

Contract Request Form

Project Name _____

Contractor Name _____

Contact Name _____

Street Address _____ City/State/Zip _____

Telephone _____ Fax _____ Email _____

Tax ID/Social Security Number _____

Project Summary: _____

Type of services that will be provided under this contract (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Design/Engineering | <input type="checkbox"/> Weed removal |
| <input type="checkbox"/> Surveying | <input type="checkbox"/> Spraying |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Planting |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Materials & supplies |
| <input type="checkbox"/> Other: | |

Funding sources for Contractor's work (list individually)

Source	Grant total	Amount allocated to this Contractor	Funding start date	Funding end date

Contract start date _____ Contract end date _____

NOTE: Contract start & end dates MUST fall within the granting period of funding agreements.

Attach Work Plan & Payment Schedule