

**Requisition**  
**SHERIFF'S LAW ENFORMENT FACILITY**

Req # 00155507

PO #

Date: 05/21/09

*Regular #16261 7/7/09*

Bill To: x  
x

Vendor : 370282  
 VS VISUAL STATEMENT INC.  
 900-175 2ND AVENUE  
 KAMLOOPS BC V2C 5W1  
 FAX (250)828-0482

Ship To: SHERIFF'S LAW ENFORMENT FACILITY  
 711 EL CIBOLO RD.  
 EDINBURG TX 78539

Contact: **MHINOJOSA**  
**956-393-6024**

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1.00	EACH	FX3 WITH SIMULATION, 3D ANIMATION, HAWKEYE, CRASHFX, ELEC. STATE REPORT, 3D HUMAN MODEL, CRASHMATH, 2D ANIMATION, INTERVIEWPRO, 3D ENGINE, MEASUREMENT SYSTEM, SMART TRUCK, VEHICLE SPECS DATABASE, DIAGRAMMING NIGP#208.57 ITEM#APS000547	6,695.00	6,695.00
1.00	EACH	NIKON NPR-332 REFLECTORLESS, NIKON NPR BC 65 NI-MH INSTRUMENT BATTERY CHARGER/DISCHARGER, NIKON LENSE CAP AND ACCESSORIES LEA PACK, NIKON INSTRUMENT MANUAL AND DATA SHEETS, NIKON HARD CARRYING CASE, DOWNLOAD CABLE FOR NIKON INSTRUMENTS, TRIPODS WOOD/FIBERGLASS WITH SCREW LOCKS, MINI PPPRISM SYSTEM WITH CARRYING CASE, 8.5' PRISM POLE WITH CARRYING CASE, STROB PRISM IN TILTING MOUNT, NIKON WARRANTY, SCCC TECH SUPPORT NIGP#208.57 ITEM#APS001429	6,852.00	6,852.00
1.00	EACH	M-FX, POCKET CRASHMATH AND POCKET INTERVIEW PRO, TDS RECON 400X(64MB RAM, 256MB FLASH, 2 SCREEN PROTECTOR, 2 STYLUS PENS, NORTH AMERICAN AC CHARGER, WINDOWS MOBILE NIGP#208-57 ITEM#APS001445	2,695.00	2,695.00
1.00	EACH	TPM-OPT-OUT:TM HAS NOT BEEN PURCHASED AND AS SUCH THE SOFTWARE IS NOT ENTITLED TO UPDATES/FEATURE PACKS/HOT FIRXES BEH=YOND INITIAL PURCHASE	.00	.00
		Account No	Encumbrance	
		9-1228-421-00-280-006-0-747	16,242.00	
			Freight	.00
			Total	16,242.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

*c.c. 6/11/09*

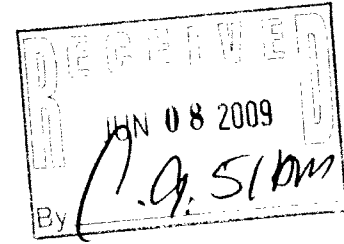
*6/11/09 - Found nothing like it on the internet. Seems to be a Sole Source vendor.*

Authorized By: \_\_\_\_\_

Date Entered: 5.21.09  
 Requisition #: 155507  
 Date Approved: \_\_\_\_\_  
 P.O. # \_\_\_\_\_

**HIDALGO COUNTY SHERIFF'S OFFICE**  
**CRIMINAL INVESTIGATION DIVISION REQUISITION**

DATE: May 6, 2009  
 REQUESTED BY: Tereso Contreras, Quartermaster's Office  
 BUDGET: 9-1228-421-00-280-006-0  
 OBJECT NUMBER: 747- Software  
 CURRENT BALANCE: \$17,000.00  
 EXPENDITURE AMOUNT: \$16,242.00  
 NEW BALANCE: \$758.00  
 PURPOSE FOR EXPENDITURE: Software to be used and installed into new CSS laptop



Line #	Commodity Code	Item & Description	Item #	Qty	UOM	Unit Price	Amount
1	208.57	FX3 with Simulation, 3D Animation, Hawkeye, CrashFX , Elec. State Report, 3D Human Model, Crashmath, 2D Animation, InterviewPro, 3D Engine, Measurement System, Smart Truck, Vehicle Specs Database, Diagramming	APS000547	1	Each	\$6,695.00	\$6,695.00
2	208.57	Nikon NPR-332 Reflectorless, Nikon NPR BC 65 Ni-MH Instrument Battery Charger/Discharger, Nikon Lense Cap and accessories LEA pack, Nikon Instrument Manual and Data Sheets, Nikon Hard Carrying Case, Download Cable for Nikon Instruments, Tripod Wood/ Fiberglass with Screw Locks, Mini Prism System with carrying case, 8.5' Prism Pole with Carrying Case, Strob Prism in Tilting Mount, Nikon Warranty, SCCC Tech Support.	APS001429	1	Each	\$6,852.00	\$6,852.00
3	208.57	m-FX, Pocket CrashMath and Pocket Interview PRO, TDS Recon 400X (64MB RAM, 256MB Flash, 2 Screen protectors, 2 stylus pens, North American AC charger, Windows Mobile 5)	APS001445	1	Each	\$2,695.00	\$2,695.00
4		TPM-Opt-out: TPM has not been purchased and as such the software is not entitled to updates/ feature packs/ hot fixes beyond initial purchase.		0	Each	\$0.00	\$0.00

SHIPPING: (N/A) \$0.00  
 GRAND TOTAL: \$16,242.00  
 ESIMATED DELIVERY DATE:  
 INTERNAL NOTES: N/A

**Awarded Vendor :** VS Visual Statement Inc.  
900 - 175 2nd Avenue  
Kamloops, BC V2C 5W1 CANADA

250-828-0383  
**CONTACT PERSON:** Aaron Weiss  
\$16,242.00


Quote: **\* SOLE SOURCE VENDOR \***

Quote:

**AUTHORIZED BY:** \_\_\_\_\_  
DIVISION COMMANDER

**APPROVED BY:** \_\_\_\_\_  
  
ADMINISTRATIVE LIEUTENANT

**REVIEWED BY:** \_\_\_\_\_  
PROCUREMENT SPECIALIST

**APPROVED BY:** \_\_\_\_\_  
  
CHIEF DEPUTY



**VS Visual Statement Inc.**  
 900 - 176 2nd Avenue  
 Kamloops, BC V2C 6W1  
 CANADA  
 (250) 828 0383 (Main)  
 (888) 828 0383 (Toll Free)  
 (250) 984 7454 (Fax)  
 www.visualstatement.com

# Proposal

Date: April 30, 2009

Agency	
Contact:	Lieutenant Richard Ozuna
Agency Name:	Hidalgo County Sheriffs Department
Address:	P.O. Box 1228
City, State & Zip:	Edinburg, TX 78541

Details	
Order No:	S-17409
Contact Name:	Aaron Weiss
	<a href="mailto:aweiss@visualstatement.com">aweiss@visualstatement.com</a>

PRODUCT NUMBER	QTY	PRODUCT NAME	PRODUCT DESCRIPTION	MISC.	UNIT PRICE	TOTAL PRICE
APS000547	1	FX3 Premium	FX3 with Simulation, 3D Animation, Hawkeye, CrashFX, Elec. State Report, 3D Human Model, Crashmath, 2D Animation, InterviewPro, 3D Engine, Measurement system, SmartTruck, Vehicle Specs Database, Diagramming		\$6,695.00	\$6,695.00
APS001429	1	Total Station - Nikon NPR-332 Reflectorless	Nikon NPR-332 Reflectorless, Nikon NPR BC 65 Ni-MH Instrument Battery, Instrument Battery Charger/Discharger, Nikon Lens Cap and accessories LEA pack, Nikon Instrument Manual and Data Sheets, Nikon Hard Carrying Case, Download Cable for Nikon Instruments, Tripod Wood/Fibreglass with Screw Locks, Mini Prism System with carrying case, 8.5' Prism Pole with carrying case, Strobe Prism in Tilting Mount, Nikon Warranty, SCCC Tech Support.		\$6,852.00	\$6,852.00
APS001445	1	m-FX Suite w/ TDS Recon 400X w/ Bluetooth	m-FX, Pocket CrashMath and Pocket Interview PRO, TDS Recon 400X (64MB RAM, 256MB Flash, 2 screen protectors, 2 stylus pens, North American AC charger, Windows Mobile 5)		\$2,695.00	\$2,695.00

APS001701	1	True Partner Maintenance (TPM) - Opt-out	TPM has not been purchased and as such the software is not entitled to updates/feature packs/hot fixes beyond the initial purchase.		\$0.00	\$0.00
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**NET TOTAL (USD) \$16,242.00**

**Pricing is guaranteed 60 days from date of proposal.**

**Notes**

**Terms and Conditions**

All customer purchases for Visual Statement products and services are subject to Visual Statement's End User License Agreement which can be viewed at [www.visualstatement.com/products](http://www.visualstatement.com/products). Such terms, along with any additional terms and conditions agreed to and accepted by VS in Customer's Purchase Order or otherwise stipulated in writing, shall prevail over any differing or conflicting terms in this Proposal.

# HIDALGO COUNTY PURCHASING DEPARTMENT SOLE SOURCE AFFIDAVIT

**THIS IS AN OFFICIAL PURCHASING DOCUMENT-RETAIN WITH PURCHASE ORDER**

Before me, the undersigned official, on this day, personally appeared \_\_\_\_\_  
a person known to me to be the person whose signature appears below, whom after being duly sworn upon his/her oath deposed and said:

1. My name is Aaron Weiss. I am over the age of 18, have never been convicted of crime and am competent to make this affidavit.
2. I am an authorized representative of the following company or firm: VS VISUAL STATEMENT INC.
3. The above named company or firm is the sole source for the following item(s), product(s) or service(s):  
Vista Fx, interview pro, crash math, 2D valuation, 3D animation, 3D human model, MFX, hawkeye, vista crash, realscene 3D, vehicle spec database, SMAC simulation, Smartroads
4. Competition in providing the above named item(s), product(s), service(s) is precluded by the existence of a patent, copyright, secret process or monopoly as stated under Section 262.024(a)(7)(A), of the Local Government Code. Also, attached hereto is a sole source letter, which sets forth the reasons why this Vendor is a sole source provider (dated and signed).
5. There is/are no other like item(s) or product(s) available for purchase that would serve the same purpose or function.
6. Note: This Vendor understands that by providing false information on this Sole Source Affidavit, it may be considered a non-responsible Vendor on this and future purchases and may result in discontinuations of any/all business with Hidalgo County.

Signature [Signature]

SWORN AND SUBSCRIBED TO under oath before me on 27th day of June, 2008

[Signature]  
 NOTARY PUBLIC  
TAMARA J. MCKINNON  
 PRINTED NAME  
N/A  
 MY COMMISSION EXPIRES

TAMARA J. MCKINNON  
 Barrister & Solicitor  
 #810 - 175, 2nd Avenue  
 Kamloops, BC V2C 5W1

COMPANY NAME: VS Visual Statement inc.  
 ADDRESS, CITY, STATE & ZIP CODE: suite 900 - 175 2nd ave Kamloops, BC V2C 5W1  
 PHONE: 888-828-0383 NUMBER:  
 CONTACT NAME AND TITLE: Aaron Weiss - Regional Manager  
 WEB ADDRESS: www.visualstatement.com EMAIL: aweiss@visualstatement.com  
 FEDERAL TAX ID NUMBER: 980544817 TEXAS SALES TAX NUMBER:



May 22<sup>nd</sup> 2009

Sole Source Letter

VS Visual Statement Inc. is the only company authorized to sell the product to you in the USA. We are the manufacturers and the distributors of this product and the sole owners of the product source code. All products listed below are copy written for the sole distribution by VS Visual Statement Inc. There are no Third Party products or components within our product requiring licensing.

The **Vista FX3 Package** is comprised of several separate modules, which are:

- Vista FX
- Interview Pro
- CrashMath
- 2D Animation
- 3D Animation
- 3D Human Model
- Hawkeye
- Vista Crash
- Vista RealScene 3D
- Vehicle Specs Database
- Measurement Log / Direct Total Station Download Capability
- Direct Integration with Virtual Earth Search Maps
- SMAC Simulation
- mFX
- Annual True Partner Maintenance
- SmartRoads
- Accelerex

*This is the only product with all software components included and the included software components cannot be purchased elsewhere.*

Yours truly,




Chad Ludwig  
General Manager, VS Visual Statement Inc.

Suite 900, 175 2<sup>nd</sup> Ave  
Kamloops, BC V2C 5W1

[www.visualstatement.com](http://www.visualstatement.com)

P. 250.828.0383  
F. 250.828.0482

Added by Acts 2001, 77th Leg., ch. 1063, Sec. 3, eff. Sept. 1, 2001.

 Sec. 262.024. DISCRETIONARY EXEMPTIONS. (a)  A contract for the purchase of any of the following items is exempt from the requirement established by Section 262.023 if the commissioners court by order grants the exemption: 

(1) an item that must be purchased in a case of public calamity if it is necessary to make the purchase promptly to relieve the necessity of the citizens or to preserve the property of the county;



(2) an item necessary to preserve or protect the public health or safety of the residents of the county;



(3) an item necessary because of unforeseen damage to public property;

(4) a personal or professional service;

(5) any individual work performed and paid for by the day, as the work progresses, provided that no individual is compensated under this subsection for more than 20 working days in any three month period;

(6) any land or right-of-way;

 (7) an item that can be obtained from only one source, including: 

 (A) items for which competition is precluded because of the existence of patents, copyrights, secret processes, or monopolies; 

(B) films, manuscripts, or books;

(C) electric power, gas, water, and other utility services; and

(D) captive replacement parts or components for equipment;

(8) an item of food;

(9) personal property sold:

(A) at an auction by a state licensed auctioneer;

(B) at a going out of business sale held in compliance with Subchapter F, Chapter 17, Business & Commerce Code; or

(C) by a political subdivision of this state, a state agency of this state, or an entity of the federal government;

(10) any work performed under a contract for community and economic development made by a county under Section 381.004; or

(11) vehicle and equipment repairs.

(b) The renewal or extension of a lease or of an equipment maintenance agreement is exempt from the requirement established by Section 262.023 if the commissioners court by order grants the exemption and if:

(1) the lease or agreement has gone through the competitive bidding procedure within the preceding year;



VS Visual Statement Inc.  
900-175 2<sup>nd</sup> Ave.  
Kamloops, BC V2C 5W1

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- Vista FX
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- 3D Animation
- 3D Human Model
- Hawkeye
- Vista Crash
- Vista RealScene 3D
- Vehicle Specs Data Base
- Measurement Log / Direct Total Station Download Capability
- Direct Integration with Virtual Earth Search Maps
- SMAC Simulation
- mFX
- Annual True Partner Maintenance

*This is the only product with all software components included and the included software components cannot be purchased elsewhere.*

Yours truly,

Chad Ludwig  
VS Divisional Manager, VS Visual Statement Inc.

## Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.  
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual Instead, use Form: W-9
  - A person claiming that income is effectively connected with the conduct of a trade or business in the United States W-8ECI
  - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
  - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP
- Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.
- A person acting as an intermediary W-8IMY
- Note:** See instructions for additional exceptions.

### Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner <b>VS Visual Statement Inc.</b>	2 Country of incorporation or organization <b>CANADA</b>
3 Type of beneficial owner: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <b>900-175 2nd Avenue</b> City or town, state or province. Include postal code where appropriate. <b>Kamloops, BC V2C 5W1</b>	
5 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate.	
6 U.S. taxpayer identification number, if required (see instructions) <b>98-0544817</b> <input type="checkbox"/> SSN or ITIN <input checked="" type="checkbox"/> EIN	
7 Foreign tax identifying number, if any (optional)	
8 Reference number(s) (see instructions)	

### Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a  The beneficial owner is a resident of Canada within the meaning of the income tax treaty between the United States and that country.
- b  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d  The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article 12 (3) (b) of the treaty identified on line 9a above to claim a 0 % rate of withholding on (specify type of income): Royalties  
 Explain the reasons the beneficial owner meets the terms of the treaty article:  
Payments are for the use of, or right to use, computer software arising in the USA and beneficially owned by a resident of Canada.

### Part III Notional Principal Contracts

11  I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

### Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here \_\_\_\_\_ Date (MM-DD-YYYY) 01/03/2005 Controller  
 Signature of beneficial owner (or individual authorized to sign for beneficial owner) Capacity in which acting

# HIDALGO COUNTY PURCHASING DEPARTMENT BIDDER/VENDOR APPLICATION

VENDOR NO.: \_\_\_\_\_

ENTRY DATE: \_\_\_\_\_

Complete in print or type. It is the vendor's responsibility to return this application to Hidalgo County Purchasing Department.

Company Name <u>VS VISUAL STATEMENT INC.</u> Telephone No. (250) 828-0383		
Mailing Address <u>SUITE 900 175-2ND AVE</u> Fax No. (250) 828-0482		
City, State, Zip <u>KAMLOOPS, BC V8C 5W1</u>	Tax I.D. No. <u>980544817</u>	
E-Mail Address <u>dweiss@visualstatement.com</u>	Website Address: <u>www.visualstatement.com</u>	
Representative(s) Name(s) & Title(s) <u>Aaron Weiss - state representative</u> <u>Chad Ludwig - general Manager</u>		
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>Chad Ludwig</u>		
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other, Specify _____		
Federal Identification No. or (if individual) SS No. <u>98-0544817</u>		
State of Incorporation: <u>British Columbia</u> Other: _____		
Small and/or Disadvantaged Business Information (check application criteria) all Business: Disadvantaged Business (At Least 51% Ownership)		
Less than 125,000 annual gross receipt	Black American	Native American
Less than 250,000 annual gross receipt	Hispanic American	Women
Less than 499,000 annual gross receipt	Asian Pacific American	Other
More than 500,000 annual gross receipt		
Have you been certified as a HUB or an MBE/WBE source?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Indicate Certification No.(s): _____ or are Certificate(s) attached?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
What type of product(s) is/are solicited by your company?: <u>reporting software, incident investigation software, laser mapping equipment, accident reconstruction software, field based reporting software</u>		
Would you like to be provided with specifications for procurements of such products?: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes  No

If yes, by whom?: State General Services Commission Other \_\_\_\_\_

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?: Yes No

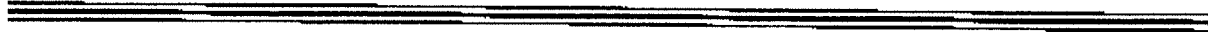
**LIST OF CERTIFIED HUB SUBCONTRACTORS**  
(Attach additional pages if necessary)

What percentage of the Bid or RFQ is to be subcontracted with Certified HUB sources?: \_\_\_\_\_% (List HUB Subcontractor-information-below): \_\_\_\_\_

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_

Certifying Agency (Check all applicable): State General Services Commission Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_



HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_

Certifying Agency (Check all applicable): State General Services Commission Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_



HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_

Certifying Agency (Check all applicable): State General Services Commission Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_ Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_