implementation approach to ensure the timely delivery of a solution that meets all defined **The Club** requirements. These steps may be conducted by email, phone or in-person meetings. Steps include:

1. Establishment of Provider and **The Club** project teams.
2. Assessing, defining, and documenting the needs of **The Club**.
3. Recommendations to **The Club** based on Provider's business practice experience (as needed).
4. System configuration with **The Club's** documented and approved requirements.
5. Organizational roll-out.
6. Post roll-out support.

#### 2. Consulting and Implementation Services

Implementation Services to support the project include process consulting/configuration, support, and testing.

##### A. Hotline – Telephonic and Web-Reporting Program Setup (**Domestic**)

1. Toll-free number from AT&T for use throughout the United States.
2. Automated Welcome Message - Standard, pre-recorded message validating to the caller that they have reached the appropriate phone number.
3. Call Greeting – Call greeting has been customized for *Club Tax Network*.
4. Dissemination – Reports can be disseminated to up to three (3) named recipients via email, fax or XML file by email or FTP. PGP encryption is available upon request.
5. Escalation – Based on standard escalation criteria, incident reports will be escalated to up to three (3) contacts by telephone to *Club Tax Network* that will in turn contact **The Club**. Escalation occurs within 15 minutes of the end of the intake call.
6. Callback period – Follow-up timeframe questions from investigators to reporters (employees) are standardized at 14 calendar days, but can be configured from 3 to 21 calendar days upon request.
7. Locations Database – one-time upload of **The Club** location along with monthly changes as needed.
8. Standard Incident Codes – The following list of 24 standard incident codes are included:

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- Accounting/Audit Irregularities,
  - Conflicts of Interest,
  - Customer/Member Relations,
  - Discrimination,
  - Employee Relations,
  - Falsification of The Club Records,
  - Fraud,
  - Fraudulent Insurance Claims,
  - Improper Loans to Executives,
  - Insider Trading
  - Kickbacks,
  - Policy Issues,
  - Product Quality Concern,
  - Release of Proprietary Information,
  - Retaliation of Whistleblowers,
  - Safety Issues and Sanitation,
  - Sexual Harassment,
  - Substance Abuse,
  - Theft of Cash,
  - Theft of Goods/Services,
  - Theft of Time,
  - Unauthorized Discounts,
  - Wage/Hour Issues,
  - Workplace Violence/Threats.
9. Employee Web-based Reporting Form setup includes 1.) Branding – upload personalized logo of **Club Tax Network**, 2.) Incident codes as listed above, 3.) File attachment support for electronic files that can be attached to a reported incident. No more than 10 files can be attached to a single incident report and combined size of attached files cannot exceed 10MB. No single attached file can exceed 5MB.



**Club Name:** \_\_\_\_\_

**Project Name:** Club Tax Network Club Whistleblower Hotline

All of the information on this form helps *Club Tax Network* setup an effective **Club Fraud Hotline** for your Club.

### Dissemination Contacts

The Club Manager will generally be the person to receive your incident reports via e-mail. If the report is being made regarding the Club Manager, only the Club President will be contacted. The Club may provide an additional contact if desired (please list their Job Title under "Alt. Club Rep.").

**Name:** **E-Mail Address:** **Emergency Tel:**

**#1 Club Manager** \_\_\_\_\_

**#2 Club President** \_\_\_\_\_

**#3 Alt. Club Rep.** \_\_\_\_\_

### The Club Set-Up Information

Please provide the Club's representative who should receive annual invoices from *Club Tax Network*:

Official Club Name \_\_\_\_\_

Billing Contact's Name \_\_\_\_\_

Billing Contact's Job Title \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_