

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
REFUSAL TO BID

Agency (CAA): _____

Technician Name: _____
Technician Phone: _____
Technician Email: _____

Project Name: _____
Project Address: _____

I certify by my signature below, I was offered the same chance to bid, but refuse and/or withdraw my rights to bid on the project at the above-referenced Property.

Reason of Refusal:

CONTRACTOR:

Contractor Name _____

Contractor Signature _____

Date _____

Contractor Representative Name _____