Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid:		
Homeowner Name: Constan	ce Bettinger	
Address: 4397 21 st Avenue SW	City & Zip Code: <u>I</u>	Naples, FL 34116
Phone #: 239-821-3368	Project #:	15-053R
The work bid form defines the scope of wor the COLLIER COUNTY, FLORIDA CONSTRUCT responsible for securing and paying for any work outlined in the scope below. Bids sha at 750 South Fifth Street, Immokalee, FL 34	FION & REHAB STANDARI permits required by the II be submitted as soon a	OS. Contractors are County to perform the s possible to Dottie Cook
Description		Estimated Cost
 Install cover to open junction box in attic. Label electrical service panel. Correct wiring for ceiling fan to eliminate exp Repair or replace receptacles with loose plug. Install smoke detectors in home. Install exhaust fan in bathroom. Install stress relief clamp to secure electric sur Plumbing Refinish tub and replace stopper. Remove blockages in drain line from house to Add overflow pipe to water heater pan. 	s. apply to garbage disposal.	\$\$\$
HVAC 1. Replace AC unit.		\$
 Windows 1. Replace all windows in home with impact wir slide side-to-side rather than up and down ar egress requirements for bedrooms. 2. Replace sliding glass doors from kitchen to land 	nd must meet secondary	\$
Insulation 1. Install insulation in attic.		\$
Kitchen 1. Install anti-tip bracket for range. 2. Replace hood vent. 3. Replace kitchen cabinets and move dishwash	er to other side of sink.	

Bottom kitchen cabinets must have pull-out drawers/shelves for easy

Ge	neral Repairs			
1.	Repair soffits and soffit vent scree	ns.		
2.	Replace side door and frame.			
3.	Repair ceiling, frames, and screens	·		
	Install drywall over studs at laundr			
	Repair rusted corner bead by bath			
ь.	add door.	f storage area at back of home and		
7	Install sliding closet doors in both I	pedrooms		
		Jeurooms.	\$	
	oring			
1.	Repair cracks in terrazzo floors.			
2.	Repair gap in tile in kitchen corner	•	\$	
Ext	erior Paint			
1.	Paint exterior of home.		\$	
TO	TAL		\$	
Wor	k to be performed in a workmar	like manner, in accordance with the	Standard Rehabilitation	
	•	facturer's specifications. The contra		
•		materials/equipment/fixtures dama	•	
		properly dispose of all fixtures, mat	-	
		therwise specified herein. There mu		
	_	d or the bid will be ineligible for cor		
I hereby certify that I am a licensed contractor and am eligible to participate in the Collier County Owner Occupied Rehabilitation Program. I will provide copies of my company's license, liability insurance, and proof of worker's compensation. As necessary, I will purchase, install, replace and/or repair and deliver ALL items referenced within this bid document.				
Com	npany Name			
	pany Representative (printed)			
Rep	resentative's Signature			
Mai	ling Addross			
viai				
	ling Address			
	ing Address			
	resentative's Phone Number			
Rep				
Rep Ema	resentative's Phone Number il Address			
Rep Ema	resentative's Phone Number il Address			
Rep Ema Date	resentative's Phone Number il Address e Submitted	Date Accepted		
Rep Ema Date	resentative's Phone Number il Address e Submitted ny signature, I certify that		se, liability	
Rep Ema Date	resentative's Phone Number il Address e Submitted ny signature, I certify that	Date Accepted has verified licen	se, liability	

Date

Steven Kirk, President