

Michigan State Historic Preservation Office
 Certified Local Government Grant Program
 Bid Tabulation Form

CLG Name: _____

Project Number: _____ **Project Title:** _____

BID OPENING

Date: _____ **Time:** _____ **Location:** _____

Bidder's Name	Date Rec'd	Time Rec'd	Amount	Application Complete?	Bid Bond (if applicable)
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No
				Yes / No	Yes / No

 Subgrantee Project Manager Signature

 Date

 Subgrantee Project Manager Name