

STATE OF NEVADA
 STATE HISTORIC PRESERVATION OFFICE
 NATIONAL PARK SERVICE SUBGRANT
COMPETITIVE NEGOTIATION AND SMALL PURCHASES
CONTRACTING DOCUMENTATION

Subgrantee: _____ Address: _____ Project Title: _____	Subgrant No. _____
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Purpose of Contract: _____

Type of Contract: Professional Services _____
 Printing _____
 Equipment/Supplies _____
 Other _____

Contact Information:

- 1 Name of Person or Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone/Fax Number: _____
 Date Contacted: _____
 Bid: _____
- 2 Name of Person or Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone/Fax Number: _____
 Date Contacted: _____
 Bid: _____
- 3 Name of Person or Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone/Fax Number: _____
 Date Contacted: _____
 Bid: _____

I certify that to the best of my knowledge and belief, this report is correct and complete for the purposes set forth under the terms of the approved project.
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Signature of Certifying Officer

Date

