

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

**Agency (CAA):** \_\_\_\_\_  
**CAA Address:** \_\_\_\_\_  
 (Street, City, State, Zip)

**Applicant Name:** \_\_\_\_\_  
**Property:** \_\_\_\_\_  
 (Street, City, State, Zip)

**CAA Technician Name:** \_\_\_\_\_  
**CAA Technician Phone:** \_\_\_\_\_  
**CAA Technician Email:** \_\_\_\_\_  
**Co-Applicant Name:** \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_  
 Date

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