

Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: Rita Botello

Address: 115 E. Jefferson Avenue City & Zip Code: Immokalee, FL 34142

Phone #: 239-657-2548 Project #: 16-009R

The work bid form defines the scope of work at this residence to be performed as defined by the COLLIER COUNTY, FLORIDA CONSTRUCTION & REHAB STANDARDS. Contractors are responsible for securing and paying for any permits required by the County to perform the work outlined in the scope below. Bids shall be submitted as soon as possible to Dottie Cook at 750 South Fifth Street, Immokalee, FL 34142 or at dottiecook@ruralneighborhoods.org.

Description	Estimated Cost
<p>Roof</p> <p>1. Repair concrete roof. Insulation and roof covering are needed to stop leaks and the formation of condensation inside the home. Replace all flashing.</p>	\$ _____
<p>Electrical</p> <p>1. Install GFCI receptacles in bathrooms and kitchen and replace inoperable one on lanai.</p> <p>2. Correct exposed wiring in home. Correct damaged wiring above main breaker box, hallway and at electrical junction box.</p> <p>3. Correct bonding at panel box.</p> <p>4. Replace inside cover at main disconnect box on utility pole. Secure mast, meter box, and main disconnect box to utility pole.</p> <p>5. Replace all ceiling fans.</p> <p>6. Remove exterior water heater and correct exposed electrical outlet near it.</p> <p>7. Correct exposed and unsafe wiring to yard light on homemade post.</p> <p>8. Replace power supply cord to water heater.</p> <p>9. Replace doorbell.</p> <p>10. Install smoke detectors in home as required by code.</p> <p>11. Replace oven hood in kitchen with new one that includes a circulating fan. Coordinate with roofer for roof opening.</p>	\$ _____
<p>Plumbing</p> <p>1. Provide hot water to kitchen sink and provide plumbing venting. This may require new piping if hot water was previously provided by exterior water heater.</p> <p>2. Provide proper air gap (high loop) at dishwasher drain line to prevent backed-up material from entering dishwasher.</p> <p>3. Replace water heater in bathroom with larger unit to adequately serve home.</p>	

<ul style="list-style-type: none"> 4. Correct issues related to overflow line and Temperature Pressure Release discharge tube which is too small. 5. Add new shower valve in front bathroom. 6. Install new sink and faucet in kitchen. 7. Install new sink and faucet in hall bathroom. 8. Install new sink and toilet in bathroom off master bedroom. 	\$ _____
<p>Windows</p> <ul style="list-style-type: none"> 1. Replace all windows in home with impact windows. 	\$ _____
<p>General Repairs</p> <ul style="list-style-type: none"> 1. Replace bent return air grill. 2. Patch water stained areas on ceilings of bedrooms, living room, and kitchen. 3. Replace all bedroom doors and bath door to toilet. 4. Fix door jamb at front door and seal and missing trim at rear door. 	\$ _____
<p>Cabinets</p> <ul style="list-style-type: none"> 1. Replace bath cabinet. 2. Replace upper and lower kitchen cabinets and counter. 	\$ _____
<p>Stucco</p> <ul style="list-style-type: none"> 1. Repair cracks in stucco around home and replace missing stucco at rear of home. 	\$ _____
<p>Flooring</p> <ul style="list-style-type: none"> 1. Replace all damaged flooring in bedrooms, hall, living room and any other locations. 	\$ _____
<p>TOTAL</p>	\$ _____

Work to be performed in a workmanlike manner, in accordance with the Standard Rehabilitation Specifications, local codes and manufacturer's specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any error or omission. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **There must be a quoted price for each line item in the space provided or the bid will be ineligible for consideration.**

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.

Company Name _____

Company Representative (printed) _____

Representative's Signature _____

Mailing Address _____

Representative's Phone Number _____

Email Address _____

Date Submitted _____ Date Accepted _____

By my signature, I certify that _____ has verified license, liability insurance and proof of worker's compensation as required by our contract.

Steven Kirk, President

Date