

Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: Georgelina Torres Palmer

Address: 1971 16th Avenue SW City & Zip Code: Naples, FL 34117

Phone #: 239-601-3412 Project #: 16-017R

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>Replace roof on house.</p> <ol style="list-style-type: none"> 1. Remove existing roof, underlayment, and damaged sheathing and properly dispose of all roofing debris. 2. Replace underlayment and any damaged sheathing. 3. Repair all fascia and eaves. 4. Replace all flashing. 5. Install new shingle roof system over the underlayment. <p>Use architectural grade, 30-year fiberglass asphalt shingles in accordance with Florida Building Code. Minimum 30-year warranty for each roof.</p> <p>Provide quote per sheet of plywood (or attach price sheet for wood replacement) – to be replaced as needed</p>	<p>\$ _____</p>
<p>Electrical</p> <ol style="list-style-type: none"> 1. Remove floodlight on utility pole since it is not operative and not secured properly. 2. Replace light fixture at left front of home to address exposed wiring. 3. Correct exposed wiring at water treatment area and power supply to air compressor. 4. On the electrical panel, provide a filler for knockout. Also provide clear working space in front of panel of 30" wide by 36" deep with minimum height of 6'6". 5. Eliminate double tapped breakers in panel box. 6. Correct exposed wiring in living room by installing ceiling fan or blank plate. 7. Install smoke detectors throughout house as required by code. 8. Provide wiring for new water heater. 	<p>\$ _____</p>

<p>Plumbing</p> <ol style="list-style-type: none"> 1. Replace tub stopper. 2. Correct toilet leak at base of toilet. 3. Correct plumbing issues in kitchen to re-connect water and drain lines. 4. Ensure water supply, drainage, and electricity are available to operate dishwasher. 5. Add discharge pipe to pressure relief valve on water heater. 6. Replace water heater with larger water heater. 	<p>\$ _____</p>
<p>General Repairs</p> <ol style="list-style-type: none"> 1. Fix rollers on sliding glass doors to lanai. 2. Service windows as some do not open and others use screws to lock. 3. Adjust or replace closet door in interior. 4. Paint repair work on ceiling and walls of guest bathroom to match existing paint in bathroom. 5. Install new shower door. 6. Re-install countertop to eliminate gaps. 7. Replace cabinet doors on cabinets below kitchen sink. 	<p>\$ _____</p>
<p>HVAC</p> <ol style="list-style-type: none"> 1. Replace AC unit. Specify following information for type to be used. Brand _____ Size _____ tons SEER _____ 	<p>\$ _____</p>
<p>Exterior</p> <ol style="list-style-type: none"> 1. Repair driveway at left side of drive. 2. Reset pavers at front door to make an even walking surface and eliminate gaps. 	<p>\$ _____</p>
<p>Lanai Kitchen</p> <ol style="list-style-type: none"> 1. Remove added kitchen on lanai and return lanai to original use. 	<p>\$ _____</p>
<p>TOTAL</p>	<p>\$ _____</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.

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