

**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 reflect true cost. Please list the names of the main staff members proposed for this work as well as their 2021 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** |  |