

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
BID TABULATION SHEET

Agency (CAA): _____ Technician Name: _____
 _____ Technician Phone: _____
 _____ Technician Email: _____

| | |
|---------------------------------|----------------------------|
| Applicant: _____ | Co-Applicant: _____ |
| Property: _____ _____ | |

| BID 1 | |
|---------------------------|--|
| Contractor Name | <input type="checkbox"/> Not on Debarment List |
| Date Bid Submitted | <input type="checkbox"/> Current Insurance Certificates |
| Bid Amount \$ | <input type="checkbox"/> Available / Can meet project timeline |
| Comments: | |

| BID 2 | |
|---------------------------|--|
| Contractor Name | <input type="checkbox"/> Not on Debarment List |
| Date Bid Submitted | <input type="checkbox"/> Current Insurance Certificates |
| Bid Amount \$ | <input type="checkbox"/> Available / Can meet project timeline |
| Comments: | |

| BID 3 | |
|---------------------------|--|
| Contractor Name | <input type="checkbox"/> Not on Debarment List |
| Date Bid Submitted | <input type="checkbox"/> Current Insurance Certificates |
| Bid Amount \$ | <input type="checkbox"/> Available / Can meet project timeline |
| Comments: | |

AWARDED TO: _____
Comments: _____

CAA Representative Signature _____ Date

CAA Representative Name