

COLUMBIA COUNTY, FLORIDA  
BOARD OF COUNTY COMMISSIONERS

**BID NO. 2023-C**

**American Rescue Plan Act (ARPA)**

Senior Citizen

Housing Rehabilitation Program

Group 4 & 5

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 **Tuesday, February 7, 2023** for the following:

Bid No. 2023-C (Project Group 4 & 5)  
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 10:30 AM on Tuesday, January 24, 2023** 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**

141 N Curt Ct. Lake City, FL (Rothwell Sr)  
148 NW Walker Ter. Lake City, FL (Bradley)  
157 NW Holton Ct. Lake City, FL (Jones)  
244 NE Milton Ter. Lake City, FL (Troupe)  
273 NE Howard St. Lake City, FL (Hall)  
320 NE Christie St. Lake City, FL (Rossin)  
322 SE Camp St. Lake City, FL (Sanchez)  
503 NE Washington St. Lake City, FL (Ross)  
793 NW Parnell Ave. Lake City, FL (Hadley)  
6365 SW County Rd 242 Lake City, FL (Richardson)

### **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---- Bid No. 2023-C ARPA Housing Group 4 &amp; 5</b> | <b>DATE</b>              | <b>TIME</b>     |
|--|--------------------------|-----------------|
| Issue Invitation to Bid                                      | <b>January 11 , 2023</b> | <b>N/A</b>      |
| <b>NON-MANDATORY Pre-Bid Conference</b>                      | <b>January 24, 2023</b>  | <b>10:30 AM</b> |
| Deadline for Questions                                       | <b>January 31, 2023</b>  | <b>3:00 PM</b>  |
| <b>Bid Due Date and Time</b>                                 | <b>February 7, 2023</b>  | <b>2:00 PM</b>  |
| Public Opening Date and Time                                 | <b>February 7, 2023</b>  | <b>2:01 PM</b>  |

A Non-Mandatory Pre-Bid Conference will be held on Tuesday **January 24, 2023**, at **10:30 am** 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 Tuesday, February 7, 2023.

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>

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

OWNER: Merry Lou Bradley

ADDRESS: 148 NW Walker Ter, Lake City, FL 32055

PHONE #: (386) 752-4445

DATE: December 2022

**Home Built in: 1930.**

- 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.<br><br><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. Roofing and Attic Components:**

**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 ) \_\_\_\_\_ \$

**3. Interior Rehabilitation: Bath and Electrical**

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

**3a. Bath-Toilet:**

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

**Line-Item Notes**

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

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

**3b. 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).

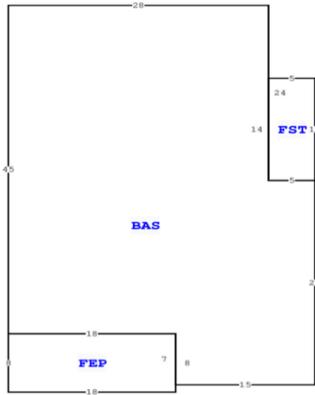
**Line-Item Notes:**

**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/repaint.

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

**-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**

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WORK WRITE-UP PREPARED BY: Dwelly J Brown Date: December 2022

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***REQUIRED ADDENDUM PAGE(S) TO FOLLOW***

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

NOTE:

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

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

By signature below, I attest that I have read the Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR Signature: \_\_\_\_\_

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

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Residential Unit Information:**

Unit Address: 148 NW Walker Ter. Lake City, FL 32055

Owner Name: Mary Lou Bradley

Owner Phone #: 386-772-4445

**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: 148 NW Walker Terr. ----->\$** \_\_\_\_\_

## OWNER:

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

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

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

Applicant Name (Print): \_\_\_\_\_ Initial: \_\_\_\_\_

Applicant Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name (Print): \_\_\_\_\_ Initial: \_\_\_\_\_

Co-Applicant Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**“EXHIBIT A”**

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



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

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

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

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

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

OWNER: Loneily Mae Jones

ADDRESS: 157 NW Holton Court Lake City, FL 32055

PHONE #: (386) 752-2272

DATE: December 2022

**Home Built in: 1945.**

- 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.<br><br><b>Note:</b> An on-site dumpster shall be maintained on site. | All/Site | \$_____: |                     |

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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)**

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- 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. Plumbing System Inspection:**

**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.

- 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. Inspection to be performed by a certified licensed and or registered
- plumbing firm and the plumbing report must be submitted to Hendry County Housing CITY OF PALM COAST-(CDBG) 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.*
  - Plumbing System Inspection (including findings report and recommendations) \$

**3. Electrical System Inspection:**

**Due to reported random electrical shorts, and non-operational outlets: Inspect and test the housing unit electrical systems and wiring network in its entirety to ensure that the housing units' circuitry is wired for optimal operation, is free from any immediate fire, health & safety threats and is in compliance with the current NEC.**

A licensed electrician must complete inspection and the electrical report must be submitted to the Guardian

Project Manager. *A 3<sup>rd</sup> party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

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

- Electrical System Inspection ( Components-As listed) \$

**4. Rear Porch**

Modify the Rear 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.

- Rear Porch \$

**5. Fascia/Soffit**

- Remove all existing screen (and other) soffit material. Install new aluminum, vented soffit and components for the entire roof span of the dwelling unit (including overhangs as applicable). A minimum 3 feet must be maintained between seams or joints. Installation should include all required components and hardware to ensure proper and correct fit and seal.

**Line Item Notes:**

**Note 1:** Line item cost to include replacement of approx. 10% of damaged fascia if/where it exists.

- Roof Span- (All Soffit) \_\_\_\_\_ \$ \_\_\_\_\_

**6. Exterior Rehabilitation: Entry/Exit Doors**

**6a. Entry/Exit Doors:**

- Remove the existing primary entry/exit doors (**1-unit at the front elevation, 1-unit at the rear of elevation**) and install new white, hurricane impact rated, energy efficient (for the southern region) door with smart key door handle and lock. Door swing to match that of the removed unit at each listed location. The installation shall include jambs and prep for a sufficient door buck to accommodate the new door, interior wood casing. Patch to match exterior or interior walls affected by installation. (*Door size & dimensions to be determined by contracting firm*); Installation to include all required permits, additional anchor framing, hardware, components,
- and tap cons (**TAP CONS MUST BE WHITE**) to ensure proper and complete installation to current Florida Building Code. Door installation shall include vinyl bubble weather-stripping, and aluminum threshold dead bolt security lock. All doors shall be keyed to like.

**NOTE 1:** Contractor shall submit State of Florida or Miami Dade County product approval stamped by the building Department of jurisdiction, with this projects close-out package. Door assembly shall meet State of Florida or Miami Dade County product approval without using interior slide bolts.

**NOTE 2:** Where a landing is required according to code. In 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).

**NOTE 3:** Contractor shall be responsible for compliance with all (including exterior door paint color HOA requires regarding door replacement.

- Front-Primary Entry/Exit Door (1-Six Panel Unit) \_\_\_\_\_ \$ \_\_\_\_\_

- Rear-Primary Entry/Exit Door (1-Six Panel Unit) \_\_\_\_\_ \$ \_\_\_\_\_

## **7. Hot Water Heater:**

### **7a. 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) \_\_\_\_\_ \$ \_\_\_\_\_

## **8. Interior Rehabilitation: Bath and Plumbing**

**INTRO:** All plumbing work shall be completed by a legal and appropriately licensed plumbing firm. At the conclusion of the work the plumbing company shall conduct a review of the plumbing system and provide an affidavit stating that all work was completed to all specification and/or code requirements and provide notice that the units plumbing system is in safe and code compliant working order. Any deficiencies found by the 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.

### **8a. Master-Bath Tub/Shower Enclosure:**

- Remove existing/damaged tub and shower assembly (including interior plumbing connections and tile surround) and prepare for cementitious tile backer for the **new walk-in shower assembly**. Repair and modify existing floor/subfloor to accommodate the installation of a new shower pan/floor (Kholer Villager or approved equal) and shower assembly to the building code/UPC of the jurisdiction. Remove existing diverter assembly, damaged or non-operable pipes. 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. Plumbing shall be by appropriately qualified contractor.

Install cementitious tile backer as per manufacturer's recommendations. Cementitious tile backer shall be equal to or better than "Wonder board". Install new 4"x4"x1/4" ceramic tile with 2"x6" bull nose trim around the shower perimeter:

Tile to finish-starting from top of shower floor extending two full tiles above the shower head spout pipe on all three (3) walled sides of the tub/shower enclosure. Accessories shall include a built-in tiled shower seat at the rear wall, a 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:** New shower wall tile shall be removed and replaced in its existing footprint of the removed shower assembly wrap.

**NOTE 2:** Line item cost to include the installation of two (2) properly anchored, 500lb grab bars. Location of bars to be determined by the owner.

- Master Bath Walk-in Shower Assembly/Enclosure (Full Enclosure) \_\_\_\_\_ \$ \_\_\_\_\_

**8b. Master Bathroom-Toilet:**

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

**Line Item Notes**

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

- Hall Bath Toilet (1-Unit) \_\_\_\_\_ \$ \_\_\_\_\_

**8c. Hall Bath-Toilet:**

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

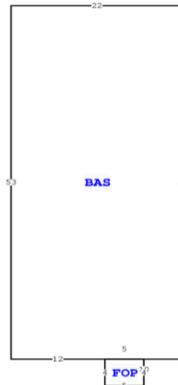
**Line Item Notes**

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

- Hall Bath Toilet (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 J Brown **Date:** December 2022



***REQUIRED ADDENDUM PAGE(S) TO FOLLOW***

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

NOTE:

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

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

By signature below, I attest that I have read the Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR Signature: \_\_\_\_\_

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

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Residential Unit Information:**

Unit Address: 157 NW Holton Ct. Lake City, FL 32055

Owner Name: Loneily Jones

Owner Phone #: (386) 752-2272

**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: 157 NW Holton Ct. ----->\$** \_\_\_\_\_

## 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 |
|---------------|----------------|-----------------|-----------------|
|               |                |                 |                 |
|               |                |                 |                 |
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|               |                |                 |                 |

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

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

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

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

OWNER: Judy Hall

ADDRESS: 273 NE Howard St Lake City, FL 32055

PHONE #: (386) 623-3880

DATE: December 2022

**Home Built in: 1995.**

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

*If this unit was constructed prior to 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.*

| Note | System         | Description of Work  | Location | Price     | Contractor Initials |
|------|----------------|--|----------|-----------|---------------------|
| A.   | REHABILITATION | Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.   | Unit     | N/A       |                     |
| B.   | SITework       | 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.<br><br><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. Roof

### 2. Sloped Roofing:

- Remove the 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 (25%): any replacement above 25% 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, 26 Gauge, Galvalume Grandrib 3 panel 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)

#### Line-Item 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:** Metal roof color shall be the standard metal silver/grey color.

**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.

**NOTE 5:** Roof repair to include removal of all existing fascia and soffit. Replacement shall be with new, white aluminum wrapped fascia and new, white vented vinyl soffit in the footprint of the removed material. Installation shall be to code and manufacturers specifications.

**NOTE 6:** Any existing satellite or antenna removal/replacement should be coordinated properly with the homeowner.

**NOTE 7:** Contractor shall submit an affidavit to the inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met. This item will have a mandatory inspection with the rehabilitation inspector.

- Roof (Sloped Roof /Fascia and Soffit) \_\_\_\_\_ \$ \_\_\_\_\_

## 3. Front Porch Deck

### 3a. Porch deck Ramp:

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.

- Front Porch \_\_\_\_\_ \$ \_\_\_\_\_

**4. Interior Rehabilitation: Ceiling Repair:** (1) Kitchen; (2) Master Bed Room; (3) Living Room

**4a. Interior Ceiling Repair:**

In the areas listed below: Scrape and remove, the existing ceiling drywall popcorn covering: Every attempt should be made to ensure that the scraping process does not damage the existing drywall to a point where it cannot remain in place and utilized. New ceiling drywall replacement should not exceed (15%) of the material: any replacement above 15% may be addressed by change order with appropriate back-up. Where the ceiling material cannot be saved, any new ceiling covering should match the existing thickness of the existing ceiling as closely as possible or as code allows

All required cut and replace portions of the repairs should be completed in a manner that creates a flush transition into exiting material with minimal seaming. Corner repairs shall have a finish flush to the wall with no gaps between the wall and the ceiling. All repaired ceilings shall be painted from corner to corner, in accordance with the following:

Once the popcorn ceiling covering has been removed, with all appropriate repairs/replacements completed, the ceiling surface shall be rendered to a level and smooth (as possible surface): Homeowner understands existing drywall post popcorn removal may not have the consistency and finish as would new product. Final ceiling texture should be a medium knockdown.

Upon final surface finish: Prepare, prime, and repaint all affected ceilings. Prepare for painting with light sanding where

needed, then apply one (1) coat of acrylic primer/sealer and two (2) coats of zero VOC interior paint. **(Recommended Product: Kilz Pro-X or equal in value and quality).** The final finish should match as closely as possible the existing finish and texture: Contractor shall comply with manufacturer recommend time intervals between coats of primer and paint.

**NOTE 1:** Ceiling Repair Locations are as follows: (1) Kitchen; (2) Master Bed Room; (3) Living Room.

**NOTE 2:** Any existing light fixtures, ceiling exhaust fans, etc. (where not replaced by this SOW and if found to be in working order) shall be removed and reinstalled in its original condition, the condition the removed fixture shall be documented IN WRITING with the homeowner. Reinstallation should meet or exceed the documented operational order as applicable.

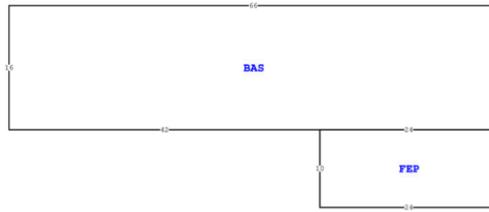
**NOTE 3:**Line item shall also include the following: Locate exposed/damaged ceiling drywall in the hallway of the dwelling: Repair all areas (including putty filling any small holes or cracking) of the existing interior damaged ceiling in the hallway and prepare for painting as listed above.

**NOTE 4:** When installing ceilings, all cuts should be made to fit flush against all walls, corners, or existing base trim. No quarter-round or other concealing trim shall be utilized to hide or cover insufficient material sizing, shaping, etc...Failure to adhere may result in s failed CDBG program Inspection.

- Ceiling Repair/Repaint (As Listed) \_\_\_\_\_ \$ \_\_\_\_\_

**-END SOW-**

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



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

**\*\*SPECIAL NOTES\*\***

*All requests for information (RFI's) shall be submitted in writing/via email to:*

*Antonio Jenkins*

*[Antonio.jenkins@guardiancrm.com](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 J Brown **Date:** December 2022



***REQUIRED ADDENDUM PAGE(S) TO FOLLOW***

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

NOTE:

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

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

By signature below, I attest that I have read the Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR Signature: \_\_\_\_\_

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

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Residential Unit Information:**

Unit Address: 273 NE Howard St. Lake City, FL 32055

Owner Name: Judy Hall

Owner Phone #: (386) 623-3880

**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: 273 NE Howard St. ----->\$ \_\_\_\_\_**

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

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

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

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

OWNER: Winnie Richardson

ADDRESS: 6365 SW County Rd 242 Lake City, FL 32024

PHONE #: (386) 755-6918

DATE: December 2022

**Home Built in: 1975.**

- 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.<br><br><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:** HVAC installation shall include: A/C Add in duct ultraviolet bacterial & mold protection/sterilization light.

**NOTE 4:** All interior vents shall be checked and adjusted to ensure max airflow inside each room.

- HVAC (1 complete unit; ductwork cleaning; spot ceiling repair/repaint) \_\_\_\_\_ \$

**3. Structural and Interior Components:**

**3a. 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\*\***

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**OFFICIAL USE ONLY**

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



***REQUIRED ADDENDUM PAGE(S) TO FOLLOW***

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

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

By signature below, I attest that I have read the Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR Signature: \_\_\_\_\_

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

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**“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: 6365 SW County Rd. 242. Lake City, FL 32024

Owner Name: Winnie Richardson

Owner Phone #: (386) 755-6918

**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: 6365 SW County Rd 242. ----->\$ \_\_\_\_\_**

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

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

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

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

OWNER: Leatha Troupe (Cloretha Timmons)

ADDRESS: 244 NE Milton Ter. Lake City, FL 32024

PHONE #: (386)288-8821

DATE: December 2022

**Home Built in: 1993.**

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

*If this unit was constructed prior to 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.*

| Note | System         | Description of Work  | Location | Price     | Contractor Initials |
|------|----------------|--|----------|-----------|---------------------|
| A.   | REHABILITATION | Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.   | Unit     | N/A       |                     |
| B.   | SITWORK        | Rehabilitation of unit shall include as applicable: <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.<br><br><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:** HVAC installation shall include: A/C Add in duct ultraviolet bacterial & mold protection/sterilization light.

**NOTE 4:** All interior vents shall be checked and adjusted to ensure max airflow inside each room.

- HVAC (1 complete unit; ductwork cleaning; spot ceiling repair/repaint)\_\_\_\_\_ \$

### 3. Kitchen Cabinets & Counter Top.

**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 City, and any of its agents will not be held liable due to contractor negligence in providing all required documentation needed for payment.

Remove all existing wall, and base cabinets and countertops and replace with new kitchen cabinets and seamless laminate countertops and 4" backsplash. New cabinets should match existing footprint and layout (including any bar extension and hidden cabinets): Installation to including space for dishwasher (at the owner's request).

Installation shall include a new stainless steel double bowl sink and all required fixtures (with extendable single lever, faucet/spray nozzle), new plumbing connects, valves, water supply lines, and all other components and hardware to ensure complete and correct operational order. *Owner must be provided three (3) color/style selections. Unit to be installed to manufacturer's specifications. Exact dimensions are to be determined by the contracting firm. (Recommended Product type: Wellborn or equal in value and quality)*

#### 3a. Cabinet Notes

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

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

#### **Cabinet Requirements:**

Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, **handles and closures and be securely installed.**

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

#### **Kitchen Base Cabinets:** (only applicable where existing footprint cannot or is not

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

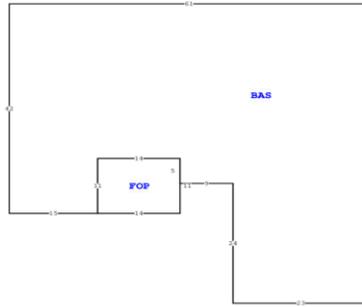
#### **Kitchen Wall Cabinets:** (only applicable where existing footprint cannot or is not

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

o Kitchen Cabinets \_\_\_\_\_ \$ \_\_\_\_\_

**-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 J Brown **Date:** December 2022



***REQUIRED ADDENDUM PAGE(S) TO FOLLOW***

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

NOTE:

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

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

By signature below, I attest that I have read the Columbia County Local Housing Assistance Program Publication for the ARPA Program Minimum Standards for Rehabilitation of residential properties and fully understand the requirements.

CONTRACTOR Print Name: \_\_\_\_\_

DATE: \_\_\_\_\_

CONTRACTOR Signature: \_\_\_\_\_

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

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Residential Unit Information:**

Unit Address: 244 NE Milton Ter. Lake City, FL 32055

Owner Name: Letha Troupe (Cloretha Timmons)

Owner Phone #: (386)288-8821

**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: 244 NE Milton Terr. ----->\$** \_\_\_\_\_

## OWNER:

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

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

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

Applicant Name (Print): \_\_\_\_\_ Initial: \_\_\_\_\_

Applicant Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name (Print): \_\_\_\_\_ Initial: \_\_\_\_\_

Co-Applicant Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**“EXHIBIT A”**

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



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

| <b>SUBCONTRACTING FIRM NAME</b> | <b>SUBCONTRACTING FIRM PHONE #</b> |
|---------------------------------|------------------------------------|
| 1.                              | 1.                                 |
| 2.                              | 2.                                 |
| 3.                              | 3.                                 |
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| 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.                      |  |
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| 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 |
|---------------|----------------|-----------------|-----------------|
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**(NOTE:** PLEASE MAKE A DUPLICATE COPY IF MORE SPACE IS REQUIRED. ALL COPIES MUST BE SIGNED)

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

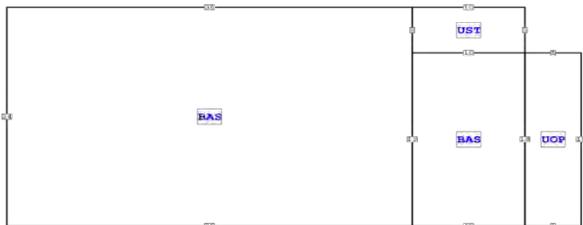
- [X] AMERICAN RESCUE PLAN ACT (ARPA)  
[ ] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

|                 |                                     |              |               |
|-----------------|-------------------------------------|--------------|---------------|
| <b>Client:</b>  | <b>Herman Rothwell Sr.</b>          | <b>Date:</b> | December 2022 |
| <b>Address:</b> | 141 NE Curt Ct. Lake City, FL 32055 |              |               |

|  |
|--|
| <p><b>Home Built: 1965.</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> 28-3S-17-05766-000</p> <p><b>Brief Legal Description:</b> LOT 19 BLOCK 4 CAROLYN HEIGHTS S/D. 418-501, LE 1473-2102, DC 1473-2104,</p> <p><b>PA Appraised Value:</b> \$64,095</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.<br><br><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> | \$ _____ |
|-----------------------|------------|----------------|----------|

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

|                   |            |                 |          |
|-------------------|------------|-----------------|----------|
| <b>2. WINDOWS</b> | <b>All</b> | <b>Dwelling</b> | \$ _____ |
|-------------------|------------|-----------------|----------|

Remove nine (9) existing windows (**Front-3; Right-1; Rear-3; Left-2**). Replace windows, in their existing footprint with new Non-Impact, single hung, dual pane, energy star rated windows with self-storing screens.

Bid to include all code required modifications to openings (anchor framing, buck, sealing, etc...) necessary to accommodate the new windows. **Windows must be energy star rated for the Southern Region (Florida) of the United States:** (Exact window 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. Existing sills to be reused.

All windows should match existing window style, size and style (**except where Code prohibits**). All bath windows must be obscured/safety glass. (Recommended Product: PGT Windows and Doors or equal in value and quality)

**Line Item Notes:**

**NOTE 1:** All window colors shall be white unless otherwise disallowed per an active and legal HOA. Where HOA's exist color and style compliance shall be the contractor's responsibility.

**NOTE 2:** All newly installed windows 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 <= 0.40 and SHGC<sup>2</sup> <= 0.25)

**NOTE 3:** The following units are excluded from replacement: one (1) front elevation conversion window and two (2) right elevation conversion windows.



| Description: Hall Bath & Plumbing | Qty. | Location | Amount |
|-----------------------------------|------|----------|--------|
|-----------------------------------|------|----------|--------|

**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.

|                        |                  |                  |                 |
|------------------------|------------------|------------------|-----------------|
| <b>3. ACESSIBILITY</b> | <b>As Listed</b> | <b>Hall Bath</b> | <b>\$ _____</b> |
|------------------------|------------------|------------------|-----------------|

Deconstruct the existing protruding wall located inside of the hall bath proper (to the left of the entryway). This wall contains the hallway closet. Utilizing all appropriate material (framing, drywall etc.), reconstruct the new wall "back" to the entry wall span.

Remove any nails, tacks, screws, top wall covering that exists, prepare all bath walls (with light sanding to ensure a constant surface) to accept new primer and two (2) coats of interior paint. Final finish texture shall be a medium knockdown.

The exterior wall where the previous hallway closet existed, shall be framed and drywalled in the openings footprint and become a continuous part of the existing hallway wall span.

**Line-Item Notes**

**NOTE 1:** The electrical switch located at the wall to be deconstructed will require relocation. All required electrical work, including installation of a new stacked GFCI outlet on the "new" wall span and re-installation of the previously existing double electrical switch and plate.

**NOTE:** Bid to include the cost of installation of a new, properly anchored, aluminum, 24" towel bar on the wall opposite of the toilet. *Product: Moen Brantford Collection or equal in quality of value.*



|                   |                  |                  |                 |
|-------------------|------------------|------------------|-----------------|
| <b>3a. TOILET</b> | <b>As Listed</b> | <b>Hall Bath</b> | <b>\$ _____</b> |
|-------------------|------------------|------------------|-----------------|

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

**Line-Item Notes**

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



**3b. TUB-SHOWER ENCLOSURE**

As-Listed

Hall-Bath

\$ \_\_\_\_\_

Remove existing tub/shower assembly and prepare the opening for the installation of a new, low-step walk-in shower: Deconstruct all existing tub/shower walls. Make all repairs to the wall, framing, furring, and supports as required to ensure the structure is code compliant. Install new cementitious tile backer per manufacturer's recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than "Wonderboard". The new walk-in shower shall be installed in footprint where possible.

Repair and modify existing floor/subfloor to accommodate the installation of a new, low step, walk-in shower, including pan, tile floor, and tile wall surround to the building code/UPC of the jurisdiction.

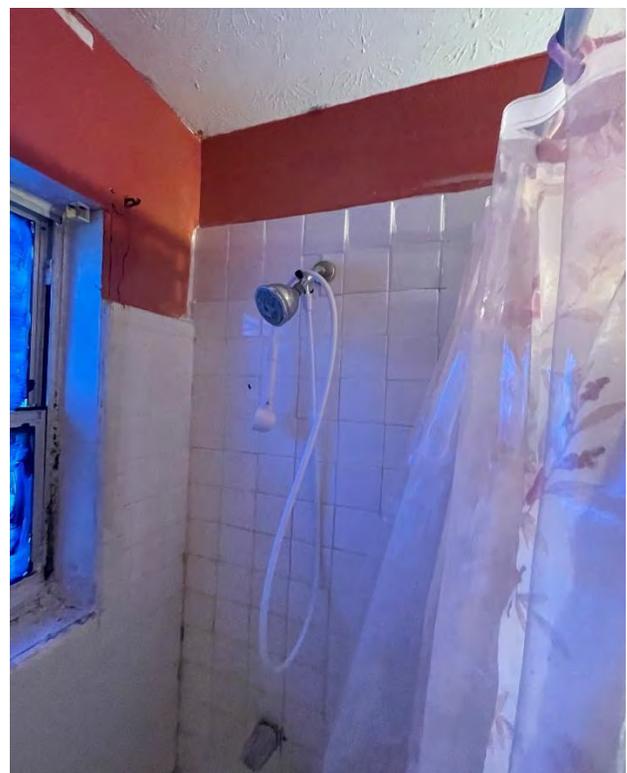
Install new 8"x8 "x1/4" ceramic tile with appropriately sized tile trim around the shower perimeter: Tile to finish- starting from top of shower floor and extending to the ceiling on all three (3) walled sides of the shower enclosure.

Accessories shall include a frameless shower door, ceramic soap dish, a cloth/towel bar placed in the same setting material used for the ceramic tile, and a built in tile seat located at the rear wall. **Owners shall be provided a minimum of three (3) Color choice options for tile.**

**Tub-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:** Line item shall include the cost for installation of two new, properly anchored, 500lb grab bars. Location of the bars shall be discussed and installed at compliant locations chosen by the homeowner.



**3c. VANITY****1-Unit Hall-Bath****\$ \_\_\_\_\_**

Remove existing (including plumbing connections) and install new complete vanity in the new expanded wall footprint. Installation shall be complete with 3 bulb light fixture (including LED bulbs) and over sink wall mounted mirror.

**Vanity height should be at a height accessible to the owner.** The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum ½" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate countertop and 4" laminate back splash and under mount or drop-in level set sink cast in the counter top.

Install new water supply valves, lines and escutcheons, strainer assembly, p-trap and tail assembly; Installation to include all other required hardware and components (center set, low flow 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).



| Description-Interior Rehab: Flooring | Qty. | Location | Amount |
|--------------------------------------|------|----------|--------|
|--------------------------------------|------|----------|--------|

|   |                  |                |                 |
|---|------------------|----------------|-----------------|
| <b>5. INTERIOR FLOORING-Vinyl Plank</b> | <b>As-Listed</b> | <b>Various</b> | <b>\$ _____</b> |
|---|------------------|----------------|-----------------|

Remove the floor covering the listed areas (including closets as applicable): Install new low maintenance, easy clean, 6"x36" Traffic Master Allure vinyl plank flooring, Installation to be complete and include all required components (including padding if not intrinsic to the plank being used), to ensure proper installation to manufacturers specifications.

**Room Locations:** Hallway, Master Bedroom, Bedroom #2, and Bedroom #3

*Exact dimensions and square footage to be determined by contracting firm. Owner to determine color.* Installation to include threshold strips at all exposed joints between rooms and/or at door openings

Flooring Notes:

**NOTE 1:** When installing flooring, all cuts should be made to fit flush against all walls, corners, or existing base trim. No quarter-round or other concealing trim shall be utilized to hide or cover insufficient material sizing, shaping, etc...Failure to adhere may result in a failed CDBG program Inspection.

**NOTE 2 :** Bid Line item to include removal and replacement of all existing door thresholds and all baseboard in affected rooms and in the footprint of the removed material. New Baseboard shall be painted white.

**NOTE 3 :** Hallway flooring installation shall begin at the non-tiled area.



----- 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: December 2022** \_\_\_\_\_  
**AMENDED WRITE-UP PREPARED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*REQUIRED ADDENDUM PAGE(S) TO FOLLOW*

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

NOTE:

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

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

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

|                              |             |
|------------------------------|-------------|
| CONTRACTOR Print Name: _____ | DATE: _____ |
| CONTRACTOR Signature: _____  |             |

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

NOTICE BE AWARE THAT:

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Contractor Information:**

Contractor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

**Contractor License Information (As Applicable):**

**State of Florida**

**Columbia**

**License Number:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Residential Unit Information:**

Unit Address: 141 NE Curt Ct. Lake City, FL 32055

Owner Name: Herman Rothwell Sr

Owner Phone #: 386-752-6085

**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> |
|----------------------|-----------------------|------------------------|------------------------|
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
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|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

|                 |   |              |               |
|-----------------|---|--------------|---------------|
| <b>Client:</b>  | <b>Izell Rossin</b>                     | <b>Date:</b> | December 2022 |
| <b>Address:</b> | 320 NE Christie St. Lake City, FL 32055 |              |               |

|  |
|--|
| <p><b>Home Built: 1982.</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> 32-2S-17-04816-000</p> <p><b>Brief Legal Description:</b> E3/4 OF NE1/4 OF NE1/4, EX 0.5 ACRE IN NE CORNER &amp; EX 10.05 AC DESC IN ORB 794-042 &amp; EX 9.60 AC MOL DESC ORB 795-1998. 431-438, PB 639-460, WD 863-1681, DC 1359-1502</p> <p><b>PA Appraised Value:</b> \$40,999.00</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.<br><br><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> | \$ _____ |

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: GENERAL REHAB  | Qty.       | Location        | Amount   |
|-----------------------------|------------|-----------------|----------|
| <b>2. SEPTIC INSPECTION</b> | <b>All</b> | <b>Dwelling</b> | \$ _____ |

**PREFACE:** All septic work shall be completed by a legal and appropriately licensed septic firm. At the conclusion of the work the septic company shall conduct a review of the septic system and provide an affidavit stating that all work was completed to all specification and/or code requirements and provide an inspection report outlining the current operational condition of the unit's septic system. Any deficiencies found by the plumbing contractor shall be provided to the contractor of record 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.

Pump and inspect the unit's septic system/connections. Pump and inspection to be performed to ensure that the system is in proper working order.

**Line-item Notes:**

**NOTE 1:** Suspected two failed systems: including leech field failure(s).

**NOTE 2:** No septic work shall commence prior to the inspection and the inspection report (results) have been submitted to the project manager for review.



**PREFACE:** The mold inspection shall be completed by a legal and appropriately licensed environmental firm. At the conclusion of any work the investigating company must provide an affidavit stating that the work was completed and provide a report including abatement recommendations with detailed remediation plan/scope of work and cost estimate.

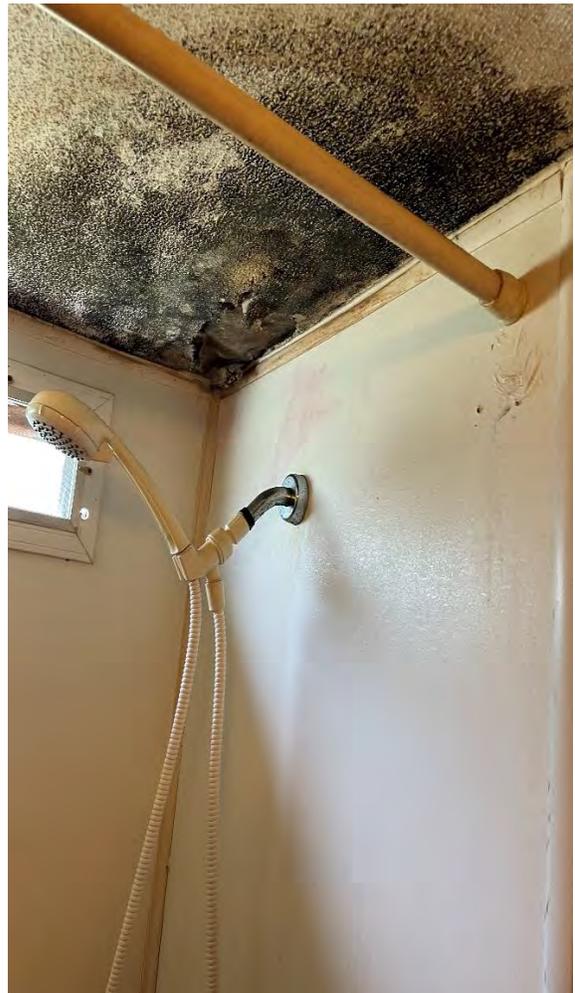
Provide an interior dwelling mold inspection (including interior infrared or other moisture detection processes). The inspection shall yield a comprehensive results report which shall contain all required moisture readings, inspection findings, and abatement recommendations.

The Inspection and recommendations to be provided by a licensed/certified environmental firm, including an exterior sample base mold prescience test. A 3<sup>rd</sup> party report showing the findings at the time of inspection shall be provided to the City and project manager.

**Line item Notes:**

**NOTE 1:** Includes inspection and findings report only.

**NOTE 2:** Once the inspection report and abatement recommendation plan has been complete and submitted, a change order for actual repairs (ceiling, flooring, walls, etc.) may be submitted.



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

|                                       |          |      |          |
|---------------------------------------|----------|------|----------|
| 3. STRUCTURE SPECIFICATIONS-ANCHORING | Dwelling | Site | \$ _____ |
|---------------------------------------|----------|------|----------|

Contractor shall inspect and test the MH straps and anchor points for security and compliance. Where any anchor pints need to be reattached, tightened, replaced, or repaired, bid should include cost for repair and/or replacement of up to but not to exceed (20%) of the anchors/straps. Any repairs, replacement above 20% will be addressed by change order with appropriate back-up.



|              |     |          |          |
|--------------|-----|----------|----------|
| 3a. SKIRTING | All | Dwelling | \$ _____ |
|--------------|-----|----------|----------|

Remove all existing and install new, white, vinyl skirting (with limited lifetime warranty) around the full parameter of the home. Installation shall include all required connections, anchors, and all other components to ensure proper attachment.

**Skirting Notes:**

**NOTE 1:** New skirting shall include an easily removal (sliding section) of the skirting to allow for access to the underside of the home.



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

|                                      |   |              |          |
|--------------------------------------|---|--------------|----------|
| 4. STRCTURE SPECIFICATIONS-ANCHORING | 2 | Front & Rear | \$ _____ |
|--------------------------------------|---|--------------|----------|

Remove the existing entry/exit steps located at the front and rear left entrances. Prepare the site to accept the construction of new weather-proofed (PT-Raw Finish), wooden porch and step system. The new porch shall be constructed to minimum code and as closely as possible, within the footprint of the previously existing step systems. Installation shall include code compliant hand and safety railing on both sides of the new steps.

The stairs shall meet appropriate incline, riser height and the top riser shall provide appropriate and safe access to the porch landing/surface. Railing shall contain appropriate safety spacing per-code. Both the top (wooden) and bottom (min 12x12 pavers) of the steps should be fitted with a code compliant landing.

The entire porch system is to utilize code compliant framing techniques and be to be fastened using fastener type and spacing distances that are in accordance with the current Florida Building Code requirements.



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

|                      |     |          |          |
|----------------------|-----|----------|----------|
| 5. ELECTRICAL SYSTEM | All | Dwelling | \$ _____ |
|----------------------|-----|----------|----------|

Detach the existing power meter, lines, and components (including auxiliary circuit panel) Remove the existing power meter pole/post and replace with new minimum 12ft, pressure treated meter pole/post. The new unit shall be installed at the location and in the footprint of the removed pole/post as closely as possible. Reattach all removed power meter and lines, to ensure safe and continuous power to the home.

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

**Line-Item Notes**

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

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

**NOTE 3:** New electrical upgrades shall include installation of any required hardware and components needed to ensure the septic tank pump ancillary system.



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

|                     |   |              |          |
|---------------------|---|--------------|----------|
| 6. ENTRY-EXIT DOORS | 2 | Front & Rear | \$ _____ |
|---------------------|---|--------------|----------|

Locate the primary entry/exit doors at the front and rear elevations: Remove existing primary entry/exit doors (**1 unit at the front elevation and 1 unit at the rear elevation**) and install new white, energy star rated (for the southern region) set of entry/exit doors in the listed location(s). The installation shall include jambs, preparation a sufficient door buck to accommodate the new door, wood casing, and install a new white pre-hung fiberglass, mobile home grade doors.

Patch to match interior walls. (*Door size & dimensions to be determined by contracting firm*); Installation to include all required permits, additional anchor framing, hardware, and components, to ensure proper and complete installation to current compliance code.

Door installation shall include keyed (alike) entry lockset with turn handle (both sides): **"Schlage", and matching deadbolt or approved equal**, deadbolt keyed one side to the lock set, vinyl bubble weather-stripping, and aluminum threshold.



**E/E Door Notes:**

**NOTE 1:** Front elevation door to be ½ light unit (with obscured glass); Rear elevation door to be ¼ light unit.

**NOTE 2:** Installation of front door to include re-installation of existing storm door to full operational condition.

| Description: BATH AND PLUMBING | Qty. | Location | Amount |
|--------------------------------|------|----------|--------|
|--------------------------------|------|----------|--------|

**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.

|                            |                  |                    |                 |
|----------------------------|------------------|--------------------|-----------------|
| <b>7. SHOWER ENCLOSURE</b> | <b>As-Listed</b> | <b>Master-Bath</b> | <b>\$ _____</b> |
|----------------------------|------------------|--------------------|-----------------|

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 wall span fit, tub/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 tub/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.



----- **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**

---

**WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc** \_\_\_\_\_ **Date: December 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: 320 NE Christie St. Lake City, FL 32055

Owner Name: Izell Rossin

Owner Phone #: 352-226-1650

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



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

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



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

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

Contractor's Name (Print Name): \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Title of signatory: \_\_\_\_\_

**“EXHIBIT A”**

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

1. Contractor must provide at least three (3) color choices for each eligible item.

**NOTE:** See attached scope of work for highlighted eligible items.

2. The Columbia County reserves the right to veto a color choice made by the homeowner.

3. **It is the contractor’s responsibility to provide selections for the homeowner to select the colors and designs, and then sign this form.**

4. Any deviations from this process must be submitted via email to the Housing Inspector (antonio.jenkins@guardiancrm.com) for approval.

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

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

| ITEM LOCATION | ITEM PRODUCT # | ITEM STYLE CODE | ITEM COLOR CODE |
|---------------|----------------|-----------------|-----------------|
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
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|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

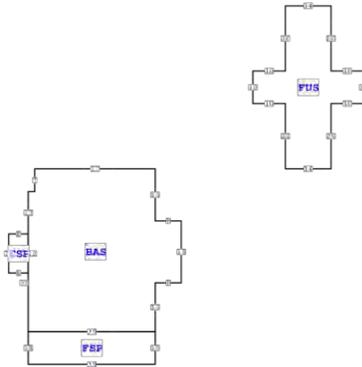
- AMERICAN RESCUE PLAN ACT (ARPA)  
 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

|                 |                                     |              |               |
|-----------------|-------------------------------------|--------------|---------------|
| <b>Client:</b>  | <b>Yolanda Sanchez</b>              | <b>Date:</b> | December 2022 |
| <b>Address:</b> | 322 SE Camp St. Lake City, FL 32025 |              |               |

|  |
|--|
| <p><b>Home Built: 1900.</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> 00-00-00-13728-000</p> <p><b>Brief Legal Description:</b> S DIV: LOTS 87 &amp; 92 BLOCK H CANOVA S/D &amp; W1/2 OF PARK AVE LYING E OF LOTS 87 &amp; 92. (PARK AVE NOW VACATED IN CITY ORD #2008-1146), DC 914-314, PB 1082-1860, PB 1087--2547, WD 1111-2601, WD 1171-312</p> <p><b>PA Appraised Value:</b> \$161,211.00</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.<br><br><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.

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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.

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

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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**

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**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> _____ |
|--|------------|----------------|--------------------|

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. SLOPED ROOFING</b> | <b>All</b> | <b>Dwelling</b> | \$ _____ |

Remove existing roof covering (**Primary Dwelling Span-All-Sections**) 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, architectural/dimensional shingle 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:** 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:** All dormers and chimney parameters shall be re-flashed as required to ensure water-tight seal.

**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 -----

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: December 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: 322 SE Camp St. Lake City, FL 32025

Owner Name: Yolanda Sanchez

Owner Phone #: 386-697-3806

**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> |
|----------------------|-----------------------|------------------------|------------------------|
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
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|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

|                 |   |              |               |
|-----------------|---|--------------|---------------|
| <b>Client:</b>  | <b>Mary Ross</b>                          | <b>Date:</b> | December 2022 |
| <b>Address:</b> | 503 NE Washington St. Lake City, FL 32055 |              |               |

**Home Built: 1950.**

- \*Lead Base Paint Safe Construction Actions: **Do Apply**
- ACM Actions: **N/A**
- Mold Actions: **N/A**

*\*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.*

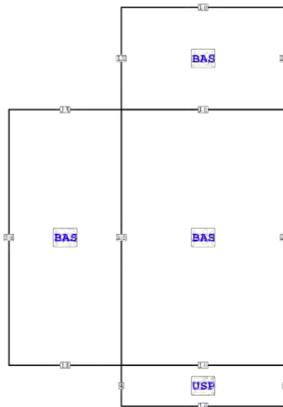
**Parcel ID:** 00-00-00-11760-000

**Brief Legal Description:** N DIV: W1/2 OF LOT 11 BLOCK D, NAT ADAMS S/D. ALSO, BEG 55 FT W OF SE COR OF LOT 11, RUN N 210 FT, W 55 FT, S 210 FT, E 55 FT TO POB. (THE ABOVE DESC AKA: ALL LOT 11 BLK D, NAT ADAMS S/D, EX THE E 55 FT). 486-507, DC 875-1958, 875-1960,

**PA Appraised Value:** \$39,202.00

| 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.<br><b>LBP Outcome: See Report</b> <b>ACM Outcome: N/A</b> | Unit     | \$ N/A |                     |

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



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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> _____ |
|--|------------|----------------|--------------------|

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. SLOPED/LOW SLOPE ROOFING</b> | <b>All</b> | <b>Dwelling</b> | \$ _____ |

Remove existing roof covering (**Primary Dwelling**) including all deteriorated surface material. Strip the roof down to the sheathing/decking and construct the decking base as required to meet code.

Where new bas decking is installed and/or existing 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.

Replace/repair damaged truss/rafter extensions not to exceed (15%): any replacement above 15% will be addressed by change order with appropriate back-up

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, architectural/dimensional shingle 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. **The rear roof span shall be noted...bid to include cost to account for replacement (to code) of the flat roof covering located at the rear elevation.**

**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: GENERAL REHAB | Qty.       | Location        | Amount          |
|----------------------------|------------|-----------------|-----------------|
| <b>3. MOLD INSPECTION</b>  | <b>All</b> | <b>Dwelling</b> | <b>\$ _____</b> |

**PREFACE:** The mold inspection shall be completed by a legal and appropriately licensed environmental firm. At the conclusion of any work the investigating company must provide an affidavit stating that the work was completed and provide a report including abatement recommendations with detailed remediation plan/scope of work and cost estimate.

Provide an interior dwelling mold inspection (including interior infrared or other moisture detection processes). The inspection shall yield a comprehensive results report which shall contain all required moisture readings, inspection findings, and abatement recommendations.

The Inspection and recommendations to be provided by a licensed/certified environmental firm, including an exterior sample base mold prescience test. A 3<sup>rd</sup> party report showing the findings at the time of inspection shall be provided to the City and project manager.

**Line item Notes**

**NOTE 1:** Includes inspection and findings report only.

**NOTE 2:** Once the inspection report and abatement recommendation plan has been complete and submitted, a change order for actual repairs (ceiling, flooring, walls, etc.) may be submitted.



|  |            |                 |                 |
|--|------------|-----------------|-----------------|
| <b>3a. POST ABATMENT MOLD CLEARANCE TEST</b> | <b>All</b> | <b>Dwelling</b> | <b>\$ _____</b> |
|--|------------|-----------------|-----------------|

At the conclusion of all mold abatement, interior re-construction, and rehabilitation, the contractor of record must provide a post abatement air clearance test. The test must reflect the homes interior air and mold/spore presence meet at a minimum EPA/HQS safe levels.

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

|                      |     |          |          |
|----------------------|-----|----------|----------|
| 4. ELECTRICAL SYSTEM | All | Dwelling | \$ _____ |
|----------------------|-----|----------|----------|

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

**Line-Item Notes**

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

**NOTE 2:** Line item cost to include cost to repair and repaint (to match existing color, texture, finish as closely as possible to what currently exists) all damaged areas proximal to the newly installed service panel.



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

|                          |           |           |          |
|--------------------------|-----------|-----------|----------|
| 5. STRUCTURAL & FLOORING | As-listed | As-listed | \$ _____ |
|--------------------------|-----------|-----------|----------|

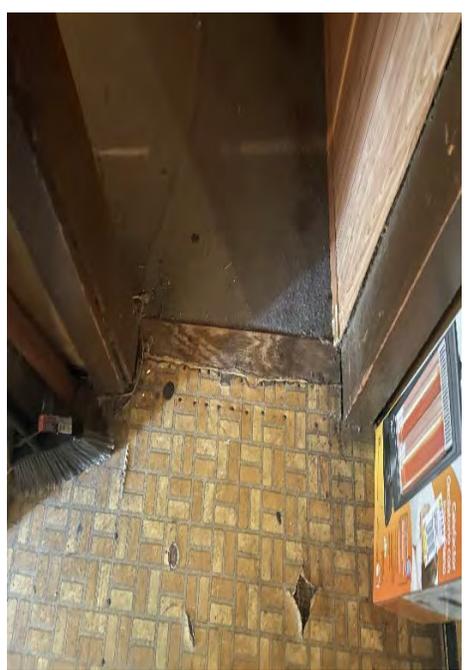
Remove any existing floor covering and subfloors in the areas listed below: As required, level the existing structural components and as applicable repair existing joists via sistering/sandwiching new code compliant joist material onto the existing infrastructure. Prepare and install new 3/4" plywood 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 manufacturer'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:** Hall Bath, Kitchen; and Master Bedroom

**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.



----- 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:** December 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: 503 NE Washington St. Lake City, FL 32055

Owner Name: Mary Ross

Owner Phone #: 386-9658343

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



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

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



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

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

Contractor's Name (Print Name): \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

Title of signatory: \_\_\_\_\_

**“EXHIBIT A”**

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

1. Contractor must provide at least three (3) color choices for each eligible item.

**NOTE:** See attached scope of work for highlighted eligible items.

2. The Columbia County reserves the right to veto a color choice made by the homeowner.

3. **It is the contractor’s responsibility to provide selections for the homeowner to select the colors and designs, and then sign this form.**

4. Any deviations from this process must be submitted via email to the Housing Inspector (antonio.jenkins@guardiancrm.com) for approval.

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

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

| ITEM LOCATION | ITEM PRODUCT # | ITEM STYLE CODE | ITEM COLOR CODE |
|---------------|----------------|-----------------|-----------------|
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
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|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |
|               |                |                 |                 |

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

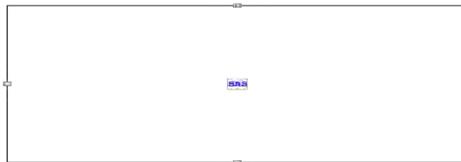
- [X] AMERICAN RESCUE PLAN ACT (ARPA)  
[ ] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

|                 |   |              |               |
|-----------------|---|--------------|---------------|
| <b>Client:</b>  | <b>Gladys Hadley</b>                    | <b>Date:</b> | December 2022 |
| <b>Address:</b> | 793 NW Parnell Ave. Lake City, FL 32055 |              |               |

|  |
|--|
| <p><b>Home Built: 1996.</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> 28-2S-16-01772-068</p> <p><b>Brief Legal Description:</b> LOT 18 BLOCK B PINE HILLS ADDITION. WD 1110-2575,</p> <p><b>PA Appraised Value:</b> \$59,386.00</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.<br><br><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> |
|--|------------|----------------|--------------------|

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. SLOPED ROOFING</b> | <b>All</b> | <b>Dwelling</b> | <b>\$ _____</b> |

Remove existing roof covering (**Primary Dwelling**) 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, architectural/dimensional shingle 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:** 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: GENERAL REHAB | Qty. | Location | Amount |
|----------------------------|------|----------|--------|
|----------------------------|------|----------|--------|

|                    |     |          |          |
|--------------------|-----|----------|----------|
| 2. MOLD INSPECTION | All | Dwelling | \$ _____ |
|--------------------|-----|----------|----------|

**PREFACE:** The mold inspection shall be completed by a legal and appropriately licensed environmental firm. At the conclusion of any work the investigating company must provide an affidavit stating that the work was completed and provide a report including abatement recommendations with detailed remediation plan/scope of work and cost estimate.

Provide an interior dwelling mold inspection (including interior infrared or other moisture detection processes). The inspection shall yield a comprehensive results report which shall contain all required moisture readings, inspection findings, and abatement recommendations.

The Inspection and recommendations to be provided by a licensed/certified environmental firm, including an exterior sample base mold prescience test. A 3<sup>rd</sup> party report showing the findings at the time of inspection shall be provided to the City and project manager.

**Line item Notes**

**NOTE 1:** Includes inspection and findings report only.

**NOTE 2:** Once the inspection report and abatement recommendation plan has been complete and submitted, a change order for actual repairs (ceiling, flooring, walls, etc.) may be submitted.



|  |            |                 |                 |
|--|------------|-----------------|-----------------|
| <b>2a. POST ABATMEBNT MOLD CLERANCE TEST</b> | <b>All</b> | <b>Dwelling</b> | <b>\$ _____</b> |
|--|------------|-----------------|-----------------|

At the conclusion of all mold abatement, interior re-construction, and rehabilitation, the contractor of record must provide a post abatement air clearance test. The test must reflect the homes interior air and mold/spore presence meet at a minimum EPA/HQS safe levels.

|                                       |             |                 |               |
|---------------------------------------|-------------|-----------------|---------------|
| <b>Description: BATH AND PLUMBING</b> | <b>Qty.</b> | <b>Location</b> | <b>Amount</b> |
|---------------------------------------|-------------|-----------------|---------------|

**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.

|                            |                  |                    |                 |
|----------------------------|------------------|--------------------|-----------------|
| <b>3. SHOWER ENCLOSURE</b> | <b>As-Listed</b> | <b>Master-Bath</b> | <b>\$ _____</b> |
|----------------------------|------------------|--------------------|-----------------|

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 wall span fit, low -step shower enclosure and wall surround with safety shower door and two accessibility, properly anchored grab bars.

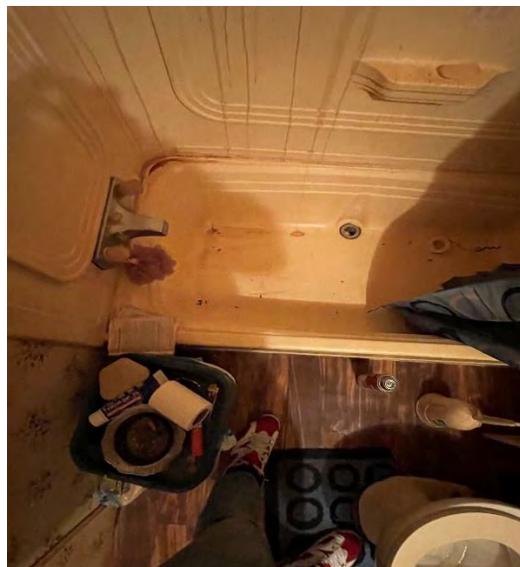
The new installation shall include new washer-less single handle lever controls, new low-flow (2gpm or less) extendable shower head, all hardware, and components (anchoring, built-in shelving, soap dish, etc.) to ensure complete and proper operation.

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

**Showers 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.



**3a. TOILET****As Listed Master Bath****\$ \_\_\_\_\_**

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

**Line-Item Notes**

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



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

|                           |          |                       |                 |
|---------------------------|----------|-----------------------|-----------------|
| <b>4. ADA ACCESS RAMP</b> | <b>1</b> | <b>Left Elevation</b> | <b>\$ _____</b> |
|---------------------------|----------|-----------------------|-----------------|

Deconstruct the existing left elevation E/E access ramp and dispose of material. Prepare the ground to accept the addition of a new wood (PT treated/weatherized) accessibility ramp addition. The new addition shall include all required foundational supports, a minimum 4'x4' landing extension, and minimum 3' high safety rails at both sides of the ramp. The bottom of the ramp shall transition into the yard with a minimal "drop".

**Ramp Notes**

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

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

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



----- 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: December 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: 793 NW Parnell Ave. Lake City, FL 32055

Owner Name: Gladys Hadley

Owner Phone #: 386-365-5298

**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> |
|----------------------|-----------------------|------------------------|------------------------|
|                      |                       |                        |                        |
|                      |                       |                        |                        |
|                      |                       |                        |                        |
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|                      |                       |                        |                        |
|                      |                       |                        |                        |

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

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

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