

A. TABA SERVICES (List of services, Hours, times, Est. Rate):

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**TOTAL:** (must not exceed \$6,500) \$

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|----------------|---------|-----------------------------------------|----------|--|
| Vendor Name    |         | Vendor POC First Name, Last Name, Title |          |  |
| Street Address | City    | State                                   | Zip Code |  |
| Email Address  | Website |                                         |          |  |

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|----------------------|------|--------------|------|
| Vendor POC Signature | Date | PI Signature | Date |
|----------------------|------|--------------|------|