

Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: Sanger Henderson, Jr.

Address: 615 Maple Drive City & Zip Code: Immokalee, FL 34142

Phone #: 239-628-8529 Project #: 16-050R

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>Foundation</p> <ol style="list-style-type: none"> 1. Stabilize joists/supports to level home. 2. Replace deteriorated subfloor throughout home as needed. Replace finished flooring as needed. 	\$ _____
<p>Electrical</p> <ol style="list-style-type: none"> 1. Correct exposed exterior light wiring. 2. Install junction boxes where needed. 3. Install two exterior receptacles. 4. Upgrade electrical panel and switch its opening from the closet to the living room. Eliminate double-tapped breakers. Label panel. 5. Correct open ground in master bedroom receptacle near closet entry. 6. Install smoke detectors as needed in home. 7. Install a GFCI outlet in bath. 8. Install an exhaust fan in bath. 9. Replace vent hood in kitchen. 10. Install additional outlets (including GFCI outlets) in kitchen as needed to meet codes. 11. Correct wiring to water heater. 	\$ _____
<p>Plumbing</p> <ol style="list-style-type: none"> 1. Fix bath sink to correct poor water flow. 2. Install a discharge pipe for the water heater. 	\$ _____
<p>HVAC</p> <ol style="list-style-type: none"> 1. Install AC system. 	\$ _____

<p>Exterior Repairs</p> <ol style="list-style-type: none"> 1. Repair or replace front door and weatherstripping. 2. Replace screen door at side entry. 3. Inspect truss tails for damage/rot and repair as needed. 4. Repair stucco work at windows, rear of house and lower sections of home. Texture and paint to match existing. 5. Paint exterior of home. 6. Secure railing to home at front porch. 7. Install railing at side porch. 8. Replace side porch post to correct damage at bottom of post. 9. Enclose front porch with screen. 	<p>\$ _____</p>
<p>Interior Repairs</p> <ol style="list-style-type: none"> 1. Reinstall master bedroom door for better access to light switch. 2. Fix wall damage near shower. Texture and paint to match surrounding area. 3. Install anti-tip bracket for range. 	<p>\$ _____</p>
<p>Cabinets</p> <ol style="list-style-type: none"> 1. Repair damage to bath cabinet toe-kick. 2. Reinstall existing kitchen countertop. 3. Install hardware for kitchen drawers and doors. 	<p>\$ _____</p>
<p>Windows</p> <ol style="list-style-type: none"> 1. Replace all windows. 	<p>\$ _____</p>
<p>Exterior Repairs, Part 2</p> <ol style="list-style-type: none"> 1. Place fresh gravel in driveway. 2. Trim maple tree at side of home. 3. Remove tree at front corner of home. 	<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. **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