

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