

**Attachment B:**

**HUD Subcontractor Application**

**Contact Information and Rates**

Please complete the following chart for your company’s contact information:

|  |  |
| --- | --- |
| **Company Name** |  |
| **Company Web site** |  |
| **Contact Person** |  |
| **Contact E-mail** |  |
| **Contact Telephone Number** |  |

Rates submitted to CSH need to be the same as those submitted to other CDTA grantees. The rates need to be a reflection of true cost. Please list the names of the main staff members proposed for this work as well as their 2017 hourly rates:

|  |
| --- |
|  |

**Organization Experience**

Please complete the Organization Experience spreadsheet.

**Special Consideration**

Special consideration will be given to small, disadvantaged, minority, or women-owned businesses. Please indicate if this applies to your organization:

[ ] Yes [ ] No

**References**

Please list 2 references for CDTA or similar work you have completed in the past 18 months.

|  |  |
| --- | --- |
| **Reference Name** |  |
| **Organization** |  |
| **Phone Number** |  |
| **E-mail Address** |  |
| **Brief Description of Work Completed** |  |

|  |  |
| --- | --- |
| **Reference Name** |  |
| **Organization** |  |
| **Phone Number** |  |
| **E-mail Address** |  |
| **Brief Description of Work Completed** |  |