



NEVADA DIVISION OF ENVIRONMENTAL PROTECTION



Nevada Drinking Water Assistance

System name:		Task	order # Date	
System address:			submitted:	
			Population:	
System ID:		Budge	et Category:	
System contact:			Date To FM	
Contact email:			Date Fr FM	
Contact phone:			-	
		8	OFA Use 0	Only
TA provider ^A :				
Technician name:				
Technician phone:				
Technician email:				

Services Requested

Component ^a :
Details of services to be provided
Proposed deliverables
Bureau of Safe Drinking Water comments:
Office of Financial Assistance comments:

A: Components are assigned to specific TA providers. If you are not sure of the TA provider who is sub-granted to provide the service, contact the SRF program at 775-687-9436.

Budget

Classification	Position/ description	Hours	Rate	Total expenses
Labor				
Trav	vel			
Equipme	ent			
Administrati	on			
Expenses paid by funding sources	<i>i</i> other			
TOTAL EXPENSE	ES			
TOTAL EXPENSE	ES			

Timeline

	Proposed starting date Estimated completion date number of assistance visits planned		
Printed name of TA official:		Title:	•
Signature of TA official:		Date:	
OFA approval to start work:			