

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