



TABULATION SHEET

Project Name: Laundry Service Equipment, Service & Maintenance
 In House Cost Estimate: _____
 Date of Bid Opening: April 1, 2025 at 10:00AM

Bidder Name, Address, Email	Bid Bond Received	Consent of Surety	Bid Sheet	Amount of Bid	Date & Time Received	Non-Collusion / Ownership Disclosure		References	Sub Contractors

In my review of the bid received, the information above reflects bid(s) submitted and reviewed.
 The proposed scope of work must conform with that defined in the bid document.

Name of Certifying Individual: Shemea Daniels
 Title: Executive Director
 Signature of Certifying Individual: _____

Name of Certifying Individual: _____
 Title: _____
 Signature of Certifying Individual: _____

Name of Certifying Individual: Qaasim Johnson
 Title: Director of Housing
 Signature of Certifying Individual: _____