Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Su	ubmitting Bid:			
Homeowner Name:		Aurora Nunez		
Address: <u>700 N. 18th Street</u>		City & Zip Code: Immokalee, FL 34142		
Phone #:	239-867-7643	Project #:	16-034R	
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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 <u>dottiecook@ruralneighborhoods.org</u>.

De	scription	Estimated Cost	
	ctrical		
1.	Install cover plates and waterproof covers for outlets at rear of home.		
2.	Secure cover on disconnect box for air compressor.		
3.	Secure or replace carport ceiling light fixture.		
4.	Install GFCI receptacles as needed for outlets located in the bath, kitchen, or on the exterior of the home.		
5.	Relocate electrical panel from closet to bedroom or other area.		
6.	Install hall light fixture to eliminate exposed wiring.		
7.	Install smoke detectors as needed in home.		
8.	Replace two ceiling fan globes in master bedroom.		
9.	Replace missing cover plates.		
10.	Tighten or replace loose outlets (including one in guest bath).		
11.	Correct open ground in master bath receptacle.		
12.	Replace exhaust fan in master bath.		
13.	Secure 220 volt receptacle that is burned and hanging from wall.		
14.	Correct wiring at water heater.	<u>\$</u>	
Plu	mbing		
1.	Replace shower head installed on ceiling and correct plumbing if needed.		
2.	Repair slow-draining sink in guest bath.		
3.	Replace tank covers for both toilets and ensure toilets operate correctly.		
4.	Replace kitchen sink and faucet.		
5.	Replace water shut-off valves below kitchen sink.		
6.	Install new discharge pipe from the relief valve on the water heater.	<u>\$</u>	
Ext	erior Repairs		
1.	Repair support beam at post on carport.		
2.	Replace missing soffit vent screens		
3.	Replace closer on rear storm door.		

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4.	Install missing trim at rear door.	
5.	Correct/complete front entry door installation.	
6.	Repair damaged soffit areas and facia.	
7.	Seal holes in stucco. Texture and paint to match surrounding areas.	ć
8.	Build shed around exterior water heater to protect it from the weather.	<u>\$</u>
Int	erior Repairs	
1.	Replace missing baseboard.	
2.	Paint over water stains on living room/hall ceiling to match surrounding area.	
3.	Replace guest bedroom door.	
4.	Replace closet door in front guest bedroom.	
5.	Replace guest bath door.	
6.	Repair or replace master bedroom door and provide new hardware.	
7.	Fix hole in guest bedroom wall.	
8.	Install insulation and install, texture, and paint drywall on two walls in rear	
	guest bedroom.	
9.	Repair damaged drywall at master bedroom windows. Texture and paint to	
	match surrounding areas.	
10	Paint ceilings in bedrooms to cover old water stains.	
11.	Correct ceiling and wall repairs in kitchen. Texture and paint to match	
	surrounding areas.	
12.	Install anti-tip bracket on range.	\$
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	oring	
1.	Replace damaged flooring in guest shower.	.
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ΗV		
1.	Install new AC unit.	\$
Ca	binets	
1.	Replace kitchen cabinets and countertops.	¢
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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	Data Assortad
Date Submitted	Date Accepted
By my signature, I certify that insurance and proof of worker's com	has verified license, liability pensation as required by our contract.

Steven Kirk, President

Date