

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

Agency (CAA): _____
CAA Address: _____
 (Street, City, State, Zip)

CAA Technician Name: _____
CAA Technician Phone: _____

Applicant Name: _____
Property: _____
 (Street, City, State, Zip)

CAA Technician Email: _____
Co-Applicant Name: _____

BID 1		
Contractor Name		Not on Debarment List
Date Bid Submitted		Current Insurance Certificates
Bid Amount	\$	Available / Can meet project timeline
Comments:		

BID 2		
Contractor Name		Not on Debarment List
Date Bid Submitted		Current Insurance Certificates
Bid Amount	\$	Available / Can meet project timeline
Comments:		

BID 3		
Contractor Name		Not on Debarment List
Date Bid Submitted		Current Insurance Certificates
Bid Amount	\$	Available / Can meet project timeline
Comments:		

AWARDED TO: _____

Comments: _____

 CAA Representative Signature

 Date

 CAA Representative Name