

**HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)**  
**BID TABULATION SHEET**

**Agency (CAA):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Technician Name: \_\_\_\_\_  
 Technician Phone: \_\_\_\_\_  
 Technician Email: \_\_\_\_\_

<b>Applicant:</b> _____  Property: _____	<b>Co-Applicant:</b> _____
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**BID 1**

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

**BID 2**

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

**BID 3**

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

**AWARDED TO:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

CAA Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

CAA Representative Name \_\_\_\_\_