



ATTACHMENT B: HUD SUBCONTRACTOR APPLICATION

Contact Information and Rates

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

Company Name	
Company Website	
Contact Person	
Contact E-mail	
Contact Phone 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	