



DISASTER HOUSING ASSISTANCE TEMPORARY HOUSING

Name of Company: _____

Name of Contact: _____

Contact number: _____ or _____

Description of Unit: _____

Are you on GSA Schedule? Yes No

If yes what's your GSA # _____

Approved Code: _____

Federal Employer Identification Number (FEIN): _____

Sleep Capacity: _____ Square Footage: _____

Separate sleeping area: Yes No

Kitchen: Yes No Heat: Yes No

Bathroom: Yes No ADA Compliant: Yes No

HVAC: Yes No Made in the USA: Yes Other: _____

Price per unit? \$ _____ Wind Load: _____ Heat Load: _____

What is your current purchasable inventory? _____ How many can ship today? _____

What is your production rate (how many completed units per week)? _____

Can this rate be ramped up faster? Yes No

Shipping time? _____

Shipping method? _____

How long does your unit need to set up? _____

What additional requirements or items are needed to make the unit functional (electricity, plumbing)?

Any additional information we should know?

