

RFQ #7549649 Electrical-Electronic-Maintenance & Repair

Company:

Contact Person:

Telephone and Email:

Project and Value:

iii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

14.3 Successful record Self Performing on at least three (3) projects involving emergency transfer equipment rated at 4,160 Vac within the past three (3) years.

i. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

ii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

iii. **Year Started:**

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

SECTION 15: FINANCIAL CONSIDERATIONS

15.1 Labor Rates

Labor rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

The Owner shall be entitled to any and all material or trade discounts (off list prices) that the electrical vendor receives. Material quotes or invoices shall provide the discounted rate.

All Work performed is to be in accordance with all governing regulatory authorities within the State of Rhode Island.

Cost Portion of Proposal* Pricing for Personnel Required

Master Electrician [Low /Medium Voltage]	Hourly Rate
(a) Regular/Straight Time Monday - Friday	\$ 56.80
(b) Overtime Monday - Friday	\$ 74.47
(c) Sat/Sun/Holidays	\$ 74.47
(d) Emergency Call Response Hourly Rate.	\$ 74.47
(e) Minimum Hours Charged per Emergency Call	Hours: 4

Electrical Journeyman [Low / Medium Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 56.80
(b) Overtime Monday - Friday	\$ 74.47
(c) Sat/Sun/Holidays	\$ 74.47
(d) Emergency Call Response Hourly Rate	\$ 74.47
(e) Minimum Hours Charged per Emergency call	Hours: 4

RFQ #7549649 Electrical-Electronic-Maintenance & Repair

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Registered Electrical Apprentice [Low/Medium Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 52.00
(b) Overtime Monday - Friday	\$ 72.00
(c) Sat/Sun/Holidays	\$ 72.00

SECTION 16: HIGH VOLTAGE PRICING:

Labor Rates

Labor rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

The Owner shall be entitled to any and all material or trade discounts (off list prices) that the electrical vendor receives. Material quotes or invoices shall provide the discounted rate.

All Work performed is to be in accordance with all governing regulatory authorities within the State of Rhode Island.

Cost Portion of Proposal* Pricing for Personnel Required

Master Electrician [High Voltage]	Hourly Rate
(a) Regular/Straight Time Monday - Friday	\$ 95
(b) Overtime Monday - Friday	\$ 145
(c) Sat/Sun/Holidays	\$ 145
(d) Emergency Call Response Hourly Rate.	\$ 145
(e) Minimum Hours Charged per Emergency Call	Hours: 2

Line Man	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 95
(b) Overtime Monday - Friday	\$ 145
(c) Sat/Sun/Holidays	\$ 145
(d) Emergency Call Response Hourly Rate	\$ 145
(e) Minimum Hours Charged per Emergency Call	Hours: 2

Electrical Journeyman [High Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 95
(b) Overtime Monday - Friday	\$ 145
(c) Sat/Sun/Holidays	\$ 145
(d) Emergency Call Response Hourly Rate	\$ 145
(e) Minimum Hours Charged per Emergency Call	Hours: 4

Major Equipment (with Operator s applicable)

All rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

Bucket Truck Rates with operator	
A Hourly (straight time)	\$ 125
B Daily	\$ 715
C Weekly	\$ 3,500
D Monthly	\$ 12,800

Equipment Operator	
A Hourly (straight time)	\$ 75
B Daily	\$ 700
C Weekly	\$ 3,500
D Monthly	\$ 12,800

RFQ #7549649 Electrical-Electronic-Maintenance & Repair

Digger/Derrick Truck		
A	Hourly (straight time)	\$ 125
B	Daily	\$ 715
C	Weekly	\$ 3,500
D	Monthly	\$ 12,800

Crane		
A	Hourly (straight time)	\$ 125
B	Daily	\$ 715
C	Weekly	\$ 3,500
D	Monthly	\$ 12,800

Backhoe		
A	Hourly (straight time)	\$ 125
B	Daily	\$ 715
C	Weekly	\$ 3,500
D	Monthly	\$ 12,800

Compressor		
A	Hourly	\$ 55
B	Daily	\$ 400
C	Weekly	\$ 800
D	Monthly	\$ 1500

Generator (site work only)		
A	Hourly	\$ 55
B	Daily	\$ 400
C	Weekly	\$ 800
D	Monthly	\$ 1500

Pump		
A	Hourly	\$ 55
B	Daily	\$ 400
C	Weekly	\$ 800
D	Monthly	\$ 1500

SECTION 17: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at doa.purquestions3@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference the RFQ # on all correspondence. Questions should be submitted as a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Division of Purchases website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. No other contact with State parties is permitted. Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses should be mailed or hand-delivered in a sealed envelope marked "RFQ#" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed three-page R.I.V.I.P generated Bidder Certification Cover Form which may be downloaded from www.purchasing.ri.gov.
2. A completed and signed IRS Form W-9 which may be downloaded from: www.purchasing.ri.gov.
3. Contractors **may** submit a proposal for either Low/Medium Voltage or High Voltage. It is not required to be qualified for both Low/Medium and High Voltage to submit a proposal.

4. Respond to each of the items to ensure proposals receive full evaluation consideration for Low/Medium Voltage Services. Response directly onto appropriate [Section], including any appendices requested.
5. Respond to each of the items to ensure proposals receives full evaluation consideration for High Voltage Services. Response directly onto appropriate [Section], including any appendices requested.
6. Submit Copy of Certificate A Electrical Contractor's License Number.

Submit Contractor License Number. # AC 3246

#18043

CONCLUDING STATEMENTS

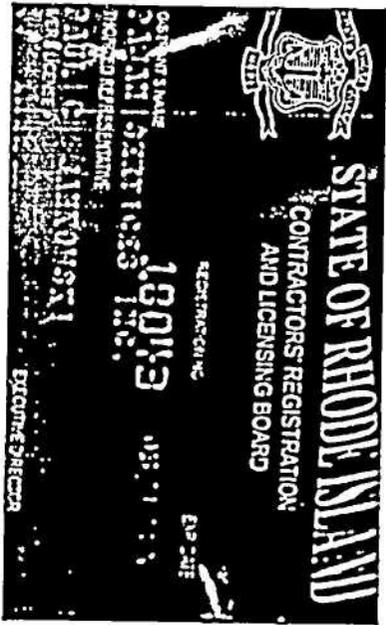
Notwithstanding the above, the Division reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The Division may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Division's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the MPA contract award pursuant to this RFQ.

Failure to submit any required document or information may deem bid non-responsive.



#18043

Exp 3/11/16



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF STATE POLICE

HEADQUARTERS: 311 DANIELSON PIKE, NORTH SCITUATE, RHODE ISLAND 02857
Telephone: (401) 444-1001 • Fax: (401) 444-1105 • E-Mail: sodonnell@risp.dps.ri.gov

OFFICE OF THE SUPERINTENDENT
STEVEN G. O'DONNELL
COLONEL
COMMISSIONER
DEPARTMENT OF PUBLIC SAFETY

January 14, 2015

Mr. Paul Jankowski
Pajan Electric
320 Newport Avenue
Rumford, RI 02916-2120

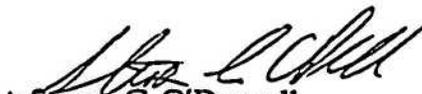
Dear Mr. Jankowski:

On Thursday, December 4, 2014, the Rhode Island State Police experienced a telephone line outage impacting the Headquarters facility. This emergency event continued through the early morning hours of December 5th. This emergency required the quick response of several subject matter experts to limit damage caused by the event and to bring critical telephones systems back on line.

Support staff from the Rhode Island State Police reached out to you for help in the early morning hours of December 5th, and you immediately offered to respond to assist. Your timely response and assistance during the event were important in limiting damage and getting our systems back on line.

I would like to extend my sincere thanks to you for his help during this emergency.

Sincerely,


Steven G. O'Donnell
Colonel
Superintendent

SGO/bjl

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

[] [] []

05 0507994

NAME PAJAN SERVICES INC

ADDRESS 320 Newport Ave

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE East Providence RI 02916

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification instructions - You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE [Signature] TITLE VP DATE 7/1/15 TEL NO. 401 9356919

BUSINESS DESIGNATION:

Please Check One: Individual . Medical Services Corporation Government/Nonprofit Corporation
 Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location - attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location - submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION - Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF - Check the appropriate box for the type of business ownership.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

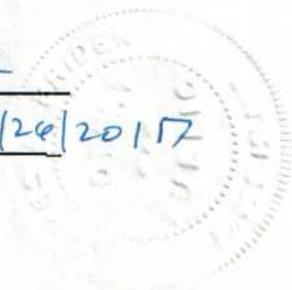
I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: [Signature]

Title: Vice President

Subscribed and sworn before me this 26th day of June, 2015

[Signature]
Notary Public
My commission expires: 6/20/2017



*An Equal Opportunity Employer/Program, /Auxillary aids and services are available upon request to individuals with disabilities.
TTY via RI Relay 711*

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549649A1
Solicitation Title: ELECTRICAL/ELECTRONIC MAINTENANCE REPAIR (MPA #41) (1 PG)

**Bid Proposal Submission
Deadline Date & Time:** 7/3/2015 10:00 AM

RIVIP Vendor ID #: 13421
Bidder Name: Pajan Services Inc
Address: 320 newport ave
rumford , RI 02916
USA

Telephone: 401 935 6919
Fax: 401 633 6192
Contact Name: Donna Jankowski
Contact Title: President
Contact Email: Pajanservices@yahoo.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N*
4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
 5. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

Donna M Jankowski president 5170
320 Newport Ave Providence RI 02916

Paul Jankowski vice president 49026
320 Newport Ave Providence RI 02916

SECTION 3 — CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y* 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y* 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y* 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y* 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y* 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y* 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y* 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y* 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

SECTION 11: CONTRACTOR RESPONSE FORM

Provide full and detailed responses to the following Schedules:

Schedule A: Company Profile and Experience

11.1 Corporate profile and comparable work experience. Respondents are to provide a brief summary of their corporate profile and experience in providing similar electrical services to institutional facilities.

Company name: **PAJAN SERVICES INC**

Year business entity was established: **1999**

Corporate profile and comparable work experience:

**Installing and maintaining low + medium voltage services
& arrangements, Excavation and demolition of earth structure
Fiber optic + telecommunication design, installation +
maintenance.
Infra red scanning, testing and documentation.
Generator service and installation**

transformer & switch oil analysis

SECTION 12: EXPERIENCE AND REFERENCES

Part B: Experience and References

12.1 Experience and References

Provide names, addresses, and contact information for from three (3) owners of projects for which work has been performed in the past five (5) years. Include a brief description of each project. The Division reserves the right to not award a MPA contract to any respondent whose references are deemed to be unsatisfactory.

Year Started: 2001

Year Complete: 2012

Brief Description of Contract: Rhode Island College Electric MAINTENANCE & INSTALLATION, underground service

Company: Rhode Island college

Contact Person: Jim Bucci (former facilities Asst director)

Telephone and Email: 401 595 3033

Project and Value: > 500,000

Year Started: 2001

Year Complete: N/A

Brief Description of Contract: RI Department of maintenance & NW work for Electric/Telecom

Company: Department of corrections

Contact Person: Anthony Feole

Telephone and Email: 462 3791 Anthony.feole@doc.ri.gov

Project and Value: > 100,000

Year Started: 2009

Year Complete: N/A

Brief Description of Contract: Install new electric service + telephone for various buildings.

Company: City of Pawtucket

Contact Person: Chris Crawley

Telephone and Email: 639 6233

Project and Value: 7 100,000

RJ DoA

MAINTAIN + install new electric
services

James Ierve

401 639 0570

7 100,000

Community college of RJ

MAINTAIN + install new electric/telecom
services

David Snow

401 290 7854

SECTION 13: ADDITIONAL REQUIREMENTS FOR HIGH VOLTAGE ELECTRICAL CONTRACTORS TO OFFER PROPOSALS

Contractor qualifications must meet the following minimum requirements to qualify for high voltage maintenance and repair:

13.1 Legal Registration

- i. Company must have been in business, registered in Rhode Island for a minimum of five (5) years under its present name. All employees that perform work such as terminations and other connections shall have a minimum of two years' experience and shall be supervised by a full time employee with (5) years' experience working on high voltage equipment.

13.2 Certifications, Licenses, Registrations, etc.

- i. Submit Certificate A Electrical Contractor's License Number.
- ii. Submit Contractor License Number.
- iii. Submit a list of Certificate B Journeymen Electricians with License Numbers.
- iv. Describe backup capabilities.

13.3 Must have a 24hr/7 day a week emergency on call service with a dedicated number.

- i. Submit the company protocol for call-in of emergency work.

13.4 Safety Program: Must have a designated Safety Manager with a structured safety program and all employees used and are trained in confined space work.

- i. Submit a copy of the company's Safety Program
- ii. Submit a statement that all employees that perform work are certified for Confined Space Work per OSHA 10 and 30.

13.5 Minimum of one (1) Test Technician:

- i. Must be a full time employee with 5 years' experience as a Test Technician on MV/HV electrical equipment
- ii. Capable of Hi-Pot, Hot-Phasing, Meggar testing, underground cable detection, ductoring and turns ratio testing.
 - Submit any applicable certifications

13.6 Self-perform Cable Splicing and Terminations

- i. Prefer certifications from medium & high voltage termination and splice kit manufacturers (i.e. Elastimold, Raychem, 3M, etc.) Submit copies of certifications.

13.7 Include documentation showing experience and training maintaining high voltage to medium voltage substations, switches, transformers and all above ground and below ground cable and connections.

13.8 List all company owned equipment necessary to perform the services outlined.

13.9 List subcontractors proposed as members of the project team, and the duties, responsibilities and concentration of effort which apply to each.

SECTION 14: ATTACHMENT A - PROJECT RELEVANT EXPERIENCE:

Submit on Attachment A:

14.1 Indicate three (3) MV medium voltage projects work valued at over \$10,000 within the past three (3) years.

i. Year Started:

Year Complete:

Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

ii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

iii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

14.2 Successful record Self Performing on at least three (3) HV High Voltage work valued at over \$50,000 within the past three (3) years.

i. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

ii. Year Started:

Year Complete:

Brief Description of Contract: