

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**BID TABULATION SHEET**

**Project Funding:**      State Lead (Z267)      State Lead (N261)      Federal Lead      Healthy Homes      DHHS

**Agency (CAA):** \_\_\_\_\_ **CAA Rep Name:** \_\_\_\_\_

**CAA Rep Title:** \_\_\_\_\_

**Project Type:**     Single-Family     Multi-Family

**CAA Rep Phone:** \_\_\_\_\_

**CAA Rep Email:** \_\_\_\_\_

<b>Applicant:</b> _____	<b>Co-Applicant:</b> _____
<b>Property:</b> _____	

BID 1	
<b>Contractor Name</b>	<input type="checkbox"/> Not on Debarment List
<b>Date Bid Submitted</b>	<input type="checkbox"/> Current Insurance Certificates
<b>Bid Amount</b>	<input type="checkbox"/> Available / Can meet project timeline
<b>Comments:</b>	

BID 2	
<b>Contractor Name</b>	<input type="checkbox"/> Not on Debarment List
<b>Date Bid Submitted</b>	<input type="checkbox"/> Current Insurance Certificates
<b>Bid Amount</b>	<input type="checkbox"/> Available / Can meet project timeline
<b>Comments:</b>	

BID 3	
<b>Contractor Name</b>	<input type="checkbox"/> Not on Debarment List
<b>Date Bid Submitted</b>	<input type="checkbox"/> Current Insurance Certificates
<b>Bid Amount</b>	<input type="checkbox"/> Available / Can meet project timeline
<b>Comments:</b>	

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

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

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

\_\_\_\_\_  
Date

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