

Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: _____ Kenny Diaz & Trixid Nova _____

Address: 6067 Polly Avenue _____ City & Zip Code: Naples, FL 34112 _____

Phone #: 239-601-2082 or 407-361-6881 _____ Project #: _____ 16-022R _____

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
Electrical 1. Correct electrical issue that causes breakers 17 & 19 to trip when shower is used.	\$ _____
Roof 1. Replace roofing connection between house roof and lanai to eliminate leaks at that point.	\$ _____
Plumbing 1. Fix hot- and cold-water supplies in guest shower. 2. Install stopper in guest bath sink.	\$ _____
General Repairs #1 1. Remove large dead pine tree left of rear lanai. 2. Install anti-tip device for range. 3. Connect vent line to venting fan in kitchen.	\$ _____
General Repairs #2 1. Replace front storm door. 2. Install return air grill in living room. 3. Replace faceplate of toe kick under kitchen cabinets. 4. Replace screen door handle. 5. Replace 5 screen panels on porch. 6. Install cover on porch light fixture.	\$ _____
Flooring 1. Remove stains on guest bedroom carpet. 2. Replace damaged vinyl flooring.	\$ _____

Exterior Repairs	
1. Clean gutters of debris.	
2. Replace missing downspout and elbow section at left front of home.	\$ _____
3. Pressure clean home.	
TOTAL	\$ _____

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.

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