

STATEMENT OF WORK PROPOSAL

HEALTH CHECK SERVICES

Prepared for:

**Client (Acme, Inc.)**

123 Main St.

Anytown, Pa 12345

**POC’s Name**

Office: (xxx) xxx-xxxx

Fax: (xxx) xxx-xxxx

Email@client.com

**Proposal # Assign Unique Client Number**

FRIDAY, OCTOBER 29, 2010

**Prepared by:**

Your Name

Principal Consultant. Services Department

**HBGary*,* Inc.**

1. 916-459-4727, F: 916-481-1460 [email@hbgary.com](mailto:email@hbgary.com)

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[**SYNOPSIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3**](#page3)[**SCOPE OF SERVICES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3**](#page3)[**ASSUMPTIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3**](#page3)[**RESOURCES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4**](#page4)[**SCHEDULING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4**](#page4)[**DELIVERABLES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4**](#page4)[**ESTIMATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5**](#page5)[**BILLING INFORMATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6**](#page6)[**EXPIRATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6**](#page6)[**APPROVAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6**](#page6)

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This Statement of Work Proposal defines the scope, services and fees to be delivered by HBGary, Inc. (HBG) to **Client Company**, further referred in this document as “Client.” This SOW once executed shall be incorporated intoand become a part of the *Master Services Agreement*. If there is a conflict between the terms of the SOW and the *Master Services Agreement*, the SOW will govern over the *Master Services Agreement*.

**SYNOPSIS**

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The Client is requesZng that HBG assist them by conducZng a confidenZal Health Check wherein HBG consultant(s) will conduct an assessment is defined as a host-­‐level security assessment of Microso\ Windows systems using HBGary AcZve Defense™ technology. AcZve Defense™ detects known and previously unknown threats present on systems through the use of volaZle memory analysis and live operaZng system data such as disk, process, and registry. scan of approximately One Hundred(100) nodes to a^empt to idenZfy hosts infected with malicious acZvity. Client is also requesZng that HBG be available to provide subject ma^er experZse in this ma^er, if necessary.

**SCOPE OF SERVICES**

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The scope of services is limited to assisZng Client:

1. The scope of the engagement was limited to the 100 hosts defined in the statement of work. HBGary’s collecZon and analysis eﬀorts were focused primarily on host level data in an eﬀort to locate targeted a^ack tools and forensic arZfacts related to these tools. The goals during this engagement were the following and applied to the in-­‐scope systems:

IdenZfy compromised systems using known indicators

IdenZfy compromised systems with previously unknown malware Examine forensic arZfacts related to the current incident

Analyze idenZfied malware and extract indicators of compromise (IOCs)

IdenZfy addiZonal compromised systems using newly discovered IOCs.

1. Preview nodes and search for the following: Known Hacker Tools

Known Root Kits

Peer to Peer Programs FTP applications

Rogue Application Programs

**ASSUMPTIONS**

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For the purposes of this proposal, the following assumpZons are made based upon informaZon provided, in part, from Client:

* HBGary AcZve Defense and/or HBGary Responder Pro EdiZon so\ware will be used by the consultant for this engagement.

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* The health check will take place at Client's facility located at 123 Main St. Anytown, Pa 12345
* If necessary, HBG will be provided with a list of authorized users and any necessary passwords or other means of accessing the target nodes.
* A work day is ten hours between 8AM-­‐6PM. Monday through Friday, excluding holidays. Any work day that is outside these parameters or any hours in excess of ten hours in one work day are subject to a 25% surcharge on the hourly rate.

**RESOURCES**

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It is esZmated one Principal Consultant can complete the health check of One Hundred (100) systems contained on the Client network, within Fi\y (50) work hours.

One Principal Consultant will, if requested by Client, provide subject ma^er expert tesZmony on the process at the hourly rates as set forth in the *Master Services Agreement*.

Based on the assumpZons given above, HBG is esZmaZng that one Consultant could complete this engagement in one (1) week.

These esZmates are based solely on iniZal facts presented by Client. HBG will provide all so\ware and hardware necessary to conduct health check. The client will provide remote access via secure VPN necessary to complete the work.

**SCHEDULING**

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The requested health check services are scheduled to commence on or about Monday, November 1, 2010

HBG normally requires confirmaZon of scheduled dates and Zme 48 hours prior to onsite deployment within the conZnental United States and 72 hours prior confirmaZon for onsite deployment internaZonally.

No work will commence without first receiving a signed copies of this proposal and the Master Services Agreement, as well as the receipt of, if applicable, any retainer amount, or purchase order.

**DELIVERABLES**

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The following items will be delivered to the Client within the specified Zme frames at the compleZon of this

Statement of Work.:

* A detailed report documenZng the assessment and analysis process, a list of processed nodes, all relevant obtainable idenZfying informaZon for each piece of suspicious malware and the locaZon of the retrieved data; including all exported and/or copied materials.

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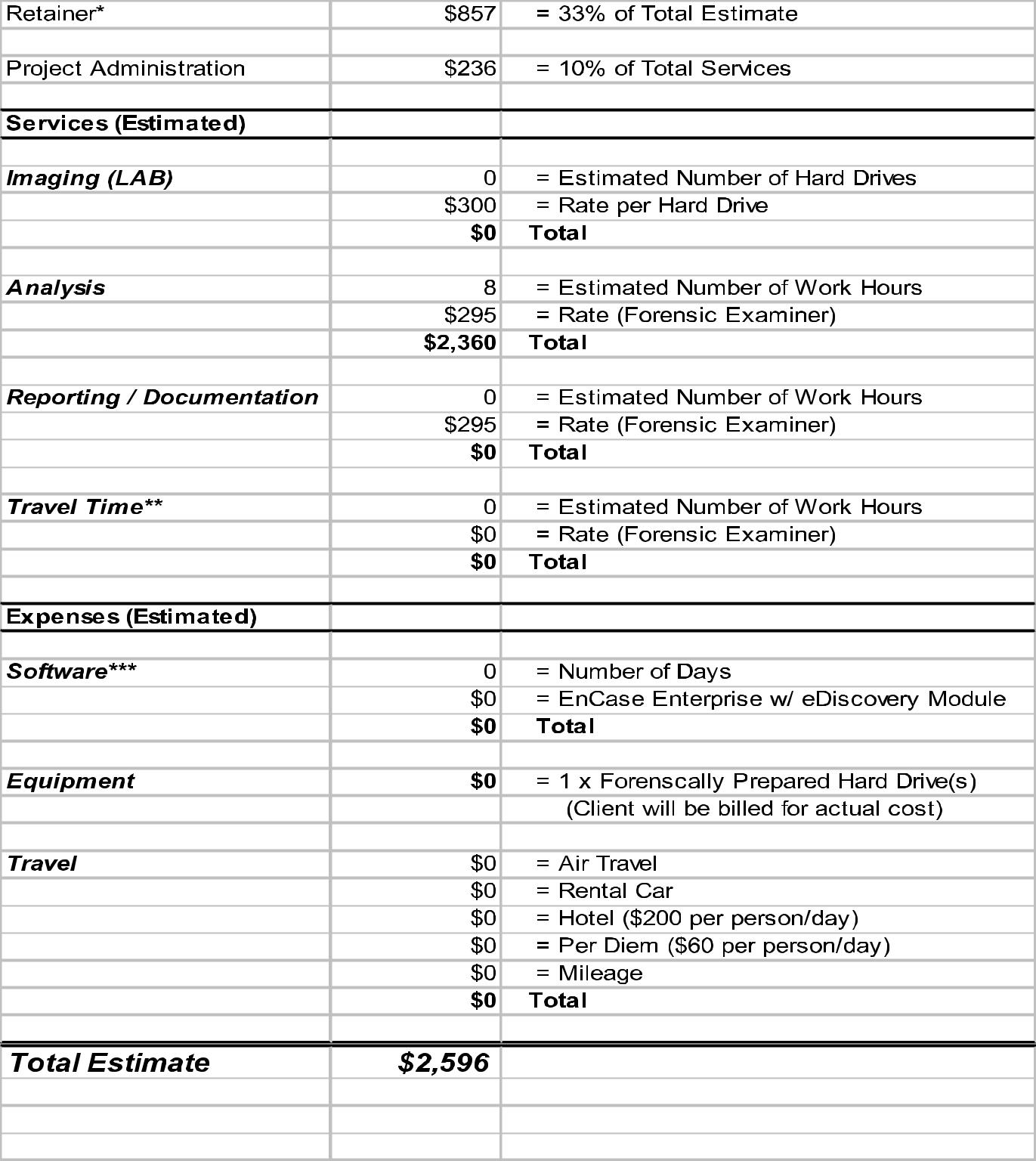
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**ESTIMATE**

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**I WILL MAKE A TABLE TO REFLECT SERVICE CODES, BILLABLE RATES, DESCRIPTIONS AND QUANTITIES (BELOW IS A PLACE HOLDER)**

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***\*This is only an estimate. Client will be billed for actual hours worked until the completion of this case. If the actual hours will likely exceed those given in any estimate, HBG will advise Client before working the additional hours. HBG will confirm all modifications to the original Statement of Work by one of the following methods of delivery:***

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1. ***Letter sent via USPS***
2. ***Email***
3. ***Telephone follow up, or written correspondence.***

***All modifications shall be incorporated into the original statement of work as if fully set forth therein. Please note that billable hours are for actual time spent on the examination, set-up, and reporting and do not include computer processing time (acquiring and searching).***

* ***This amount will be applied as a credit to the purchase price of Active Defense, up to 50% of the total purchase price, if purchased within 90 days of the acceptance of this document.***

**BILLING INFORMATION**

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Billing will be direct to Client with the following billing contact informaZon provided:

Contact: [POC @ client to receive invoice]

Address:123 Main St. Any Town, Pa 12345

Direct: (xxx) xxx-­‐xxxx

**EXPIRATION**

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This Statement of Work shall expire if not signed and returned to HBG within 30 days from the date this SOW was signed by HBG. This SOW will also become void if work does not commence within 30 days from the date this SOW was signed and returned by the Client.

**APPROVAL**

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HBGary, Inc. looks forward to assisZng you in any way. Please contact me at anyZme regarding this proposal or other services that we may provide.

Thank you, Client Proposal Approval

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Signature

Jim Bu^erworth

Vice President of Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

916-­‐817-­‐9981

bu^er@hbgary.com \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

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