

## Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: \_\_\_\_\_

Homeowner Name: Foster

Address: \_\_\_\_\_ City & Zip Code: Naples

Phone #: \_\_\_\_\_ Project #: 24-021R

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 2449 Sanders Pines Circle, FL 34142 or at [dottiecook@ruralneighborhoods.org](mailto:dottiecook@ruralneighborhoods.org).

Description	Estimated Cost
<b>HVAC</b> 1. Replace 3-ton Goodman condensing unit 2. Install home air purification system.	\$ _____
<b>TOTAL</b>	\$ _____

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 I have verified license, liability insurance and proof of worker's compensation as required by our contract.

\_\_\_\_\_  
Dorothy Cook, Revitalization Manager

\_\_\_\_\_  
Date