



### 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?

\_\_\_\_\_  
\_\_\_\_\_