

Capacity Building Initiative – Strengthening Residential Facility Infrastructure

Contractors Bid Form

Agency Name: _____ Project Coordinator: _____

Project: _____ Address/ Suit/ City/ Zip: _____

Project Summary:

A) Contractor: _____ Lic #: _____ Yrs. Exp. _____

Address: _____ City/ State/ Zip: _____

Contact: _____ Position: _____ Phone#: _____

Quote Date: _____ Quote Cost: _____ Days to Complete: _____

B) Contractor: _____ Lic #: _____ Yrs. Exp. _____

Address: _____ City/ State/ Zip: _____

Contact: _____ Position: _____ Phone#: _____

Quote Date: _____ Quote Cost: _____ Days to Complete: _____

C) Contractor: _____ Lic #: _____ Yrs. Exp. _____

Address: _____ City/ State/ Zip: _____

Contact: _____ Position: _____ Phone#: _____

Quote Date: _____ Quote Cost: _____ Days to Complete: _____

Project Contractor (A)(B)(C): _____

Agency Program Manager: _____ Date: _____