

## BID TABULATION FORM -Strong Communities Program

Date: \_\_\_\_\_ Grantee: \_\_\_\_\_

Address: \_\_\_\_\_

PIN: \_\_\_\_\_

Project Type: \_\_\_\_\_

### **Bid #1**

Contractor Name: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

### **Bid #2**

Contractor Name: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

### **Bid #3**

Contractor Name: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

### **Winning Bid**

Contractor Name: \_\_\_\_\_

Bid Amount: \_\_\_\_\_

### **In-House Cost Estimate**

Amount: \_\_\_\_\_

Please provide any additional information to clarify if bid selected is not lowest bidder, or higher than in-house cost estimate.

Completed by: \_\_\_\_\_  
(Grantee's signature)

Date: \_\_\_\_\_