

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

<b>Agency (CAA):</b>	<input type="text"/>
<b>CAA Address:</b>	<input type="text"/>
	(Street, City, State, Zip)
<b>Applicant Name:</b>	<input type="text"/>
<b>Property:</b>	<input type="text"/>
	(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

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Date

CAA Representative Name