Task Order Form





Nevada Drinking Water Assistance

System name:	Task order#
System name:	Date submitted:
System address:	
0	Population:
System ID:	Category:
System contact:	Date To FM
Contact email:	Date Fr FM
Contact phone:	
	OFA Use Only
TA provider ^A :	
Technician name:	
Technician phone:	
Technician email:	
Services Requested	
Component ^A :	
Details of services to be provided	
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Proposed deliverables	

Bureau of Safe Drinking Water comments:	
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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				
Travel				
Equipment				
Administration				
Expenses paid by of funding sources	ther			
TOTAL EXPENSES				

Timeline

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	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:			