

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

- [X] AMERICAN RESCUE PLAN ACT (ARPA)
[] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Client:	Barbara Fristensky	Date:	April 2022
Address:	383 SW Laredo Pl. Fort White, FL 32038		

<p>Home Built: 1925.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 17-6S-16-03842-007 (19983)</p> <p>Brief Legal Description: COMM 4474.69 FT W OF NE COR OF SEC AT R/W OF ACL RR, SW ALONG R/W 229.11 FT, E 1045.30 FT FOR POB, CONT E 225 FT, S 200 FT, W 225 FT, N 200 FT TO POB. AKA LOT 7 BLOCK 1. ALSO COMM 4474.69 FT W OF NE COR OF SEC, RUN SW 229.11 FT, E...(Cont.)</p> <p>PA AppraisedValue: \$96,632.00</p>

Item	System	Description of Work	Location	Price	Contractor Initials
Project Note	REHABILITATION	Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work. LBP Outcome: See Report ACM Outcome: N/A	Unit	\$ N/A	

----- EXSTING DWELLING -----



----- EXSTING DWELLING -----

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

All Housing Rehabilitation Program inspections are considered as complete as possible based on the condition of the home at the time of the Pre-SOW inspection. All defects may not be accessible and/or visible at the time of inspection. Defects may be uncovered during the rehab process, changing the scope of work. The Housing Rehabilitation Program nor its agents or representatives are responsible for unseen items. Not all items that are determined to contain non-code or HQS defects will be listed in the SOW. Priorities governed by the applicable program Housing Assistance Plan and implemented by the ARPA Program Administrative team, including but not limited to the Program HRS; the Program Inspector, Program Project Manager, and/or Program Administrator.

Project inspections and SOW's are developed based on the following criteria:

1. Emergency & Code deficiencies- Health and safety of the client
2. HQS deficiencies-Health and safety of the client
3. Weatherization and/or hardening measures (as applicable and allowable by the program HAP)
4. Items to protect the home from increased or further deterioration or blight
5. Needs of the client based on age and./or disability
6. Energy saving and green construction measures
7. Program budget availability (as applicable and allowable by the program HAP)

B. OWNER(S) ACCEPTANCE OF THE SCOPE OF WORK

The undersigned applicant(s) certifies that he/she or an appointed agent were and are aware of the pre-SOW inspection that was performed prior to the development of the final project Scope of work. Furthermore, the applicant or his/her appointed agent acknowledge participation in the inspection process and rehabilitation items reviewed and utilized in the development of this Scope of Work (SOW).

Applicant/Homeowner understands that he/she will be responsible for removing or relocating all personal items prior to the commencement of project rehab work. In cases where contractors are required to move personal items, the applicant/homeowner accepts all liability for any and all damaged items that may occur during any such removal and/or relocation. This shall not be the responsibility of the Housing Rehabilitation Program nor any of its direct agents.

It is understood that initial inspections cannot reveal all defects in the home since the inspection is to be considered non-invasive. During the process of construction, after the bid is awarded, there may be changes to the scope of work.

It may be necessary to add or remove items from the SOW based on need and budget availability.

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

ALL COSTS SHOULD BE INCLUDED IN THE BID DOC (SOW) LINE ITEMS. THIS IS A GENERAL NOTIFICATION OF INFORMATION FOR WORK TO BE COMPLETED WITH AND FOR THIS PROJECT

PREFACE:

The undersigned contractor certifies that he/she has carefully reviewed & agrees to perform the work described in this SCOPE OF WORK (SOW).

It is understood that initial inspections cannot reveal all defects in the home since the inspection is to be considered non-invasive. During the process of construction, after the bid is awarded, there may be changes to the scope of work. These changes must be approved by the housing department or other department from which the scope of work was issued.

Some specifications are considered to be general in nature and specifics will be discussed at walk through of project. It is the responsibility of the contractor to verify any misunderstandings prior to work or bid being awarded.

All work to be performed in a professional, workmanlike manner, in accordance with the Housing Program Specifications, Florida Building Code, applicable local ordinance, HOA requirements, and manufacturer's specifications. The contractor shall be responsible for the repairs and/or reinstallation of materials/equipment/fixtures damaged or removed due to any work item contained herein. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. Bid will be accepted on the **TOTAL BID** submitted, and all items must be cost itemized in the space provided or the bid will be rejected.

SCOPE OF WORK and CHANGE ORDERS

No contractor shall, without prior written approval from the Housing Rehabilitation Specialist, Project Manager, or Housing Program Administrator, deviate from any product recommendations listed within this Scope of Work. A notice of "or equal" exchange shall be provided to the Project Manager within forty-eight (48) hours of the proposed "or equal" substitution.

This notice shall contain: (1) The names of both the SOW recommended product and proposed substitute product name and specifications; (2) Comparable manufacturer specifications list, included but not limited to code applicability, price, warranty information, consumer review reports; (3) Any additional information requested by the Housing Program and/or its agents.

Failure to provide any required notification will result in a violation of the terms and conditions of the SOW and Work Rehabilitation Contract and a loss of payment on the substituted product if it is not replaced with the SOW specified product. Approval will NOT be granted under any circumstance on or after the fact basis.

All change order must be approved by the owner, Project Manager, and approved housing program representative before any change order work can begin. Change orders will be granted as the program rule(s) and budget will allow. Primarily for code, HQS, and other health & safety deficiencies not already considered a part of the SOW.

VERIFY QUANTITIES/MEASUREMENTS:

All Quantities and Units of Measure stated in the Scope of Work are for the contractor's convenience and must be verified by the contractor at a mandatory or follow up site inspection prior to bid submission. Discrepancies in Quantities or Units of Measure found by the contractor must be communicated to the Housing Rehabilitation Specialist or Project Manager prior to the submission of a bid. Claims for additional funds due to discrepancies in Quantities shall not be honored after the bid submission and rehab contract execution.

ALL PERMITS REQUIRED

The contractor shall initial below for any permits that he/she will apply for relating to this project scope of work. Failure to initial may result in an unacceptable bid:

_____ Building; _____ Zoning; _____ Roofing; _____ Plumbing
_____ Electric; _____ HVAC; _____ Other (list other below as applicable):

JOB BEHAVIOR

Contractor and all contractor subs are expected to act and perform in a professional manner. The work site shall be a drug and harassment free workplace. Failure to comply may result in the owner terminating the contract for cause.

NEW MATERIALS REQUIRED

All materials used in connection with this project are to be new, of first quality and without defects - unless stated otherwise or pre-approved by Owner and Housing Rehabilitation Specialist or Project Manager.

PERIODICALLY REMOVE DEBRIS

The contractor shall clean construction debris from the dwelling and site to a dumpster or legal landfill at least once each week and leave the property in broom clean condition. In occupied dwellings, debris shall be removed from living quarters

WORKMANSHIP STANDARDS

All work shall be performed by workmen both licensed and skilled in their particular trade as well as the tasks assigned to them. Workers shall protect all surfaces as long as required to eliminate damage. All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, floors, fixtures, appliances, ECT... affected by construction.

The contractor will provide all material and shall be responsible for covering all homeowner belongings, including flooring that cannot be moved during rehabilitation: this is not the owner's responsibility: Daily clean-up within and around the home is required and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.

It is at the discretion of the Housing Rehabilitation Specialist and/or Project Manager to approve or deny the quality of work on all projects. Poor workmanship will not be accepted and will need to be approved prior to any partial or final payment.

GENERAL WARRANTY

Contractor shall provide a 1-year workmanship and material (5 years for roof) warranty for all work performed via the Scope of Work and any approved change orders. The contractor shall remedy any defect due to faulty material or workmanship and assume responsibility for all damage directly resulting therefrom, which appear within one year from final inspection. Further, contractor shall furnish owner with all manufacturers' and suppliers' written warranties covering items furnished under this contract prior to release of the final payment.

TIME AND PERFORMACE

This house may or may not require the homeowner to vacate the premises during the construction period. The period for Construction shall be 60 Working days (Mon-Fri: 8am-6pm) from the date of contract execution and acceptance.

The contractor shall contact, either by phone or electronic communication (text or email), the homeowner at least once per week to provide project progress updates. Failure to contact the owner for three (3) consecutive weeks will result in a \$50 per week credit back to the owner's assistance availability or the ARPA program in general.

The above applies to all line items associated with this Scope of Work:

NOTE: Signature required for acknowledgment of Notice to Bidding General Contractors

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.	
Contractor's Name (Print Name): _____	Contractor's Signature: _____
Contractor's Address: _____	Contractor's Phone Number: _____

COLUMBIA COUNTY
ARPA Rehabilitation Scope of Work and Specifications
 (Work Listed Below)

Description: Project Operation	Qty.	Location	Amount
1. OPERATIONAL	All	Project	\$ _____

The contractor shall be responsible for and provide all applications, permits, plans, drawings, product approvals, or other required local, state, or federal, documentation (To include all applicable Fees, A&E, etc.).

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A _____
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The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to do so, may result in a failed final ARPA project Inspection.

Line item Notes

NOTE 1: To Include all applicable Plans, Drawings, and Permits, & approved building department docs

NOTE 2: Depending on project location additional and/or special permits may be required. Any additional and/or special permitting requirements, including cost shall be the responsibility of the contractor.

Description: General Rehab	Qty.	Location	Amount
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2. ELECTRICAL SYSTEM	All	Dwelling	\$ _____
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Detach the existing power meter, lines, and components (including auxiliary circuit panel) Remove the existing power meter pole/post and replace with new minimum 12ft, pressure treated meter pole/post. The new unit shall be installed at the location and in the footprint of the removed pole/post as closely as possible. Reattach all removed power meter and lines, to ensure safe and continuous power to the home.

Interior of Home: Remove existing 100amp electrical service panel (circuits/breakers/). Install new minimum 150-amp electrical service complete with breaker panel box with all circuits labeled and balanced. Panel shall be sufficiently sized to accommodate four (4) additional circuits and installation shall include all required arcs, wiring, connections, breaker, and components to ensure compliance with all applicable codes including the NEC:

Line-Item Notes

NOTE 1: If applicable the bid shall include the price for replacing mast and weather head if insufficiently sized for new service.

NOTE 2: Line item cost to include cost to repair and repaint (to match existing color, texture, finish as closely as possible to what currently exists) any damage caused to the applicable interior wall where the new panel is installed.



Description: Roofing & Attic	Qty.	Location	Amount
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3. ATTIC INSULATION	1	Front Elevation	\$ _____
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Install new high density, partially recycled, natural fiber, blown Insulation to minimum R-30 rating in all accessible areas in unit's attic. (Recommended Product: Owens Corning or equal in value and quality)

Line-Item Notes

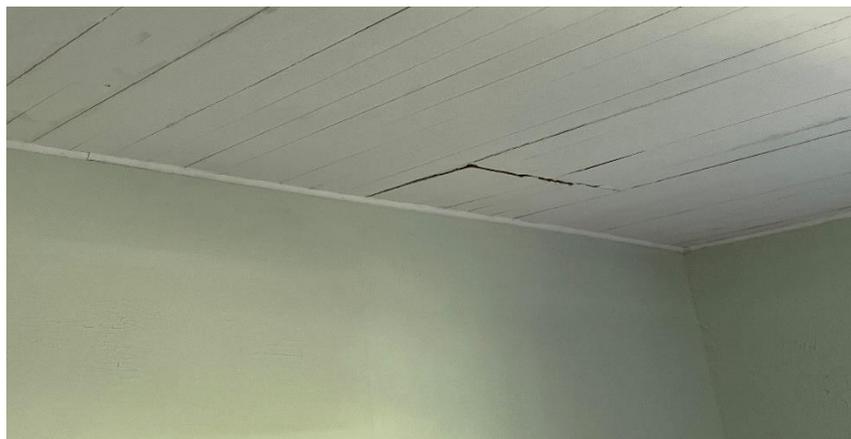
NOTE 1: Bid to include removal of any top level molded and/or damaged existing insulation that may exist due to exposure.

3a. CEILING	All	Kitchen	\$ _____
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Make repairs to all existing ceiling coverings in the kitchen, including replacement of up to 30% of the existing covering (replacement above 30% will require change order approval). Any repairs/replacements shall match (as closely as possible) the existing material, finish, and texture.

Roofing Notes

NOTE 1: Bid to include priming and repainting (white) of the completed ceiling.



Description: Access	Qty.	Location	Amount
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4. ADA ACCESS RAMP	1	Front Elevation	\$ _____
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Demolish the existing front elevation E/E access ramp and dispose of material. Prepare the ground to accept the addition of a new wood (PT treated/weatherized) accessibility ramp addition. The new addition shall include all required foundational supports, a minimum 4'x4' landing extension, and minimum 3' high safety rails at both sides of the ramp. The bottom of the ramp shall transition into the yard with a minimal "drop".

Ramp Notes

NOTE 1: ADA guidance weblink: <https://www.access-board.gov/ada/guides/chapter-4-ramps-and-curb-ramps/>

NOTE 2: The work shall include any applicable site preparation (excavation, leveling, and new fill) to ensure the new ramp provides appropriate stability for ease of access

NOTE 3: Railing shall contain appropriate safety spacing per-code. The entire ramp addition to utilize code compliant framing techniques and be fastened using fastener type and spacing distances that are in accordance with the current Florida Building Code requirements.



4a. ADA ACCESS RAMP	1	Rear Elevation	\$ _____
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Removed the existing damaged, detached rear entry/exit stair assembly. Modify the surrounding ground to accept the addition of a new wood (PT treated/weatherized) accessibility ramp. The new ramp shall include all required foundational supports, a minimum 6'x6' top landing, and minimum 3' high safety rails at each side of the ramp. The bottom of the ramp shall transition into the yard with a minimal "drop".

Ramp Notes

NOTE 1: ADA guidance weblink: <https://www.access-board.gov/ada/guides/chapter-4-ramps-and-curb-ramps/>

NOTE 2: The work shall include any applicable site preparation (excavation, leveling, and new fill) to ensure the new ramp provides appropriate stability for ease of access

NOTE 3: Railing shall contain appropriate safety spacing per-code. The entire ramp addition to utilize code compliant framing techniques and be fastened using fastener type and spacing distances that are in accordance with the current Florida Building Code requirements.



----- END SOW -----

TOTAL BID AMOUNT \$ _____

READ CAREFULLY-WHEN THIS BID ESTIMATE/CONTRACT IS SIGNED, YOU ARE LEGALLY RESPONSIBLE.

NOTE:

- Only licensed and insured contractors legally able to perform work within the State of Florida may submit bids/estimates. A copy of your license and certificate of insurance (listing the County and owner as additional insured) is required to be submitted with your bid.
- For Housing units constructed prior to 1978 where lead based paint may be present, contractors must have, be able to obtain, or procure a properly licensed/certified EPA-RRP firm in order to complete rehabilitation/abatement on properties where lead is found to be present.
- The bid estimates must be based on the work write-up provided by the County.
- No work shall begin and no material shall be ordered unless a NOTICE TO PROCEED is issued.
- BUILDING PERMIT MUST BE OBTAINED, AS APPLICABLE, FOR ALL WORK PERFORMED.
- NO advance payment is allowed.
- Funds will be paid directly to the contractor upon submittal of a final invoice, a W-9 form, a notarized Prime Contractor and Sub-Contractor Release of Lien, a copy of the final inspection approval. For partial draws an inspection on partial work, a notarized Contractors Partial Affidavit plus other additional items identified above are required.
- No funds shall be paid to the property owner (applicant).
- All estimates must indicate if connection to public water or sewer service will be required and include all required utility, County charges, and permit fees for such services as part of the estimate.
- Owner/applicant and contractor must discuss and, on all items, related to this bid estimate, including color and type of material to be used (SEE Exhibit "A" to follow).
- All surfaces disturbed by construction shall be repaired in finished to match existing.
- Contractor shall take before pictures and document working condition of all areas, appliances, ect... in the immediate area of construction.
- Where owner claims of damage not related to a specific SOW is made the photos and notes referenced immediately above shall be utilized in resolving the dispute.

Contractors are prohibited from offering any additional work or favors outside of the SOW/work write-up proposed by the Housing Inspector. Any additional needed work must be done only through the County's approved ARPA change order process.

By signature below, I attest that I have read the SOW and all related information related to the Columbia County ARPA ITB and Bid/Purchasing process.

CONTRACTOR Print Name: _____	DATE: _____
CONTRACTOR Signature: _____	

To receive consistent bid estimates, the Columbia County Housing Consultant provides this form. The County nor its agents, however, are not party to this agreement. Upon completion of any work identified in this bid estimate and approval of the final inspections by the appropriate jurisdiction building inspector, the County will release funds directly to the contractor.

NOTICE BE AWARE THAT:

FLORIDA STATUTE SECTION 837.06- FALSE OFFICIALS STATEMENTS LAW STATED THAT:

“WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND SEGREE, “PUNISHABLE AS PROVIDED BY A FINE TO A MAXIMUM OF \$500.00 AND/OR MAXIMUM OF A SIXTY-DAY JAIL TERM.

(PRINT or TYPE all information unless otherwise noted)

I/we, the undersigned contractor(s), do hereby present and propose the following cost estimate for construction/rehabilitation work to be completed on the identified residential unit. I/we further assure to the best of my ability, that the estimates contained within this bid are an accurate representation and estimate of all necessary work to be completed in relation to the identified residential unit, and **I/we acknowledge that no final payment for work shall be provided until all work has been completed and the corresponding building department has certified the residence** for occupancy, Including all necessary final inspections. All worked performed under this contract has a one (1) year warranty on all workmanship and material and a five (5) year warranty on roofing replacements from the date of the final project inspection.

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

Address: _____
(Street or PO Box) (County, State, Zip)

Contractor License Information (As Applicable):

State of Florida	Columbia
License Number: _____	License Number: _____

Residential Unit Information:

Unit Address: 383 SW Laredo Pl, Fort White, FL 32038

Owner Name: Barbara Fristensky

Owner Phone #: 386-497-1566

**COLUMBIA COUNTY
ARPA
HOUSING REHABILITATION PROGRAM
Subcontractor and Permit Listing**



List all subcontractors that will be used for the work completed on this property: Failure to complete this request may result in this bid being considered incomplete and ineligible for award.

SUBCONTRACTING FIRM NAME	SUBCONTRACTING FIRM PHONE #
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.



List all permits that will be required for the work completed on this property: Failure to complete this request may result in this bid being considered incomplete and ineligible for award.

REQUIRED PERMITS	PRINT NAME OF ENTITY RESPONSIBLE FOR PERMIT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

**COLUMBIA COUNTY
ARPA
HOUSING REHABILITATION PROGRAM
HOUSING REHABILITATION PROGRAM COLOR/STYLE SELECTION**

1. Contractor must provide at least three (3) color choices for each eligible item.
NOTE: See attached scope of work for highlighted eligible items.
2. The Columbia County reserves the right to veto a color choice made by the homeowner.
3. **It is the contractor’s responsibility to provide selections for the homeowner to select the colors and designs, and then sign this form.**
4. Any deviations from this process must be submitted via email to the Housing Inspector (antonio.jenkins@guardiancrm.com) for approval.
5. Color/Style selections are to be signed and forwarded to the Housing Program Inspector no later than five (5) calendar days after the NTP takes effect.

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

(NOTE: PLEASE MAKE A DUPLICATE COPY IF MORE SPACE IS REQUIRED. ALL COPIES MUST BE SIGNED)

The signatures on this document confirm acknowledgment of the above listed items:

Homeowner/Developer Signature: _____	Date: _____
Contractor Signature: _____	Date: _____
Housing Inspector Signature: _____	Date: _____