

COLUMBIA COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS

BID NO. 2022-CC

American Rescue Plan Act (ARPA)

Senior Citizen

Housing Rehabilitation Program

Group 2

The Board of County Commissioners (County) will receive sealed bids in the office of Commissioners, 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055, until 2:00 PM local time on **Wednesday, August 31, 2022** for the following:

Bid No. 2022-CC (Project Group 2)
Home Repairs/Improvements

To be eligible for consideration, all bidders must be listed as a Pre-Qualified Contractor. **A non-mandatory pre-bid meeting will be held 1:00 PM on Wednesday, August 17, 2022** at County Commission Conference Room located at 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055. There are six different homes; Contractors may bid any one or all. Bidders without a complete proposal described will be considered improper. The solicitation information is available online only at: <https://www.columbiacountyfla.com/PurchasingBids.asp>

NOTICE TO BIDDERS

Location of Projects—Project Group 2

383 SW Laredo Pl. Ft. White, FL (B. Fristensky)
537 SW Duckett Ct. Lake City, FL (D. Nash)
539 SE Brandon Dr. Lake City, FL (A. Gaskins)
852 NE Joe Coney Ter. Lake City, FL (Walker-Hawkins)
896 SW CR 242 Lake City, FL (L. Murphy)
3416 SW Sisters Welcome Rd. Lake City, FL (A. Brown)

Event Timeline

Bidders should review and become familiar with the Event Timeline. The dates and times of each activity within the Timeline may be subject to change. It is the responsibility of Bidder to check for any changes. All changes to the Timeline will be made through an addendum to this Invitation to Bid.

| EVENT | DATE | TIME |
|---|------------------------|----------------|
| Issue Invitation to Bid | July 28 , 2022 | N/A |
| NON-MANDATORY Pre-Bid Conference | August 17, 2022 | 1:00 PM |
| Deadline for Questions | August 24, 2022 | 3:00 PM |
| Bid Due Date and Time | August 31, 2022 | 2:00 PM |
| Public Opening Date and Time | August 31, 2022 | 2:01 PM |

A Non-Mandatory Pre-Bid Conference will be held on **August 17, 2022**, at **1:00 pm** starting at **135 NE Hernando Ave. Suite 203 Lake City, FL 32055**. This meeting will be followed by a Mandatory Walkthrough at each additional location. (Order of site visits follows the order of listing presented in the Location of Projects heading above).

Deadline for receipt of bids has been set for 2:00 P.M. on August 31, 2022.

Only bids received on or before the listed time and date will be considered. Bids should be addressed to Columbia County Purchasing **135 NE Hernando Ave. Suite 203 Lake City, FL 32055**. All bids will be opened publicly and read aloud after 2:00 PM.

Additional copies of the ITB Notification and Bid Documents can be obtained by contacting The County ARPA Senior Citizen Housing Rehabilitation Program Consultant: Guardian CRM, at: 888-482-7393.

Please print copies of all ITB documents and Scopes of Work so that you may have them for the pre-bid meeting.

Please do not contact the homeowner(s) or visit the project sites prior to the scheduled mandatory pre-bid meeting and site visit activities.

Persons with disabilities needing assistance to participate in any of the proceedings should contact the Columbia County CDBG Program Consultant at: 888-482-7393 or Marina.Edwards@guardiancrm.com

All requests shall be made at least forty-eight (48) hours in advance.

Si necesita la asistencia de un interprete que hable espanol para participar un esta reunion, por favor pongase

en contacto com Marina Edwards al (888) 482-7393 o Marina.Edwards@guardiancrm.com.

Columbia County is an Equal Opportunity Employer and makes all efforts to include Section 3, WMBE, Veteran-Owned, and all other underserved business types in any bid solicitations related to County Grant Programs. Should any business wish to be removed from solicitation notices, please respond to this email stating so. A complete statewide W/MBE listing can be accessed via the following weblink: <https://osd.dms.myflorida.com/directories>

PROJECT GROUP 2

**383 SW LAREDO PL
FORT WHITE, FL**

(B. FRISTENSKY)

**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 Appraised Value: \$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 _____ |
|--|------------|----------------|--------------------|

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 |
|----------------------------|------|----------|--------|
|----------------------------|------|----------|--------|

| | | | |
|-----------------------------|------------|-----------------|-----------------|
| 2. ELECTRICAL SYSTEM | All | Dwelling | \$ _____ |
|-----------------------------|------------|-----------------|-----------------|

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.



| Description: Roofing & Attic | Qty. | Location | Amount |
|------------------------------|------|----------|--------|
|------------------------------|------|----------|--------|

| | | | |
|----------------------------|----------|------------------------|-----------------|
| 3. ATTIC INSULATION | 1 | Front Elevation | \$ _____ |
|----------------------------|----------|------------------------|-----------------|

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. FASCIA & SOFFIT | All | Full-Roof Span | \$ _____ |
|--------------------------------|------------|-----------------------|-----------------|

Approx. 70% of existing material is damaged: Remove all existing fascia and soffit material (including cardboard inserts). Make repairs to all of the underlying connection points as required. Install new aluminum wrapped fascia and vented soffit and components for the entire roof span of the dwelling unit. Installation should include all required components (sub-fascia, etc..) and hardware to ensure proper and correct fit and seal.

Roofing Notes

NOTE 1: A minimum 3 feet must be maintained between seams or joints.



| Description: STRUCTURAL | Qty. | Location | Amount |
|-------------------------|------|-----------|----------|
| 4. EXTERIOR WALL SIDING | All | As-Listed | \$ _____ |

Approx. 25% of existing material is unsalvageable: Make repairs and replacements to all existing damaged exterior wall siding-covering at the **rear elevation** of the home (including replacing the missing exterior wall planks near the gable point). Dispose of all removed material. As applicable to the affected area(s) repair all existing underlying damaged sub-siding and framing: Prepare the area and install new (weather resistant) exterior wall siding.

The new wall material installation shall match the style of the removed material as closely as possible (Horizontal laid planks), and if applicable, include all required vapor/moisture barrier or sub-siding material, and all required components (including proper fasteners) meet all code and other manufacturer installation requirements. Final installation to contain well sealed, minimal, symmetrically seamed finish. A minimum of four feet is required between all joints in siding material **(Recommended Product: James Hardie Trim and Siding)**

The final finish to be painted (all exterior walls): Pressure clean, seal, and prepare all surfaces of the exterior walls and apply one (1) coat of acrylic primer/sealer to the new material and paint corner to corner with two (2) coat of acrylic finish paint to match existing texture using zero-low VOC paint. **Homeowner must be given a minimum of three-color choices. (Recommended Paint Product type: Eco Protective Products: Eco Accents 5000 flat or product of equal quality and value)**

Line Item Notes:

NOTE 1: Damage is so severe in some areas that major wall structural replacement may require interior wall repairs. Such repairs will be addressed via change order with appropriate inspection and back-up photos.



| Description: Access | Qty. | Location | Amount |
|---------------------|------|----------|--------|
|---------------------|------|----------|--------|

| | | | |
|---------------------------|----------|------------------------|-----------------|
| 5. ADA ACCESS RAMP | 1 | Front Elevation | \$ _____ |
|---------------------------|----------|------------------------|-----------------|

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.



| | | | |
|----------------------------|----------|-----------------------|-----------------|
| 5a. ADA ACCESS RAMP | 1 | Rear Elevation | \$ _____ |
|----------------------------|----------|-----------------------|-----------------|

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 \$ _____

****SPECIAL NOTES****

**All requests for information (FRI's) shall be submitted in writing/via email to:
Antonio Jenkins
Antonio.jenkins@guardiancrm.com
863-899-6695**

Any and all products or services included in this scope of work shall be installed to the manufacture's specifications and in compliance with all applicable Columbia County, Health Department, NEC, and/or Florida Building Codes.

All NOA product numbers can be found at www.miamidade.gov/buildingcode/pc-search_app.asp.

All products with no NOA requirement number can be found at www.homedepot.com, www.lowes.com, or other retail outlets where such products are sold:

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date:** April 2022 _____
AMENDED WRITE-UP PREPARED BY: _____ **Date:** _____



REQUIRED ADDENDUM PAGE(S) TO FOLLOW

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 REHABILATATION 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 |
|----------------------|-----------------------|------------------------|------------------------|
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(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: _____ |

PROJECT GROUP 2

**537 SW DUCKETT CT
LAKE CITY, FL**

(D. NASH)

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

| | | | |
|-----------------|--|--------------|------------|
| Client: | Dorothy Nash | Date: | April 2022 |
| Address: | 537 SW Duckett Ct. Lake City, FL 32024 | | |

| |
|--|
| <p>Home Built: 2009.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Not 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: 06-4S-16-02788-029 (11959)</p> <p>Brief Legal Description: COMM NW COR OF NW1/4 OF SE1/4, RUN E 205 FT, S 362.62 FT, E 477.20 FT FOR POB, CONT E 181 FT, N 150.40 FT, W 181.01 FT, S 150.87 FT TO POB. ORB 1155-1890</p> <p>PA APPRAISED Value: \$65,283.00</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 |
|--|------------|----------------|--------------|

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: HVAC | Qty. | Location | Amount |
|-------------------|---------------|-----------------|----------|
| 2. HVAC | System | Dwelling | \$ _____ |

Remove the existing HVAC system. Install new complete HVAC unit (compressor and AHU); where required, tonnage to be calculated based on required M-J energy calcs, and at a minimum be a 16 SEER central heating and air conditioning system. **Rheem Classic Series or approved equal in value and quality.**

The system is to include infrastructure to ensure service to all habitable rooms, including, connecting into, cleaning, sealing, and adjusting the ducts/plenums to ensure maximum air flow: Installation shall also include new return grill, air handler, and electrical service connects/disconnects, lines/piping, programmable thermostat and all other infrastructure and components necessary for a complete working system.

Exterior compressor must be installed on a minimum 3X3 concrete pad and bolted to the pad. The contractor must provide a written statement from the HVAC firm performing the duct/plenum cleaning that the ducts have been cleaned in accordance with all governing regulations.

Line Item Notes

NOTE 1: Contractor shall provide drawings, energy calculations, and documents as required to perform the SOW.

NOTE 2: All interior vents shall be checked and adjusted to ensure max airflow inside each room.



| Description: Roofing | Qty. | Location | Amount |
|--------------------------|------------|-----------------|-----------------|
| 3. SLOPED ROOFING | All | Dwelling | \$ _____ |

Remove existing roof covering (**Total sloped roofing Section[s]**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (10%): any replacement above 10% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements.

One 36" layer of self-adhering synthetic underlayment shall be utilized over the entire roof deck and per note 2 below. The entire new roof system shall conform to building code and jurisdictional requirements. **No fasteners shall penetrate exposed surface areas, fascia or drip edge.**

Replace existing roof covering with new, 30-year asphalt, dimensional, architectural shingles. Additionally, all drip edge, boots and vent/stacks shall be replaced with like code compliant products and material. The new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (5-year warranty required). (Recommended Product: Gibraltar Building Products or equal in value and quality)

Roofing Notes

NOTE 1: Prior to submitting this bid...all bidding contractors shall ensure with the building department and note the slope of the roof to ensure that listed roof covering material can be utilized.

NOTE 2: As applicable, a second 36" layer of self-adhering synthetic underlayment shall be placed above the seams in all valleys. The underlayment shall extend a minimum of 2" over each seam.

NOTE 3: Line item to include installation of new 6' seamless, (white) gutters and downspouts in at the front and rear elevation roof spans of the home. Gutters shall be installed in such a manner to disburse water flow outward into the yard (grass and foliage) as to limit erosion and water pooling at the base of the foundation.

NOTE 4: The entire roof is to be re-fastened using faster type and spacing distances that in accordance with the current Florida Building Code requirements. The CDBG Department will require an in-progress visual inspection be performed and approved by the CDBG Inspector.

NOTE 5: Contractor shall submit an affidavit to the inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met. This item will have a mandatory inspection with the rehabilitation inspector.



| Description: Access | Qty. | Location | Amount |
|---------------------|------|----------|--------|
|---------------------|------|----------|--------|

| | | | |
|---------------------------|----------|------------------------|-----------------|
| 4. ADA ACCESS RAMP | 1 | Front Elevation | \$ _____ |
|---------------------------|----------|------------------------|-----------------|

Demolish the existing front elevation E/E access steps and dispose of material. Prepare the ground to accept the addition of a new pre-fabricated, aluminum accessibility ramp, with slip resistant walking surface. 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". *(Recommended Product: Prairie View Industries: Aluminum Modular Entryway Wheelchair Ramp [ADA Compliant] or equal in quality and value)*

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 \$ _____**

Removed the existing damaged, detached rear entry/exit stair assembly. Prepare the ground to accept the addition of a new pre-fabricated, aluminum accessibility ramp, with slip resistant walking surface. 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". (*Recommended Product: Prairie View Industries: Aluminum Modular Entryway Wheelchair Ramp [ADA Compliant] or equal in quality and value*)

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.



Description: Interior Rehab-Bath & Plumbing

Qty.

Location

Item Price

PREFACE: All plumbing work shall be completed by a legal and appropriately licensed plumbing firm. At the conclusion of the work the plumbing company shall conduct a review of the plumbing system and provide an affidavit stating that all work was completed to all specification and/or code requirements and provide notice that the units plumbing system is in safe and code compliant working order. Any deficiencies found by the plumbing contractor shall be provided to the GC listing any additional repairs needed above what is listed in the SOW. The Contractor understands that failure to provide this affidavit may result in nonpayment of this item and agrees that the owner, the County, and any of its agents will not be held liable due to contractor negligence in providing all required documentation needed for payment.

5. SHOWER ENCLOSURE

As-Listed

Master-Bath \$ _____

Remove existing walk-in shower enclosure. Make all needed repairs and modifications to the existing wall/floor to accommodate the installation of a new prefabricated (white), semi-frameless, low-step (accessible) shower enclosure and wall surround with safety shower door.

The new installation shall include new washer-less single handle lever controls, new low-flow (2gpm or less) extendable shower head, two 500lb properly anchored grab bars, all hardware, and components (anchoring, built-in shelving, soap dish, etc.) to ensure complete and proper operation.

All plumbing work shall be by an appropriately qualified contractor and completed to the building code/UPC of the jurisdiction.

Shower Notes

NOTE 1: When replacing faucets in the kitchen or bathroom, or showerheads in the bathroom, these fixtures must meet or exceed the following standard: Gallons per Minute = g.p.m. **Shower Head:** Install a low-flow faucet aerator to 2.0 g.p.m.

NOTE 2: Where the flooring may be damaged beyond reuse during the enclosure installation, where the budget allows, a change order for tile floor replacement may be requested with appropriate documentation and photo backup.



5a. TOILET

1-Unit Master-Bath

\$ _____

Remove existing and install a new white, comfort height-handicapped (18"), maximum 1.6 gallon per flush toilet in the listed areas, *including all required hardware and components to ensure complete installation and operational order.* **Recommended product: American Standard or equal in quality and value).**

Line Item Notes

NOTE 1: Where the toilet and components cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, etc...affected by the replacement(s).



----- **END SOW** -----

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

All requests for information (FRI's) shall be submitted in writing/via email to:
Antonio Jenkins
Antonio.jenkins@guardiancrm.com
863-899-6695

Any and all products or services included in this scope of work shall be installed to the manufacture's specifications and in compliance with all applicable Columbia County, Health Department, NEC, and/or Florida Building Codes.

All NOA product numbers can be found at www.miamidade.gov/buildingcode/pc-search_app.asp.

All products with no NOA requirement number can be found at www.homedepot.com, www.lowes.com, or other retail outlets where such products are sold:

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date: April 2022** _____
AMENDED WRITE-UP PREPARED BY: _____ **Date: _____**



REQUIRED ADDENDUM PAGE(S) TO FOLLOW

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: 537 SW Duckett Ct. Lake City, FL 32024

Owner Name: Dorothy Nash

Owner Phone #: 386-867-5818

**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 |
|----------------------|-----------------------|------------------------|------------------------|
| | | | |
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(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: _____ |

PROJECT GROUP 2

**539 SE BRANDON DR
LAKE CITY, FL**

(A. GASKINS)

**Columbia County ARPA
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

OWNER: Aldia Gaskins

ADDRESS: 539 SE Brandon Dr Lake City, FL 32025

PHONE #: 386-288-3461

DATE: April 2022

Home Built in: 1991.

- Lead Base Paint Safe Construction Actions **Do Apply:**
- ACM Actions May Apply:
- Mold Actions May Apply

If this unit was constructed prior to 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.

| Note | System | Description of Work | Location | Price | Contractor Initials |
|------|----------------|--|----------|----------|---------------------|
| A. | 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. | Unit | N/A | |
| B. | SITWORK | Rehabilitation of unit shall include as applicable: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site. | All/Site | \$_____: | |

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workmanlike manner, in accordance with the ARPA Program Specifications, Florida Building Code, local codes, 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.

This house may or may not require the homeowner to vacate the premises during the construction period. The period for Construction shall be 90 Business days (Mon-Sun) from the date of contract execution and acceptance.

This document may not be altered in any manner. The scope of work set forth in this document may not be changed without the written consent of Guardian CRM, Inc. under direct authorization from Columbia County and/or its official representatives.

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 ARPA program. I also agree that change orders above the original contract amount shall only be paid for with ARPA funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his/her representative, the contractor, and local government prior to any initiation of work based on that change order.

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

**SCOPE OF WORK
("SOW")
(Work Listed Below)**

NOTICE TO BIDDING GENERAL CONTRACTORS

No contractor shall, without prior written approval from the Housing Specialist or ARPA Program Manager, deviate from any product recommendations listed within this Scope of Work (SOW). A notice of "or equal" exchange shall be provided to the Inspector 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 specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the ARPA Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) 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.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the ARPA office prior to any change order work can begin.

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.

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

Printed Name

Signature

Date

1. General Construction and Operational:

1a. General Construction and Operational:

- The contractor shall be responsible for and provide all applications, permits, plans, engineering, or other required federal, state, and local documentation.
 - To Include all applicable Plans, Fees, Engineering, Drawings, and Permitting _____ \$ _____

1b. Manuals and Specifications:

- The contractor shall supply, at the time of the final ARPA Program inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to do so will result in a failed final ARPA Program Inspection.
 - To Include all applicable Plans, Drawings, and Permits, & approved building department docs \$ _____ N/A

2. Electrical System Inspection:

2a. Inspect and test the housing unit electrical systems and wiring network in its entirety to ensure that the housing units' circuitry is wired for optimal operation, is free from any immediate fire, health & safety threats and is in compliance with the current NEC. A licensed electrician must complete inspection and the electrical report must be submitted to the Guardian ProjectManager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

NOTE 1: All subsequent non-listed electrical repairs (smoke detectors, etc.) and procedures (if determined **AFTER** by inspection results) shall be in compliance with all current NEC, State and Federal regulations.

- Electrical System Inspection _____ \$ _____

3. Plumbing System Inspection:

3a. Inspect and test the housing unit plumbing system and supply network in its entirety to ensure that the housing units' plumbing is in optimal operation, is free from any immediate health & safety threats and is in compliance with the current plumbing code. A licensed plumber must complete inspection and the electrical report must be submitted to the Guardian ProjectManager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

NOTE 1: Where deficiencies are noted, evaluated, and found to have merit, a change order for findings listed within the report shall be drafted and submitted for County approval.

- Plumbing System Inspection _____ \$ _____

4. HVAC & Electrical:

4a. HVAC (Complete Unit):

- Remove the existing HVAC system and all non-operational components. Install new complete HVAC unit (tonnage to be calculated based on required energy calcs), minimum 14 SEER central heating and air conditioning system. **Rheem Classic Series or approved equal in value and quality.**

The system is to include infrastructure to ensure service to all habitable rooms, including, cleaning, and adjusting the ducts/plenums to ensure maximum air flow: Installation shall also include new return grill, air handler, piping Electrical service connects/disconnects, programmable thermostat and all other infrastructure and components necessary for a complete working system. Exterior compressor must be installed on a minimum 3X3 concrete pad and bolted to the pad. The contractor must provide a written statement from the HVAC firm performing the duct/plenum cleaning that the ducts have been cleaned in accordance with all governing regulations.

Line-Item Notes:

NOTE 1: Contractor shall provide drawings, preliminary manual J calculations/documents as required to perform the SOW.

NOTE 2: All interior vents shall be checked and adjusted to ensure max airflow inside each room.

- HVAC (1 complete unit; spot ceiling repair/repaint) _____ \$ _____

5. Interior Rehabilitation: Kitchen and Plumbing

INTRO NOTE 1: Cabinet removal and installation shall include the removal and reinstallation of any existing range hood, dishwasher, and stove.

5a. Kitchen Cabinets and Counter Tops:

- Remove all existing wall, and base cabinets and countertops and replace with new kitchen cabinets and seamless laminate countertops. New cabinets should match existing footprint and include additions listed in the notes below: Installation to including space for dishwasher (with electrical and plumbing connections). Installation shall include a new stainless-steel double bowl sink and all required fixtures (with extendable single lever, faucet/spray nozzle), new plumbing lines, connects, valves, and all other components and hardware to ensure complete and correct operational order. *Owner must be provided three (3) color/style selections.* **Unit to be installed to manufacturer’s specifications. Exact dimensions are to be determined by the contracting firm. (Recommended Product type: Wellborn or equal in value and quality)**

Line-Item Notes:

NOTE 1: Cabinet doors and drawers shall contain brushed nickel finished opening/closing hardware.

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. Pressed board or engineered wood is not acceptable.
- Vertical surfaces of cabinets (front, sides, doors, and drawers) shall be clad with plastic laminate or sealed with varnish, shellac, lacquer, polyurethane or oil-based enamel paint.
- Base cabinets and vanities which abut a wall shall be provided with back splashes, including side splashes for corner walls. Counter tops and back splashes shall be clad with plastic laminate of a quality equal to Formica HPG or better and no less than five-hundredths (.05) of an inch in thickness.

Kitchen Base Cabinets: (only applicable where existing footprint cannot or is not being followed)

- Countertop shall be no less than (25) twenty-five inches in depth, width or protrusion. Countertop shall include a back splash around the perimeter abutting a wall of no less than (4) four inches in height.
- Base cabinets, including counter tops shall be (36) thirty-six inches in height, and toe recess shall be provided.
- Drawers shall be provided in at least one base cabinet. Drawers shall be at least (21) twenty-one inches long and (5 ¼) five and one-fourth inches deep.

Kitchen Wall Cabinets: (only applicable where existing footprint cannot or is not being followed)

- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches.

- Kitchen Cabinets (All cabinet/tops/hardware/plumbing components) _____ \$ _____

6. Interior Rehabilitation: Bath and Plumbing

6a. Hallway Bathroom-Toilet:

- Remove existing and Install a new white, elongated, comfort height/handicapped (18"), maximum 1.6 gallon per flush toilet, including all required hardware and components to ensure complete installation and operational order. **Recommended product: American Standard or equal in quality and value).**

Line-Item Notes

NOTE 1: Where the toilet and components cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, etc...affected by the replacement(s).

- Bath Toilet (1-Unit) _____ \$ _____

6b. Hallway Bathroom (Shower):

- Remove existing/damaged tub/shower assembly (including fixtures, electrical connections and surround), and prepare for cementitious tile backer for the **new Tub and shower assembly**. Repair and modify existing floor/subfloor to accommodate the installation of a new steel tub (**Kholer Villager or approved equal**) and shower assembly to the building code/UPC of jurisdiction. Remove existing diverter and replace with new washer-less single handle diverter assembly, faucet valves with screwdriver stops, **Moen "chateau" or equal**. Install new low-flow (2gpm or less) water saving extendable shower head, and shower curtain bar. Electrical shall be by appropriately qualified contractor.

Install new tub, and cementitious tile backer per manufacturer's recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than "Wonderboard". Install new minimum 6"x6"x8mm ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Wall tile to start from top of the tub and extend to the ceiling on all three (3) walled sides of the tub/shower enclosure.

Accessories shall include a shower curtain rod, ceramic soap dish and towel bar placed in the same setting material used for the ceramic tile. Color choice shall be by owner. (See Notes below).

Line-Item Notes:

NOTE 1: Bid to include stripping, prepping, sealing, priming, and repaint of all non-tiled bathroom walls and ceilings. Paint shall be applied in accordance with normal ARPA requirements for interior wall repair/repaint.

- Bathtub & Shower Assembly/Enclosure (Full Enclosure) _____ \$ _____

6c. Hallway Bathroom Vanity:

- Remove existing (including electrical connections) and install new complete vanity (in existing footprint and dimensions of removed unit) complete with 3 bar light fixture-including LED bulbs). **Vanity height should be at a height accessible to the owner.** The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum ½" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate countertop and 4" laminate back splash and under mount or drop-in level set sink cast in the counter top. Install new water supply valves, lines and escutcheons, strainer assembly, p-trap and tail assembly; Installation to include all other required hardware and components (center set, low flow duel lever faucet and fixtures/drain stop) to ensure for complete installation. (**Recommended product: Pegasus vanity set or equal in quality and value**)

Line item Notes:

NOTE 1: Where the Vanity and any ancillary components (light bar, etc...) cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, painting, etc...affected by the replacement(s).

NOTE 2: This line item does not include removal or replacement of the existing vanity mirror.

- Bathroom Vanity and Components (1 Unit & Set) _____ \$ _____

6d. Hot Water Heater:

- Remove existing hot water heater and replace with new, electric, 40 Gallon hot water heater with dual 250volt, 4500-watt heating elements, water supply valves, pressure relief valve with 3/4" copper piped to the exterior, drip pan. Sweat solders the copper fittings to connect the new water heater. Ensure that the new heater is in optimal operating order and is able to service
- the housing unit in the most efficient manner in accordance with the current code/UPC. Installation shall be to manufacturer's specifications and shall include all required hardware and components. (Recommended Product: Whirlpool or equal in value and quality).

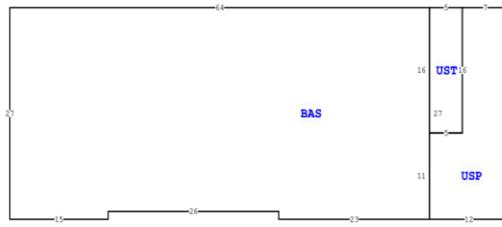
Line Item Notes:

NOTE 1: Bid to include expansion tank and all associated components.

- Hot Water Heater (1 unit) _____ \$

-END SOW-

----- EXISTING DWELLING FOOTPRINT -----



----- EXISTING DWELLING FOOTPRINT -----

****SPECIAL NOTES****

All requests for information (RFI's) shall be submitted in writing/via email to:
Antonio Jenkins
Antonio.jenkins@guardiancrm.com
863-899-6695

Any and all products or services included in this scope of work shall be installed to the manufactures specifications and in compliance with all applicable Columbia County, Health Department, NEC, and/or Florida Building Codes.

All NOA product numbers can be found at www.miamidade.gov/buildingcode/pc-search_app.asp.

All products with no NOA # number can be found at www.homedepot.com, www.lowes.com, or other retail outlets where such products are sold:

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Dwelly Brown **Date:** April 2022



REQUIRED ADDENDUM PAGE(S) TO FOLLOW

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 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 capacity 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 Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: _____

DATE: _____

CONTRACTOR Signature: _____

To receive consistent bid estimates, the Columbia County Local Housing Assistance program 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 workman ARPA and material and a five (5) year warranty on roofing replacements from the date of the final project inspection.

Residential Unit Information:

Unit Address: _____

Owner Name: _____

Owner Phone #: _____

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

State of Florida
License Number: _____

Columbia County
License Number: _____

Applicant (Owner) and Contractor Contract

CONTRACTOR:

I, (the contractor) have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents.

Contractor's Name (Print): _____ Title: _____

Contractor's Name (Signature): _____ Date: _____

Company Name: _____ Phone: _____

Position/title/relation to Contractor (if not the Contractor): _____

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 539 SE Brandon Dr. ----->\$ _____

OWNER:

I/we, the listed owner(s)/applicant(s), have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents, and intend to select this contractor to complete the work identified in this estimate.

My/Our signature below reflects my understanding and acceptance of the aforementioned scope of work with a total project cost of

\$ _____ : (hand written by owner/applicant). I also understand and accept the possibility that this initial total project cost can change (increase or decrease) if unanticipated labor or materials changes are required for compliance with any applicable building codes or deemed necessary by the ARPA Program Manager. Any additional charges (increase or decrease) must be requested by the contractor in writing, submitted to the housing team for review, and must receive written approval from the ARPA Housing Program Manager BEFORE the additional or reduced services are to be performed.

Applicant Name (Print): _____ Initial: _____

Applicant Name (Signature): _____ Date: _____

Co-Applicant Name (Print): _____ Initial: _____

Co-Applicant Name (Signature): _____ Date: _____

“EXHIBIT A”

**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 Exhibit 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 Exhibit 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 B”

**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. 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 |
|---------------|----------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |

(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 Signature: _____ | Date: _____ |
| Contractor Signature: _____ | Date: _____ |
| Housing Inspector Signature: _____ | Date: _____ |

PROJECT GROUP 2

**852 NE JOE CONEY TER.
LAKE CITY, FL**

(WALKER-HAWKINS)

**Columbia County ARPA
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

OWNER: William Walker & Hattie Hawkins

ADDRESS: 852 NE Joe Coney Ter. Lake City FL32055

PHONE #: 386-697-0877

DATE: April 2022

Home Built in: 1960.

- Lead Base Paint Safe Construction Actions **Do Apply:**
- ACM Actions May Apply:
- Mold Actions May Apply

If this unit was constructed prior to 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.

| Note | System | Description of Work | Location | Price | Contractor Initials |
|------|----------------|--|----------|----------|---------------------|
| A. | 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. | Unit | N/A | |
| B. | SITework | Rehabilitation of unit shall include as applicable: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site. | All/Site | \$_____: | |

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workmanlike manner, in accordance with the ARPA Program Specifications, Florida Building Code, local codes, 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.

This house may or may not require the homeowner to vacate the premises during the construction period. The period for Construction shall be 90 Business days (Mon-Sun) from the date of contract execution and acceptance.

This document may not be altered in any manner. The scope of work set forth in this document may not be changed without the written consent of Guardian CRM, Inc. under direct authorization from Columbia County and/or its official representatives.

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 ARPA program. I also agree that change orders above the original contract amount shall only be paid for with ARPA funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his/her representative, the contractor, and local government prior to any initiation of work based on that change order.

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

**SCOPE OF WORK
("SOW")
(Work Listed Below)**

NOTICE TO BIDDING GENERAL CONTRACTORS

No contractor shall, without prior written approval from the Housing Specialist or ARPA Program Manager, deviate from any product recommendations listed within this Scope of Work (SOW). A notice of "or equal" exchange shall be provided to the Inspector 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 specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the ARPA Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) 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.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the ARPA office prior to any change order work can begin.

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.

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

_____ Printed Name

_____ Signature

_____ Date

1. General Construction and Operational:

1a. General Construction and Operational:

- The contractor shall be responsible for and provide all applications, permits, plans, engineering, or other required federal, state, and local documentation.
 - To Include all applicable Plans, Fees, Engineering, Drawings, and Permitting _____ \$ _____

1b. Manuals and Specifications:

- The contractor shall supply, at the time of the final ARPA Program inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to do so will result in a failed final ARPA Program Inspection.
 - To Include all applicable Plans, Drawings, and Permits, & approved building department docs \$ _____ N/A _____

2. HVAC & Electrical:

Preface: All electrical work shall be completed by a legal and appropriately licensed electrical firm. At the conclusion of the work the electrical company shall conduct a review of the electrical system and provide an affidavit stating that all work was completed to all specification and/or code requirements and provide notice that the units electrical system is in safe and code compliant working order. Any deficiencies found by the electrical contractor shall be provided to the GC listing any additional repairs needed above what is listed in the SOW. The Contractor understands that failure to provide this affidavit may result in nonpayment of this item and agrees that the owner, the County, and any of its agents will not be held liable due to contractor negligence in providing all required documentation needed for payment.

2a. HVAC (Complete Unit):

- Remove the existing HVAC system and all non-operational components. Install new complete HVAC unit (tonnage to be calculated based on required energy calcs), minimum 14 SEER central heating and air conditioning system. **Rheem Classic Series or approved equal in value and quality.**

The system is to include infrastructure to ensure service to all habitable rooms, including, cleaning, and adjusting the ducts/plenums to ensure maximum air flow: Installation shall also include new return grill, air handler, piping Electrical service connects/disconnects, programmable thermostat and all other infrastructure and components necessary for a complete working system.

Exterior compressor must be installed on a minimum 3X3 concrete pad and bolted to the pad. The contractor must provide a written statement from the HVAC firm performing the duct/plenum cleaning that the ducts have been cleaned in accordance with all governing regulations.

Line-Item Notes:

NOTE 1: Contractor shall provide drawings, preliminary manual J calculations/documents as required to perform the SOW.

NOTE 2: All interior vents shall be checked and adjusted to ensure max airflow inside each room.

- HVAC (1 complete unit; spot ceiling repair/repaint) _____ \$

3. Interior Rehabilitation: Bath and Electrical

INTRO: All electrical work shall be completed by a legal and appropriately licensed electrical firm. At the conclusion of the work the electrical company shall conduct a review of the electrical system and provide an affidavit stating that all work was completed to all specification and/or code requirements and provide notice that the units electrical system is in safe and code compliant working order. Any deficiencies found by the electrical contractor shall be provided to the GC listing any additional repairs needed above what is listed in the SOW. The Contractor understands that failure to provide this affidavit may result in nonpayment of this item and agrees that the owner, the County, and any of its agents will not be held liable due to contractor negligence in providing all required documentation needed for payment.

3a. Bathroom #1 -Toilet:

- Remove existing and Install a new white, elongated, comfort height/handicapped (18"), maximum 1.6 gallon per flush toilet, *including all required hardware and components to ensure complete installation and operational order.* **Recommended product: American Standard or equal in quality and value).**

Line-Item Notes

NOTE 1: Where the toilet and components cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, etc...affected by the replacement(s).

- Bathroom #1Toilet (1-Unit) _____ \$

3b. Bathroom #1 (Tub/Shower):

- Remove existing/damaged tub/shower assembly (including fixtures, electrical connections and surround), and prepare for cementitious tile backer for the **new Tub and shower assembly**. Repair and modify existing floor/subfloor to accommodate the installation of a new steel tub (**Kholer Villager or approved equal**) and shower assembly to the building code/UPC of jurisdiction. Remove existing diverter and replace with new washer-less single handle diverter assembly, faucet valves with screwdriver stops, **Moen "chateau" or equal**. Install new low-flow (2gpm or less) water saving extendable shower head, and shower curtain bar. Electrical shall be by appropriately qualified contractor.

Install new tub, and cementitious tile backer per manufacturer's recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than "Wonderboard". Install new minimum 6"x6"x8mm ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Wall tile to start from top of the tub and extend to the ceiling on all three (3) walled sides of the tub/shower enclosure.

Accessories shall include a shower curtain rod, ceramic soap dish and towel bar placed in the same setting material used for the ceramic tile. Color choice shall be by owner. (See Notes below).

Line-Item Notes:

NOTE 1: Bid to include stripping, prepping, sealing, priming, and repaint of all non-tiled bathroom walls and ceilings. Paint shall be applied in accordance with normal ARPA requirements for interior wall repair/repaint.

- Bathroom #1 Bathtub & Shower Assembly/Enclosure (Full Enclosure) _____ \$

3c. Bathroom #1 Vanity:

- Remove existing (including electrical connections) and install new complete vanity (in existing footprint and dimensions of removed unit) complete with 3 bar light fixture-including LED bulbs). **Vanity height should be at a height accessible to the owner.** The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum ½" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate counter top and 4" laminate back splash and under mount or drop-in level set sink cast in the counter top. Install new water supply valves, lines and escutcheons, strainer assembly, p-trap and tail assembly; Installation to include all other required hardware and components (center set, low flow duel lever faucet and fixtures/drain stop) to ensure for complete installation. (**Recommended product: Pegasus vanity set or equal in quality and value**)

Line Item Notes:

NOTE 1: Where the Vanity and any ancillary components (light bar, etc...) cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, painting, etc...affected by the replacement(s).

NOTE 2: This line item does not include removal or replacement of the existing vanity mirror.

- Bathroom #1 Vanity and Components (1 Unit & Set) _____ \$

3d. Hot Water Heater:

- Remove existing hot water heater and replace with new, electric, 40 Gallon hot water heater with dual 250volt, 4500-watt heating elements, water supply valves, pressure relief valve with 3/4" copper piped to the exterior, drip pan. Sweat solders the copper fittings to connect the new water heater. Ensure that the new heater is in optimal operating order and is able to service
- the housing unit in the most efficient manner in accordance with the current code/UPC. Installation shall be to manufacturer's specifications and shall include all required hardware and components. (Recommended Product: Whirlpool or equal in value and quality).

Line Item Notes:

NOTE 1: Bid to include expansion tank and all associated components.

- Hot Water Heater (1 unit) _____ \$ _____

4. Structural and Interior Flooring Components:

4a. Interior Flooring and Components:

- Remove any existing floor covering and subfloors in the areas Listed below:

Rear Living Area; Master Bedroom, Bedroom #2

- Properly dispose of the existing floor covering in the areas of the home listed above. Make all appropriate modifications to prepare the underlying floor to accept new tile flooring (Scrape and clean the floor to ensure that it is free of all debris and protrusions. Repair (with like code/compliant materials) and patch all cracks and uneven sub-floor leveling in all affected areas to ensure a smooth uniform, surface).

Install new low maintenance, easy clean 12x12 ceramic floor tiles in the listed areas of the home. Installation to be complete and include all required components, to ensure proper installation to manufacturers specifications. *Exact dimensions and square footage to be determined by contracting firm.* (Recommended tile product: American Olean or equal in quality and value) *Owner to determine color.* Installation to include threshold strips at all exposed joints between rooms and/or at door openings.

Line-Item Notes

NOTE 1: Bid Line item to include removal and replacement of all existing door thresholds and all baseboard in the footprint of the removed material. New Baseboard shall be painted white.

NOTE 2: Owner shall be provided color selection for the new flooring material.

Flooring Repairs and Components- (As Listed including all components) _____ \$ _____

-END SOW-

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 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 capacity 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 Columbia CountyCounty Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: _____

DATE: _____

CONTRACTOR Signature: _____

To receive consistent bid estimates, the Columbia County Local Housing Assistance program 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 workman ARPA and material and a five (5) year warranty on roofing replacements from the date of the final project inspection.

Residential Unit Information:

Unit Address: _____

Owner Name: _____

Owner Phone #: _____

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

State of Florida
License Number: _____

Columbia County
License Number: _____

Applicant (Owner) and Contractor Contract

CONTRACTOR:

I, (the contractor) have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents.

Contractor's Name (Print): _____ Title: _____

Contractor's Name (Signature): _____ Date: _____

Company Name: _____ Phone: _____

Position/title/relation to Contractor (if not the Contractor): _____

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 852 NE Joe Coney Terr. ----->\$ _____

OWNER:

I/we, the listed owner(s)/applicant(s), have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents, and intend to select this contractor to complete the work identified in this estimate.

My/Our signature below reflects my understanding and acceptance of the aforementioned scope of work with a total project cost of

\$ _____ : (hand written by owner/applicant). I also understand and accept the possibility that this initial total project cost can change (increase or decrease) if unanticipated labor or materials changes are required for compliance with any applicable building codes or deemed necessary by the ARPA Program Manager. Any additional charges (increase or decrease) must be requested by the contractor in writing, submitted to the housing team for review, and must receive written approval from the ARPA Housing Program Manager BEFORE the additional or reduced services are to be performed.

Applicant Name (Print): _____ Initial: _____

Applicant Name (Signature): _____ Date: _____

Co-Applicant Name (Print): _____ Initial: _____

Co-Applicant Name (Signature): _____ Date: _____

“EXHIBIT A”

**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 Exhibit 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 Exhibit 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 B”

**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. 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 |
|---------------|----------------|-----------------|-----------------|
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(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 Signature: _____ | Date: _____ |
| Contractor Signature: _____ | Date: _____ |
| Housing Inspector Signature: _____ | Date: _____ |

PROJECT GROUP 2

**896 SW CR 242
LAKE CITY, FL**

(L. MURPHY)

**Columbia County ARPA
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID FORM**

OWNER: Laura Kate Murphy

ADDRESS: 896 (894) SW CR 242-A Lake City, FL 32025

PHONE #: 386-755-3739

DATE: April 2022

Home Built in: 1983.

- Lead Base Paint Safe Construction Actions **Do Not Apply:**
- ACM Actions May Apply:
- Mold Actions May Apply

If this unit was constructed prior to 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.

| Note | System | Description of Work | Location | Price | Contractor Initials |
|------|----------------|--|----------|-----------|---------------------|
| A. | 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. | Unit | N/A | |
| B. | SITWORK | Rehabilitation of unit shall include as applicable: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site. | All/Site | \$ _____: | |

THIS PAGE MUST BE INCLUDED WITH THE BID FOR IT TO BE VALID

All work to be performed in a workmanlike manner, in accordance with the ARPA Program Specifications, Florida Building Code, local codes, 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.

This house may or may not require the homeowner to vacate the premises during the construction period. The period for Construction shall be 90 Business days (Mon-Sun) from the date of contract execution and acceptance.

This document may not be altered in any manner. The scope of work set forth in this document may not be changed without the written consent of Guardian CRM, Inc. under direct authorization from Columbia County and/or its official representatives.

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 ARPA program. I also agree that change orders above the original contract amount shall only be paid for with ARPA funds to correct documented code violations or to meet Section 8 Housing Quality Standards. Change orders must be approved by the homeowner or his/her representative, the contractor, and local government prior to any initiation of work based on that change order.

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

**SCOPE OF WORK
("SOW")
(Work Listed Below)**

NOTICE TO BIDDING GENERAL CONTRACTORS

No contractor shall, without prior written approval from the Housing Specialist or ARPA Program Manager, deviate from any product recommendations listed within this Scope of Work (SOW). A notice of "or equal" exchange shall be provided to the Inspector 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 specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the ARPA Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) 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.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the ARPA office prior to any change order work can begin.

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.

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

Printed Name

Signature

Date

1. General Construction and Operational:

1a. General Construction and Operational:

- The contractor shall be responsible for and provide all applications, permits, plans, engineering, or other required federal, state, and local documentation.
 - To Include all applicable Plans, Fees, Engineering, Drawings, and Permitting _____ \$ _____

1b. Manuals and Specifications:

- The contractor shall supply, at the time of the final ARPA Program inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to do so will result in a failed final ARPA Program Inspection.
 - To Include all applicable Plans, Drawings, and Permits, & approved building department docs \$ _____ N/A _____

2. Electrical System Inspection:

2a. Due to reported random electrical shorts, and non-operational outlets: Inspect and test the housing unit electrical systems and wiring network in its entirety to ensure that the housing units' circuitry is wired for optimal operation, is free from any immediate fire, health & safety threats and is in compliance with the current NEC. A licensed electrician must complete inspection and the electrical report must be submitted to the Guardian Project Manager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

NOTE 1: All subsequent non-listed electrical repairs (smoke detectors, etc.) and procedures (if determined **AFTER** by inspection results) shall be in compliance with all current NEC, State and Federal regulations.

- Electrical System Inspection _____ \$ _____

3. Plumbing System Inspection:

3a. Inspect and test the housing unit plumbing system and supply network in its entirety to ensure that the housing units' plumbing is in optimal operation, is free from any immediate health & safety threats and is in compliance with the current plumbing code. A licensed plumber must complete inspection and the electrical report must be submitted to the Guardian Project Manager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

NOTE 1: Where deficiencies are noted, evaluated, and found to have merit, a change order for findings listed within the report shall be drafted and submitted for County approval.

- Plumbing System Inspection _____ \$ _____

4. HVAC & Electrical:

4a. HVAC (Complete Unit):

- Remove the existing HVAC system and all non-operational components. Install new complete HVAC unit (tonnage to be calculated based on required energy calcs), minimum 14 SEER central heating and air conditioning system. **Rheem Classic Series or approved equal in value and quality.**

The system is to include infrastructure to ensure service to all habitable rooms, including, cleaning, and adjusting the ducts/plenums to ensure maximum air flow: Installation shall also include new return grill, air handler, piping Electrical service connects/disconnects, programmable thermostat and all other infrastructure and components necessary for a complete working system. Exterior compressor must be installed on a minimum 3X3 concrete pad and bolted to the pad. The contractor must provide a written statement from the HVAC firm performing the duct/plenum cleaning that the ducts have been cleaned in accordance with all governing regulations.

Line-Item Notes:

NOTE 1: Contractor shall provide drawings, preliminary manual J calculations/documents as required to perform the SOW.

NOTE 2: All interior vents shall be checked and adjusted to ensure max airflow inside each room.

- HVAC (1 complete unit; spot ceiling repair/repaint) _____ \$ _____

5. Interior Rehabilitation: Bath and Plumbing

5a. Hallway Bath-Toilet:

- Remove existing and Install a new white, elongated, comfort height/handicapped (18”), maximum 1.6 gallon per flush toilet, including all required hardware and components to ensure complete installation and operational order. **Recommended product: American Standard or equal in quality and value).**

Line-Item Notes

NOTE 1: Where the toilet and components cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, etc...affected by the replacement(s).

- Hall Bathroom Toilet (1-Unit) _____ \$ _____

5b. Hallway (Shower/Grab Bars):

- Remove existing/damaged tub/shower assembly (including fixtures, electrical connections and surround), and prepare for cementitious tile backer for the **new Tub and shower assembly**. Repair and modify existing floor/subfloor to accommodate the installation of a new steel tub (**Kholer Villager or approved equal**) and shower assembly to the building code/UPC of jurisdiction. Remove existing diverter and replace with new washer-less single handle diverter assembly, faucet valves with screwdriver stops, **Moen “chateau” or equal**. Install new low-flow (2gpm or less) water saving extendable shower head, and shower curtain bar. Electrical shall be by appropriately qualified contractor.

Install new tub, and cementitious tile backer per manufacturer’s recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than “Wonderboard”. Install new minimum 6”x6”x8mm ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Wall tile to start from top of the tub and extend to the ceiling on all three (3) walled sides of the tub/shower enclosure.

Accessories shall include a shower curtain rod, ceramic soap dish and towel bar placed in the same setting material used for the ceramic tile. Color choice shall be by owner. (See Notes below).

Line-Item Notes:

NOTE 1: Bid to include stripping, prepping, sealing, priming, and repaint of all non-tiled bathroom walls and ceilings. Paint shall be applied in accordance with normal ARPA requirements for interior wall repair/repaint.

- Hallway Bathtub & Shower Assembly/Enclosure (Full Enclosure) _____ \$ _____

5c. Hallway Bedroom Bath Vanity:

- Remove existing (including electrical connections) and install new complete vanity (in existing footprint and dimensions of removed unit) complete with 3 bar light fixture-including LED bulbs). **Vanity height should be at a height accessible to the owner.** The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum ½" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate counter top and 4" laminate back splash and under mount or drop-in level set sink cast in the counter top. Install new water supply valves, lines and escutcheons, strainer assembly, p-trap and tail assembly; Installation to include all other required hardware and components (center set, low flow duel lever faucet and fixtures/drain stop) to ensure for complete installation. (Recommended product: Pegasus vanity set or equal in quality and value)

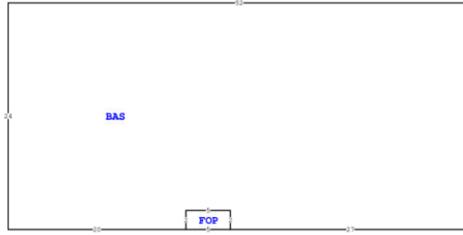
NOTE 1: Where the Vanity and any ancillary components (light bar, etc...) cannot be placed in the exact footprint of the removed item(s) the contractor is responsible for making all repairs to the affected area to match the existing flooring, painting, etc...affected by the replacement(s).

NOTE 2: This line item does not include removal or replacement of the existing vanity mirror.

- Hallway Vanity and Components (1 Unit & Set) _____ \$

-END SOW-

----- EXISTING DWELLING FOOTPRINT -----



----- EXISTING DWELLING FOOTPRINT -----

****SPECIAL NOTES****

All requests for information (RFI's) shall be submitted in writing/via email to:
Antonio Jenkins
Antonio.jenkins@guardiancrm.com
863-899-6695

Any and all products or services included in this scope of work shall be installed to the manufactures specifications and in compliance with all applicable Columbia County, Health Department, NEC, and/or Florida Building Codes.

All NOA product numbers can be found at www.miamidade.gov/buildingcode/pc-search_app.asp.

All products with no NOA # number can be found at www.homedepot.com, www.lowes.com, or other retail outlets where such products are sold:

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Dwelly Brown

Date: April 2022



REQUIRED ADDENDUM PAGE(S) TO FOLLOW

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.
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- 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).
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- 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 Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: _____

DATE: _____

CONTRACTOR Signature: _____

To receive consistent bid estimates, the Columbia County Local Housing Assistance program 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 workman ARPA and material and a five (5) year warranty on roofing replacements from the date of the final project inspection.

Residential Unit Information:

Unit Address: _____

Owner Name: _____

Owner Phone #: _____

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

State of Florida
License Number: _____

Columbia County
License Number: _____

Applicant (Owner) and Contractor Contract

CONTRACTOR:

I, (the contractor) have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents.

Contractor's Name (Print): _____ Title: _____

Contractor's Name (Signature): _____ Date: _____

Company Name: _____ Phone: _____

Position/title/relation to Contractor (if not the Contractor): _____

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 896 SW CR 242-A. ----->\$ _____

OWNER:

I/we, the listed owner(s)/applicant(s), have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents, and intend to select this contractor to complete the work identified in this estimate.

My/Our signature below reflects my understanding and acceptance of the aforementioned scope of work with a total project cost of

\$ _____ : (hand written by owner/applicant). I also understand and accept the possibility that this initial total project cost can change (increase or decrease) if unanticipated labor or materials changes are required for compliance with any applicable building codes or deemed necessary by the ARPA Program Manager. Any additional charges (increase or decrease) must be requested by the contractor in writing, submitted to the housing team for review, and must receive written approval from the ARPA Housing Program Manager BEFORE the additional or reduced services are to be performed.

Applicant Name (Print): _____ Initial: _____

Applicant Name (Signature): _____ Date: _____

Co-Applicant Name (Print): _____ Initial: _____

Co-Applicant Name (Signature): _____ Date: _____

“EXHIBIT A”

**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 Exhibit 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 Exhibit 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. | |
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|---------------------------------------|
| Contractor's Name (Print Name): _____ |
| Contractor's Signature: _____ |
| Title of signatory: _____ |

“EXHIBIT B”

**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. 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 |
|---------------|----------------|-----------------|-----------------|
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(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 Signature: _____ | Date: _____ |
| Contractor Signature: _____ | Date: _____ |
| Housing Inspector Signature: _____ | Date: _____ |

PROJECT GROUP 2

**3416 SW SISTERS WELCOME RD.
LAKE CITY, FL**

(A. BROWN)

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

| | | | |
|-----------------|--|--------------|------------|
| Client: | Alfreda Brown | Date: | April 2022 |
| Address: | 3416 Sisters Welcome Rd. Lake City, FL 32024 | | |

| |
|--|
| <p>Home Built: 1971.</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: 14-4S-16-02964-000 (45173)</p> <p>Brief Legal Description: COMM SW COR OF SE1/4 OF SE1/4, RUN N 134.10 FT TO C/L CR-341, NE ALONG R/W 1447.34 FT, W 22.96 FT FOR POB, CONT W 687.31 FT, N 177.25 FT, E 787.19 FT TO W R/W OF CR-341, SW ALONG RD 203.45 FT TO POB. EX 1 AC DESC IN WD 1459-1246. 426-02, DC 1167-844, WD 1198-2239, WD 1204-641</p> <p>PA Appraised Value: \$86,367.00</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 _____ |
|---------------------------------------|-----|---------|-------------|

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: Roofing | Qty. | Location | Amount |
|----------------------|------|----------|--------|
|----------------------|------|----------|--------|

| | | | |
|--------------------|-----|----------|----------|
| 2. FASCIA & SOFFIT | All | Dwelling | \$ _____ |
|--------------------|-----|----------|----------|

Approx. 20% of existing material is damaged (10% at the front elevation and 10% at the rear elevation): Remove all existing damaged fascia and soffit material. Install new like for like material in the footprint of the removed material). *Exact material (LF) dimensions shall be the responsibility of the contractor.* Pricing to include all required components and hardware to ensure proper and correct fit and seal.

Roofing Notes

NOTE 1: A minimum 3 feet must be maintained between seams or joints.

NOTE 2: Line item to include replacement of missing soffit sections at the rear elevation (1 panel and 1 vinyl section)



2a. SLOPED ROOFING**All****Dwelling****\$ _____**

Remove existing roof covering (**Total sloped roofing Section[s]**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (10%): any replacement above 10% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements. *Shingle color shall be homeowners choice.*

One 36" layer of self-adhering synthetic underlayment shall be utilized over the entire roof deck and per note 2 below. The entire new roof system shall conform to building code and jurisdictional requirements. **No fasteners shall penetrate exposed surface areas, fascia or drip edge.**

Replace existing roof covering with new, 30-year asphalt, dimensional, architectural shingles. Additionally, all drip edge, boots and vent/stacks shall be replaced with like code compliant products and material. The new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (5-year warranty required). (Recommended Product: Gibraltar Building Products or equal in value and quality)

Roofing Notes

NOTE 1: Prior to submitting this bid...all bidding contractors shall ensure with the building department and note the slope of the roof to ensure that listed roof covering material can be utilized.

NOTE 2: As applicable, a second 36" layer of self-adhering synthetic underlayment shall be placed above the seams in all valleys. The underlayment shall extend a minimum of 2" over each seam.

NOTE 3: The entire roof is to be re-fastened using faster type and spacing distances that in accordance with the current Florida Building Code requirements. The CDBG Department will require an in-progress visual inspection be performed and approved by the CDBG Inspector.

NOTE 4: Contractor shall submit an affidavit to the inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met. This item will have a mandatory inspection with the rehabilitation inspector.



| Description: Bath & Plumbing | Qty. | Location | Amount |
|------------------------------|----------|------------------|-----------------|
| 3. WALK-IN SHOWER | 1 | Hall Bath | \$ _____ |

INTRO: All plumbing work shall be completed by a legal and appropriately licensed plumbing firm. At the conclusion of the work the plumbing company shall conduct a review of the plumbing system and provide an affidavit stating that all work was completed to all specification and/or code requirements and provide notice that the units plumbing system is in safe and code compliant working order. Any deficiencies found by the plumbing contractor shall be provided to the GC listing any additional repairs needed above what is listed in the SOW. The Contractor understands that failure to provide this affidavit may result in nonpayment of this item and agrees that the owner, the County, and any of its agents will not be held liable due to contractor negligence in providing all required documentation needed for payment.

Remove existing tub-shower assembly: Prepare the wall for cementitious tile backer in preparation for the construction of a new, low step, walk-in shower assembly, with extendable shower head. Install cementitious tile backer per manufacturer's recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than "Wonderboard". The new walk-in shower shall be installed in the footprint.

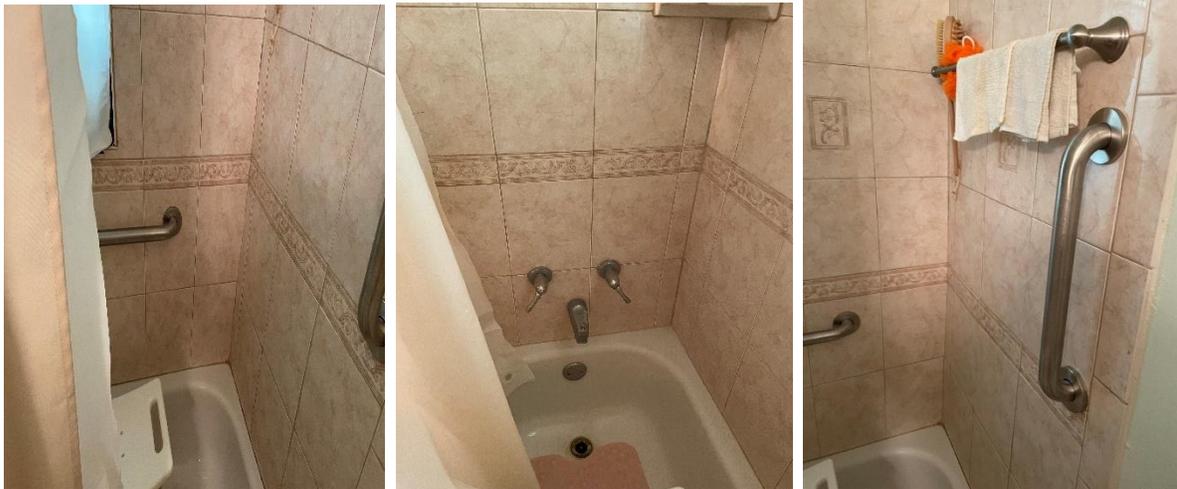
Make all repairs to the wall, framing, furring, and supports as required to ensure the structure is code compliant. Repair and modify existing floor/subfloor to accommodate the installation of a new, low step, walk-in shower, including pan, tile floor, tile wall surround, and built in (tiled) seat (accessibility dimensions required where/if space allows) to the building code/UPC of the jurisdiction.

Install new 8"x8"x1/4" ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Tile to finish- starting from top of shower floor and extending to the ceiling on all three (3) walled sides of the shower enclosure. Accessories shall include a ceramic soap dish, and towel bar placed in the same setting material used for the ceramic tile, a fixed shower curtain bar. **Tile color choice shall be by owner.**

Line Item Notes

NOTE 1: Where the flooring may damage beyond reuse during the enclosure installation, where the budget allows, a change order for tile floor replacement may be requested with appropriate documentation and phot backup.

NOTE 2: Existing grab bars shall be removed and re-installed. Re-installation location shall be homeowner's choice.



----- **END SOW** -----

| |
|----------------------------------|
| TOTAL BID AMOUNT \$ _____ |
|----------------------------------|

****SPECIAL NOTES****

**All requests for information (FRI's) shall be submitted in writing/via email to:
Antonio Jenkins
Antonio.jenkins@guardiancrm.com
863-899-6695**

Any and all products or services included in this scope of work shall be installed to the manufacture's specifications and in compliance with all applicable Columbia County, Health Department, NEC, and/or Florida Building Codes.

All NOA product numbers can be found at www.miamidade.gov/buildingcode/pc-search_app.asp.

All products with no NOA requirement number can be found at www.homedepot.com, www.lowes.com, or other retail outlets where such products are sold:

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date:** April 2022 _____
AMENDED WRITE-UP PREPARED BY: _____ **Date:** _____



REQUIRED ADDENDUM PAGE(S) TO FOLLOW

**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: 3416 Sisters Welcome Rd. Lake City, FL 32024

Owner Name: Alfreda Brown

Owner Phone #: 386-984-0918 or 386-752-4557

**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 |
|----------------------|-----------------------|------------------------|------------------------|
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(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: _____ |