Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Su	ubmitting Bid:			
Homeowner Name:		Julienne Leach		
Address: <u>26</u>	40 Wilson Blvd.	City & Zip Code:	Naples, FL 34120	
Phone #:	239-276-1678	Project #:	16-032R	
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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 dottiecook@ruralneighborhoods.org.

De	escription	Estimated Cost			
Re	Replace roof on house.				
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.				
4.	Replace all flashing.				
5.	Install new shingle roof system over the underlayment.				
6.	Provide quote per sheet of plywood (or attach price sheet for wood				
	replacement) – to be replaced as needed				
Us	e architectural grade, 30-year fiberglass asphalt shingles in accordance with	\$			
Flo	Florida Building Code. Minimum 30-year warranty for shingles.				
Ele	ectrical				
1.	Provide missing waterproof GFCI cover on receptacle at rear of house.				
2.	Replace all smoke detectors to meet current code.				
3.	Replace exhaust fans in both bathrooms.				
4.	Check kitchen ceiling fan outlet for power. If needed, replace ceiling fan.				
5.	Replace GFCI outlets in kitchen. Install others if needed in bath, garage, and				
	outside.	Ċ.			
		<u>\$</u>			
	erior Repairs				
1.	Repair ceiling drywall in garage (near back). Texture and paint to match				
	surrounding area.				
	Repair or replace back bedroom door and frame so it closes properly.				
3.	Repair ceiling drywall in bedrooms. Texture and paint to match surrounding				
	areas.	<u> </u>			
	Repair top guiderails for two bedroom closets.	<u>></u>			
5.	Replace hardware on laundry door and ensure right door operates.				

Ext	erior Repairs			
1.	Replace missing downspout at front of home.			
2.	Replace all gutters.			
	Repair damaged wood window trim at 2 windows.			
	Paint all wood facia board.			
	Repair rotted area at exterior door frame and bottom of door (or replace			
	door and frame).			
6.	Add deadbolt to door above.			
7.	Replace garage door (overhead door).			
	Pressure clean home and soffits.	A		
		<u>\$</u>		
	ndows			
	Service sliding doors so they roll smoothly.			
2.	Replace glass in back bedroom or replace entire window if necessary.	<u>\$</u>		
Ρlι	mbing			
1.	Replace stopper and overflow plate cover in bath tub.	<u>\$</u>		
Са	pinets			
1.	Repair or replace countertop by sink.			
2.	Replace base cabinet under sink and upper cabinet near range.	\$		
Flo	oring			
1.	Repair/replace damaged tile at guest bedroom threshold.			
2.	Replace bedroom flooring in both rear bedrooms.	ć		
HVAC				
	Replace kitchen hood vent.			
2.	Replace HVAC unit.			
		<u>\$</u>		
-	Shutters			
1.	Purchase hurricane shutters. Install mounting hardware and label the			
	shutters to match windows.	<u>\$</u>		
TOTAL		<u>\$</u>		

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 insurance and proof of worker's con	has verified license, liability npensation as required by our contract.

Steven Kirk, President

Date