ADDEDNDUM NO. 1
BID NO. 2022-HH
HOUSING REHAB-GROUP 3

Scope of Work was amended for two locations:

- 920 NE Coney Terrace
  Lake City, Fl 32055

- 1836 (1812) SE Cline Feagle Rd
  Lake City, Fl 32025

New Bid Forms attached and made part of this Addendum.

END OF ADDENDUM NO. 1

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

OWNER: Deanna George

ADDRESS: 920 NE Joe Coney Terr Lake City, FL 32055

PHONE #: 386-288-2368

DATE: April 2022

Home Built in: 1963.

- 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. 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, isfree 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 AFTERby inspection results) shall be in compliance with all current NEC, State and Federal regulations.

- Electrical System Inspection _____ $_____

3. Roof:

3a. Roof:

Remove existing roof covering (Total unit) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (15%): any replacement above 15% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is tobe 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 modified underlayment shall be utilized over the entire roof deck and per note 4 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, Metal roof. Additionally, all dripedge, 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 theslope of the roof to ensure that metal roof installation can be utilized per this scope of work.

NOTE 2: Line item to include cost of repair/replacement to all damaged fascia material (approx. 15% of existingsurface area). Replacement shall be with like (in make and look) materials.

NOTE 3: A second 36" layer of self-adhering modified underlayment shall be placed above the seams in all valleys.The underlayment shall extend a minimum of 2" over each seam.

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 beperformed 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.

- Roof - (All)_____ $_____

4. Interior Rehabilitation: Bath Plumbing

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 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.

4a. 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) _____ $ _____

4b. . Hallway Bath (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)_____ $ _____

4c. 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) _____ $_____

5. Structural and Interior Flooring Components:

5a. Interior Flooring and Components:

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

Master Bathroom , Bedroom #1,Bedroom #2,Bedroom #3

- 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.

NOTE 3: Master bedroom(**Carpet)**

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

6. Kitchen and Plumbing:

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 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.

6a. Kitchen Cabinets:

- Remove all existing wall, and base cabinets and countertops and replace with new, wood kitchen cabinets and seamless laminate countertops and 4" backsplash. New cabinets should match existing footprint and layout (including cabinets on far right wall): Installation to including two new cabinets over the stove .

  Installation shall include a new stainless steel double bowl sink and all required fixtures (with extendable single lever, faucet/spray nozzle), new plumbing connects, valves, water supply lines, 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).

  Cabinet Notes

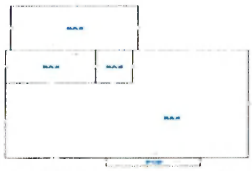
  NOTE 1: Cabinet removal and installation shall include the removal and reinstallation of all existing appliances: Appliances shall be tested and certified as working or non-working prior to removal.

  NOTE 2: Cabinet doors and drawers shall contain brushed nickel finished opening/closing hardware

  - Kitchen Cabinets and Components- (As Listed)_____ $_____

-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

Please Read

Please Read

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 GULITY 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: 920 NE Joe Coney Ter. Lake City, FL 32055

Owner Name: Deanna George

Owner Phone #: 386-288-2368

Contractor Information:

Contractor's Name:_____ Title:_____

Company Name:_____

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

Contractor License Information:

State of Florida	**Columbia County**
License Number:_____	**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: 920 NE Joe Coney. ----------→$_____

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 REHABILATATION 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 REHABILATATION PROGRAM
HOUSING REHABILATATION 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

(NOTE: PLEASE MAKE A DUPLICATE COPY IF MORE SPACE IS REQUIRD. 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:_____

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

OWNER: Mary Elizabeth Robinson

ADDRESS: 1836 (1812) SE Cline Feagle Rd. Lake City, FL 32025

PHONE #: 386-292-6909

DATE: April 2022

Home Built in: 1959.

- 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

1c. Entry/Exit Accessibility:

- None exists: Form, pour, and construct a new concrete steps at the rear entry exit door. The new step(s) shall be constructed to meet the current code. Where required an appropriate landing should be constructed in addition to the new step(s).

  Line item Note:

  NOTE 1: Line item to include installation of new, properly anchored and secured metal handrail at the right side if the step(s),

  - Rear Entry Exit Step _____ $ _____

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 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.*

Line item Note:

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.*

Line Item Notes:

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. Attic; Roofing; and Porch Ceilings:

4a. Attic Insulation:

Install new high density, partially recycled, natural fiber, blown Insulation to minimum R-30 rating in all accessible areas in unit's attic to allow for sound absorption and aid in the prevention of loss of heated and/or cooled conditioned air. **(Recommended Product: Owens Corning or equal in value and quality).**

Line Item Note:

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

- Attic Insulation - (All)_____ $_____

4b. Slope Roofing Replacement):

Remove existing roof covering (Total unit) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (15%): any replacement above 15% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is tobe 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 modified underlayment shall be utilized over the entire roof deck and per note 4 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, Metal roof. Additionally, all dripedge, boots and vent/stacks shall be replaced with like code compliant products and material. The new boots andvent/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 theslope of the roof to ensure that listed roof covering material can be utilized.

NOTE 2: Bid shall include removal and replacement of wood gable siding with new Hardie siding material in thefootprint of the removed material at both the left and right roof elevations. .

NOTE 3: A second 36" layer of self-adhering modified underlayment shall be placed above the seams in all valleys. The underlayment shall extend a minimum of 2" over each seam.

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 fasteningspecification described in this line item has been met. This item will have a mandatory inspection with the rehabilitation inspector.

- All Roof - (All)_____ $_____

4c. Fascia and Soffit:

Approx. 30% of existing material is damaged non-existent: Remove any existing fascia material. Install new (in roof span footprint) HARDEE fascia (or equal wood/cement weatherized material) and components for the **Rear Elevation Roof Span; Left & Right Elevation Gable Roof Spans** of the dwelling unit (including overhangs as applicable). Installation should include all required infrastructure (build outs), components (including sub fascia) and hardware to ensure proper and compliant installation. .

Fascia-Soffit Notes

NOTE 1: Line item to include cost of replacement and installation of new white, vinyl vented soffit at the rear, left, and right roof spans.

- All Fascia& Soffit - (All)_____ $_____

4d. Front Porch Ceiling:

Remove all existing front porch ceiling covering. Make repairs to any existing repairs to and/or additions to the underlying support framing and infrastructure (additions of new support framing should meet or equivocate to no more than a new support being installed at a distance not more than 12" in between support infrastructure). Install new Hardee (or equal cementitious material) ceiling covering in the footprint of the removed material., including portion that extends out from the porch proper. The new material shall be prepped, primed, & painted (*Homeowner to have color choice*).

Fascia-Soffit Notes

NOTE 1: Line item to include cost of cutting and installation of new soffit screens at the front porch overhang (to match footprint as closely as possible).

- Front Porch Ceiling - (All)_____ $_____

5. 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.

5a. 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)_____ $_____

-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 GULITY 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: 1836 Se Cline Feagle Rd. Lake City, FL 32025

Owner Name: Mary Robinson

Owner Phone #: 386-292-6909

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

State of Florida	**Columbia County**
License Number: _____	**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: 1836 SE Cline Feagle Rd. ----------→$_____

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 REHABILATATION 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 REHABILATATION PROGRAM
HOUSING REHABILATATION 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

(NOTE: PLEASE MAKE A DUPLICATE COPY IF MORE SPACE IS REQUIRD. 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:_____