

<b>REHABILITATION BID TABULATION</b>
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DATE: \_\_\_\_\_

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
ADDRESS OF PROPERTY BID ON

\_\_\_\_\_  
DATE BID ADVERTISED (if applicable)

NAMES OF CONTRACTORS WHO BID	REHAB	LEAD	TOTAL BID
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

LOWEST BIDDER: \_\_\_\_\_

\_\_\_\_\_  
CONTRACTOR AWARDED CONTRACT

\$ \_\_\_\_\_  
AMOUNT OF CONTRACT

IS BID WITHIN 10% OF STAFF ESTIMATE?

Yes  No

\_\_\_\_\_  
DATE OF CONTRACT

\_\_\_\_\_  
GRANTEE REPRESENTATIVE

DATE: \_\_\_\_\_