

COLUMBIA COUNTY, FLORIDA  
BOARD OF COUNTY COMMISSIONERS

BID NO. 2022-Y (Project Group 1)  
**American Rescue Plan Act (ARPA)**  
Senior Citizen  
Housing Rehabilitation Program

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 **Friday, July 8, 2022** for the following:

Bid No. 2022-Y (Project Group 1)  
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 Monday, June 27, 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 1**

185 NE Milton Ter. Lake City, FL (E. Cooper)  
831 NE Broadway Ave. Lake City, FL (F. Harris-Robinson)  
914 NE Washington St. Lake City, FL (H. Williams)  
969 NW Lake City Ave. Lake City, FL (V. Ward)  
163 Gremlin Way Lake City, FL (D. Hogg)  
5725 SW CR 242 Lake City, FL (D. Gaddis)

### **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.

<b>EVENT</b>	<b>DATE</b>	<b>TIME</b>
Issue Invitation to Bid	<b>June 8, 2022</b>	<b>N/A</b>
<b>NON-MANDATORY Pre-Bid Conference</b>	<b>June 27, 2022</b>	<b>1:00 PM</b>
Deadline for Questions	<b>July 1, 2022</b>	<b>3:00 PM</b>
<b>Bid Due Date and Time</b>	<b>July 8, 2022</b>	<b>2:00 PM</b>
Public Opening Date and Time	<b>July 8, 2022</b>	<b>2:01 PM</b>

A Non-Mandatory Pre-Bid Conference will be held on **June 27, 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 July 8, 2022. Contractor may bid one or multiple locations, each requiring a completed bid form for each.

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](mailto: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](mailto: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 1**  
**#1**  
**185 NE MILTON TERRACE**  
**LAKE CITY, FL**  
**(E. Cooper)**

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Elnora Cooper</b>	<b>Date:</b>	April 2022
<b>Address:</b>	185 NE Milton Ter. Lake County, FL 32055		

<p><b>Home Built: 1956.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <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><b>Parcel ID:</b> 33-3S-17-06360-000 (26494)</p> <p><b>Brief Legal Description:</b> NW1/4 OF SW1/4 OF LOT 4, SNOWDEN SURVEY OF NW1/4 OF NE1/4 EX CO RD R/W DESC ORB 710-117. ORB 710-120 DORTCH'S SURVEY. 984-1324</p> <p><b>PA Appraised Value:</b> \$80,474.00</p>
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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.  <b>LBP Outcome: See Report                      ACM Outcome: N/A</b>	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
<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	<b>\$ _____</b>

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.).

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

**Line item Notes**

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

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

<b>1c. PLUMBING</b>	<b>System</b>	<b>Dwelling</b>	<b>\$ _____</b>
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*Homeowner reports a possible leak underneath the home (not accessible at the time of inspection):* Inspect and test the housing units plumbing lines (taking care to locate the master shut off valve) system(s) to ensure that they are free of leaks and are in optimal operating order and are able to service the housing unit in the most efficient manner in accordance with the current UPC & Florida Building Code. Work to include inspection of all (accessible) interior water lines and (accessible) components (valves, connection points/joints) at the kitchen sink and bathroom vanities.

Inspection to be performed by a certified licensed and or registered plumbing firm and the plumbing report must be submitted to Hendry County Housing SHIP administration: *A 3<sup>rd</sup> party report showing the findings at the time of inspection shall be provided to the County before any payment is made or change order granted.*

**NOTE 1:** The plumbing system inspections to yield a report demonstrating the condition of the system. The report shall be provided to the project manager. Any work beyond minor service level repairs shall be listed in the report and, as applicable and/or needed, will be addressed via an approved change order.

Description: Roofing	Qty.	Location	Amount
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2. SLOPED ROOFING	All	Dwelling	\$ _____
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Remove existing roof covering (**Primary Dwelling Span**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (5%); any replacement above 5% 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, 29 Gauge, Galvalume Grandrib 3 panel (grey) metal roof covering and code compliant fasteners. Additionally, all 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: Fabral 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 excludes rear carport roof extension.

**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.



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

<b>TOTAL BID AMOUNT \$ _____</b>
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**\*\*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](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

*All products with no NOA requirement number can be found at [www.homedepot.com](http://www.homedepot.com), [www.lowes.com](http://www.lowes.com), or other retail outlets where such products are sold:*

**OFFICIAL USE ONLY**

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**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):**

<b>State of Florida</b>	<b>Columbia</b>
<b>License Number:</b> _____	<b>License Number:</b> _____

**Residential Unit Information:**

Unit Address: 185 NE Milton Ter. Lake City, FL 32055

Owner Name: Elnora Cooper

Owner Phone #: 386-288-5157

**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:**

<b>ITEM LOCATION</b>	<b>ITEM PRODUCT #</b>	<b>ITEM STYLE CODE</b>	<b>ITEM COLOR CODE</b>

**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 1**  
**#2**  
**831 NE BROADWAY AVENUE**  
**LAKE CITY, FL**  
**(F. Harris-Robinson)**

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Francena (Harris) Robinson</b>	<b>Date:</b>	April 2022
<b>Address:</b>	831 NE Broadway Ave. Lake County, FL 32055		

<p><b>Home Built: 1955.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <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><b>Parcel ID:</b> 00-00-00-10821-000 (39175)</p> <p><b>Brief Legal Description:</b> NE DIV: LOTS 4, 5 &amp; 6 FINLEYS ADDITION. DC MARGARET WILLIAMS 1015-1356 &amp; DC LOUIS WILLIAMS JR 1197-1927, PROB 1234-2617, PR DEED 1236-70, LIFE EST 1236-72</p> <p><b>PA Appraised Value:</b> \$80,375.00</p>
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Item	System	Description of Work	Location	Price	Contractor Initials
Project Note	REHABILITATION	<p>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.</p> <p><b>LBP Outcome: See Report</b>      <b>ACM Outcome: N/A</b></p>	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
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<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	<b>\$</b> _____
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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.).

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

**Line item Notes**

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

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

Description: Roofing	Qty.	Location	Amount
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<b>2. FASCIA &amp; SOFFIT</b>	<b>All</b>	<b>Dwelling</b>	<b>\$</b> _____
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Approx. 35% of existing material is damaged: Remove all existing fascia and soffit material. Install new (in the footprint of the removed material) aluminum wrapped fascia and vented soffit and components for the entire roof span of the dwelling unit (including overhangs as applicable). Installation should 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.



**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 (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 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 removal of all existing gutters and installation of new 6' seamless, (white) gutters and downspouts in the footprint of the removed units. 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:** The parameter of the existing chimney shall be flashed and sealed.

**NOTE 6:** Contractor shall submit an affidavit to the inspector to the effect 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.



**2b. LOW-SLOPED ROOFING****All (2 Sections) Dwelling \$ \_\_\_\_\_**

Removing existing roofing covering (**2-Flat/Low-sloped Roof spans @ Right Elevation**) including all underlayment material. Replace sheathing and/or decking (not to exceed 15% at each section). Any replacement above 15% (at each section) will be addressed by change order with appropriate back-up.

Ensure that the intersecting spans of flat and main rooflines are sealed and flashed to code, utilizing applicable manufacturer approved materials and forming a watertight connection. New roof decking material shall be a code compliant material designed to fit the roof type/design. All connecting components (nails/screws) shall be brought up to meet the current FBC. Connect roof decking to the current code requirements:

Prepare the surface to take the new roofing material. Install new complete flat roofing system, including but not limited to the following: (1) Polyglass SAV base and SAP modified bitumen cap sheet or peel/stick covering equivalent; (2) 3x3 or properly sized galvanized drip edge.

**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 metal roof installation can be utilized per this scope of work.

**NOTE 2:** As applicable, an additional 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 3:** As applicable, where fastener type and requirements are not code compliant...the affected roof span(s) is/are to be re-fastened using fastener type and spacing distances that in accordance with the current Florida Building Code requirements. Contractor shall submit an affidavit to the inspector to the effect that the sheathing/decking nail fastening specification described in this line item has been met.



Description: Access	Qty.	Location	Amount
<b>3. ENTRY-EXIT DOOR</b>	<b>1</b>	<b>Right Elevation</b>	<b>\$ _____</b>

Locate the sandbagged door at the right elevation of the home: Remove the existing entry/exit door (**1-Right elevation unit**) and install new non-impact, white, energy star rated (for the southern region) door.

The installation shall include jambs, prepared and sufficient door bucks to accommodate the new doors, exterior grade casing/frame, allowing for complete installation of the new white pre-hung fiberglass door(s). (*Door size & dimensions to be determined by contracting firm*).

Installation to include all required permits, additional anchor framing, hardware, components, to ensure proper and complete installation to current Florida Building Code. Any damage caused by the installation process should be prepared and patched to match interior/exterior walls. Door installation to match existing swing and shall **include reuse of the existing lockset**. Installation shall also include vinyl bubble weather-stripping, and aluminum or metal secured threshold.

**E/E Door Notes:**

**NOTE 1:** Right elevation: E/E door: **1-Six Panel Unit**.

**NOTE 2:** All newly installed doors shall adhere to the standards set by Energy Star for minimum National Fenestration Rating Council (NFRC) ratings for U-Factor and Solar Heat Gain Coefficient (SHGC) for the particular geographic region: (*Southern Region: U<sup>1</sup>-factor  $\leq$  0.40 and SHGC<sup>2</sup>  $\leq$  0.25*)

**NOTE 3:** In the absence of a landing, Contractor shall construct a concrete landing in front of the door as required by code, (or where a landing exists, contractor shall re-construct/modify the existing landing in order to meet code).



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

<b>TOTAL BID AMOUNT \$ _____</b>
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**\*\*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](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

*All products with no NOA requirement number can be found at [www.homedepot.com](http://www.homedepot.com), [www.lowes.com](http://www.lowes.com), or other retail outlets where such products are sold:*

**OFFICIAL USE ONLY**

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**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):**

<b>State of Florida</b>	<b>Columbia</b>
<b>License Number:</b> _____	<b>License Number:</b> _____

**Residential Unit Information:**

Unit Address: 831 NE Broadway Ave. Lake City, FL 32055

Owner Name: Francena (Harris) Robinson

Owner Phone #: 386-752-4514

**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:**

<b>ITEM LOCATION</b>	<b>ITEM PRODUCT #</b>	<b>ITEM STYLE CODE</b>	<b>ITEM COLOR CODE</b>

**(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 1**

**#3**

**914 NE WASHINGTON STREET**

**LAKE CITY, FL**

**(H. Williams)**

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Hattie Williams</b>	<b>Date:</b>	April 2022
<b>Address:</b>	914 NE Washington St. Lake County, FL 32055		

<p><b>Home Built: 1955.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <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><b>Parcel ID:</b> 00-00-00-11885-000 (40470)</p> <p><b>Brief Legal Description:</b> N DIV: 50 FT E &amp; W BY 100 FT N &amp; S IN NW COR OF LOT 6 ALEX CHAMBER'S TRACT OF BLOCK J. (N DIV) ORB 504-839</p> <p><b>PA Appraised Value:</b> \$23,64500</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.  <b>LBP Outcome: See Report                      ACM Outcome: N/A</b>	Unit	\$ N/A	

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

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Owner (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

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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
<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	<b>\$ _____</b>

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.).

<b>1a. MANUALS &amp; SPECIFICATION DOCUMENTS</b>	<b>All</b>	<b>Project</b>	<b>\$N/A _____</b>
--	------------	----------------	--------------------

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
<b>2. FASCIA &amp; SOFFIT</b>	<b>All</b>	<b>Rear-Roof Span</b>	<b>\$ _____</b>

*Approx. 90% of existing material is damaged:* Remove all existing fascia and soffit material. Install new (in the footprint of the removed material) aluminum wrapped fascia and vented soffit and components for the entire rear 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
3. EXTERIOR WALL SIDING	All	As-Listed	\$ _____

*Approx. 65% of existing material is damaged:* Remove all existing exterior wall siding-covering at the **right rear and rear elevation** of the home. Dispose of all removed material. Repair all existing underlying damaged sub-siding and framing: Prepare the area and install new Hardie (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 sealed 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 paint (at the rear elevation only): Prepare the surface of the new wall siding 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:** Siding replacement includes gable area at the right and right/rear of the dwelling.

**NOTE 2:** Damage is so severe in some areas that siding replacement may require interior wall repairs. Such repairs will be addressed via change order with appropriate inspection and back-up photos.



Description: Roofing	Qty.	Location	Amount
<b>4. SLOPED ROOFING</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>

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 (20%): any replacement above 20% 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:** 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.



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

<b>TOTAL BID AMOUNT \$ _____</b>
----------------------------------

**\*\*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](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

*All products with no NOA requirement number can be found at [www.homedepot.com](http://www.homedepot.com), [www.lowes.com](http://www.lowes.com), or other retail outlets where such products are sold:*

**OFFICIAL USE ONLY**

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**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):**

<b>State of Florida</b>	<b>Columbia</b>
<b>License Number:</b> _____	<b>License Number:</b> _____

**Residential Unit Information:**

Unit Address: 914 NE Washington St. Lake City, FL 32055

Owner Name: Hattie Williams

Owner Phone #: 386-752-6625

**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:**

<b>ITEM LOCATION</b>	<b>ITEM PRODUCT #</b>	<b>ITEM STYLE CODE</b>	<b>ITEM COLOR CODE</b>

**(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 1**  
**#4**  
**969 NW LAKE CITY AVENUE**  
**LAKE CITY, FL**  
**(V. Ward)**

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Vicki Ward</b>	<b>Date:</b>	April 2022
<b>Address:</b>	969 NW Lake County Ave. Lake County, FL 32055		

<p><b>Home Built: 2002.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Not Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <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><b>Parcel ID:</b> 27 3S-16-02330-000 (8714)</p> <p><b>Brief Legal Description:</b> COMM NW COR OF SW1/4 OF SE1/4, RUN E 25.02 FT, S 195.15 FT FOR POB, RUN E 316.37 FT, S 135 FT, W 316.68 FT, N 135 FT TO POB. ORB 439-387, 439-388, 720-028, 885-892, AFD 965-180</p> <p><b>PA Appraised Value:</b> \$64,537.00</p>
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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.  <b>LBP Outcome: See Report                      ACM Outcome: N/A</b>	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
--------------------------------	------	----------	--------

<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	\$ _____
-----------------------	------------	----------------	----------

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.).

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

**Line item Notes**

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

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

Description: HVAC	Qty.	Location	Amount
-------------------	------	----------	--------

<b>2. HVAC</b>	<b>System</b>	<b>Dwelling</b>	\$ _____
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Inspect and service the existing HVAC system and all individual components (including but not limited to the AHU, Compressor, thermostat, lines, and duct work). Work to include adjustments to all internal air vents to ensure maximum air flow.

**NOTE 1:** The HVAC inspection to yield a report demonstrating the condition of the system. The report shall be provided to the project manager. Any work beyond minor service level repairs shall be listed in the report and, as applicable and/or needed, will be addressed via an approved change order.



Description: PLUMBING	Qty.	Location	Amount
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3. WATER SUPPLY/PLUMBING	System	Dwelling	\$ _____
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Inspect, test, and service the existing water supply system pressure tank and all individual components (including but not limited to connection points, electrical connections, and lines).

Work to include inspection of all (accessible) interior water lines and (accessible) components (valves, connection points/joints) at the kitchen sink and bathroom vanities.

**NOTE 1:** The water supply and plumbing line inspections to yield a report demonstrating the condition of the system(s). The report shall be provided to the project manager. Any work beyond minor service level repairs shall be listed in the report and, as applicable and/or needed, will be addressed via an approved change order.



Description: Roofing	Qty.	Location	Amount
4. SLOPED ROOFING	All	Dwelling	\$ _____

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 (5%): any replacement above 5% 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:** 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: Access	Qty.	Location	Amount
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5. ADA ACCESS RAMP	1	Front Elevation	\$ _____
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Modify the front porch deck (via removal the front “face” railing & supports) and surrounding 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 what would be the open 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.



5a. ADA ACCESS RAMP	1	Rear Elevation	\$ _____
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Removed the existing damaged, detached rear entry/exit stair assembly. Modify the surrounding ground to accept the addition of a new wood (PT treated/weatherized) accessibility ramp. The new ramp shall include all required foundational supports, a minimum 6'x6' top landing, and minimum 3' high safety rails at each side of the ramp. The bottom of the ramp shall transition into the yard with a minimal “drop”.

**Ramp Notes**

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

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

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



Description: Exterior Rehab-General	Qty.	Location	Amount
-------------------------------------	------	----------	--------

<b>6. WINDOWS</b>	<b>1</b>	<b>Front Elevation</b>	<b>\$ _____</b>
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Locate cracked exterior window glazing at the front elevation of the dwelling (directly to right of the front E/E Door): Remove the existing broken glass panel. Make all minor adjustments to the applicable section of the frame opening and install a new glass panel in the footprint of the removed glass panel. The new glazing panel shall include all required sealing to ensure a water-tight fit.

**Painting Notes**

**NOTE 1:** The new glass panel shall match the rating and VLT of the existing unit(s) as closely as possible.

**NOTE 2:** Contractor is responsible for any final measurements.



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

<b>TOTAL BID AMOUNT \$ _____</b>
----------------------------------

**\*\*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](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

*All products with no NOA requirement number can be found at [www.homedepot.com](http://www.homedepot.com), [www.lowes.com](http://www.lowes.com), or other retail outlets where such products are sold:*

**OFFICIAL USE ONLY**

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**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):**

<b>State of Florida</b>	<b>Columbia</b>
<b>License Number:</b> _____	<b>License Number:</b> _____

**Residential Unit Information:**

Unit Address: 969 NW Lake City Ave. Lake City, FL 32055

Owner Name: Vicki Ward

Owner Phone #: 352-647-0646

**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:**

<b>ITEM LOCATION</b>	<b>ITEM PRODUCT #</b>	<b>ITEM STYLE CODE</b>	<b>ITEM COLOR CODE</b>

**(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 1  
#5  
163 GREMLIN WAY  
LAKE CITY, FL  
(E. Hogg)**

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

**OWNER:** Edward Hogg

**ADDRESS:** 163 SW Gremlin Way. Lake City, FL 32024

**PHONE #:** 386-365-5181

**DATE:** April 2022

**Home Built in: 1978.**

- 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: <b>1.</b> Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. <b>2.</b> Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. <b>3.</b> Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris.  <b>Note:</b> 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. Roof:**

**3a. Roof:**

**NOTE :** 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.

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 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 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, 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 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 existing surface 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 be performed and approved by the CDBG Inspector.

**NOTE 5:** Contractor shall submit an affidavit to the inspector to the effect 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.

o Roof - (All ) \_\_\_\_\_ \$

**4. 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.

**4a. Bathroom (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/repair.

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

**5. Structural and Interior Components:**

**5a. 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**).

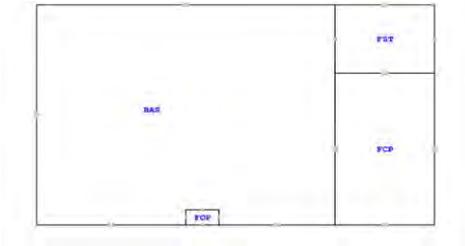
**Line Item Notes:**

**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](mailto: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](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

*All products with no NOA # number can be found at [www.homedepot.com](http://www.homedepot.com), [www.lowes.com](http://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 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:**

<b>State of Florida</b>	<b>Columbia County</b>
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: 163 SW Gremlin Way. ----->\$ \_\_\_\_\_**

## 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.

<b>SUBCONTRACTING FIRM NAME</b>	<b>SUBCONTRACTING FIRM PHONE #</b>
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.

<b>REQUIRED PERMITS</b>	<b>PRINT NAME OF ENTITY RESPONSIBLE FOR PERMIT</b>
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](mailto:antonio.jenkins@guardiancrm.com)) for approval.

5. Color/Style selections are to be signed and forwarded to the Housing Program Inspector no later than five (5) calendar days after the NTP takes effect.

**COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:**

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**PROJECT GROUP 1**

**#6**

**5725 SW CR 242**

**LAKE CITY, FL**

**(D. Gaddis)**

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>D'Ester Gaddis</b>	<b>Date:</b>	April 2022
<b>Address:</b>	5725 SW County Road 242. Lake City, FL 32024		

<p><b>Home Built: 1963.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <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><b>Parcel ID:</b> 19 4S-16-03069-000 (14335)</p> <p><b>Brief Legal Description:</b> COMM SE COR OF SW1/4 OF SE1/4, RUN N 40 FT TO N R/W OF RD, RUN W ALONG R/W 660 FT FOR POB, RUN N 210 FT, W 210 FT, S 210 FT, E 210 FT TO POB. 318-296, WD 1365-2476, WD 1428-1066</p> <p><b>PA Appraised Value:</b> \$55,078.00</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. <b>LBP Outcome: See Report</b> <b>ACM Outcome: N/A</b>	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
<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	<b>\$ _____</b>

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.).

<b>1a. MANUALS &amp; SPECIFICATION DOCUMENTS</b>	<b>All</b>	<b>Project</b>	<b>\$N/A</b>
--	------------	----------------	--------------

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
<b>2. HVAC</b>	<b>System</b>	<b>Dwelling</b>	<b>\$ _____</b>

Inspect and service the existing HVAC system and all individual components (including but not limited to the AHU, Compressor, thermostat, lines, and duct work). Work to include adjustments to all internal air vents to ensure maximum air flow.

**NOTE 1:** The HVAC inspection to yield a report demonstrating the condition of the system. The report shall be provided to the project manager. Any work beyond minor service level repairs shall be listed in the report and, as applicable and/or needed, will be addressed via an approved change order.



Description: Access	Qty.	Location	Amount
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<b>3. ENTRY-EXIT DOOR LOCKS</b>	<b>1</b>	<b>Rear Elevation</b>	<b>\$ _____</b>
---------------------------------	----------	-----------------------	-----------------

Locate the primary entry/exit door at the rear elevation of the home: Remove the existing lock set (knob-handle and deadbolt). Install a new (antique bronze) smart key door knob-handle (with key slot) and deadbolt security lockset in the footprint of the removed components (**Recommended Product: Kwikset or equal in value and quality**).

Installation to include all required hardware, components (new strike plate, anchors, etc.), to ensure proper and complete installation to the manufacturers specifications.

**E/E Door Notes:**

**NOTE 1:** The new lockset shall be smart matched (where possible) to the existing front primary entry-exit door key.



<b>3a. ENTRY-EXIT STORM DOOR</b>	<b>1</b>	<b>Front Elevation</b>	<b>\$ _____</b>
----------------------------------	----------	------------------------	-----------------

Locate the entry/exit storm door at the front elevation of the home: Remove the existing storm door and install a new (Bronze colored) ¾ view storm door (with bottom sliding glass panel) in the footprint of the removed unit (**Recommended Product: EMCO 100 Series or equal in value and quality**). Door swing to match that of the removed unit.

Installation to include all required permits, additional anchor framing, hardware, and components, to ensure proper and complete installation to the manufacturers specifications and any applicable code(s). (Door size & dimensions to be determined by contracting firm),

**E/E Door Notes:**

**NOTE 1:** The new door shall have a new thumb-press access handle (black or bronze).



Description: Structural	Qty.	Location	Amount
<b>4. STRUCTURAL &amp; FLOORING</b>	As-listed	As-listed	\$ _____

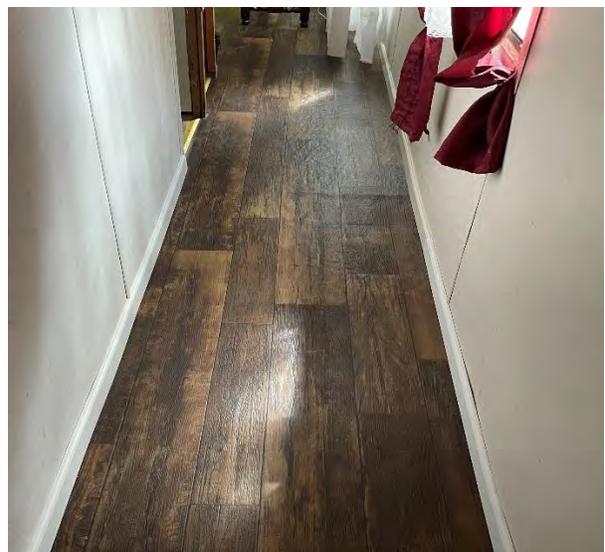
Remove any existing floor covering and subfloors in the areas listed below: As required, level the existing structural components and as applicable repair existing joists via sistering/sandwiching new code compliant joist material onto the existing infrastructure. Prepare and install new 3/4" plywood over all newly repaired/replaced structural floor supports.

Floor finish: Installation of new 6"x36" Traffic Master Allure vinyl plank flooring, including all threshold transitions. Flooring covering shall be installed to manufacture's specifications and be installed flush and with minimal seaming. All affected areas shall include the installation of new base and/or shoe molding (primed and painted white).

Floor Locations: Living Room; Family Room; Kitchen and Master Bath; Hallway 1 & 2

**Flooring Notes**

**NOTE 1:** Line item to include for removal and replacement of the existing baseboard in the listed areas. New baseboard shall be white and match the material, style, dimensions, and finish of the removed material.



**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****Hall-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, corner/angle fit 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, 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:** Should installation of the new shower enclosure require removal of the existing toilet, the units should be tested and documented for condition and operational status prior to removal, and then re-installed at the appropriate time. The toilet shall be tested and documented again at re-installation for condition and operational status.



**5a. VANITY****1-Unit Hall-Bath****\$ \_\_\_\_\_**

Remove existing (including plumbing connections) and install new complete vanity (in existing footprint and dimensions of removed unit) complete with 3 bulb 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 1/2" 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 dual 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:** 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

----- **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](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

*All products with no NOA requirement number can be found at [www.homedepot.com](http://www.homedepot.com), [www.lowes.com](http://www.lowes.com), or other retail outlets where such products are sold:*

**OFFICIAL USE ONLY**

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**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):**

<b>State of Florida</b>	<b>Columbia</b>
<b>License Number:</b> _____	<b>License Number:</b> _____

**Residential Unit Information:**

Unit Address: 5725 SW County Road 242. Lake City, FL 32024

Owner Name: D'Ester Gaddis

Owner Phone #: 386-752-8487 or 386-344-5462

**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:**

<b>ITEM LOCATION</b>	<b>ITEM PRODUCT #</b>	<b>ITEM STYLE CODE</b>	<b>ITEM COLOR CODE</b>

**(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: _____