

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: _____

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