

BID NO. 2023-H ARPA GROUP 6, 7, & 8

COLUMBIA COUNTY, FLORIDA
BOARD OF COUNTY COMMISSIONERS

BID NO. 2023-H
American Rescue Plan Act (ARPA)
Senior Citizen
Housing Rehabilitation Program

The Board of County Commissioners (County) will receive sealed bids in the office of Commissioners, 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055, until 2:00 PM local time on **Tuesday, March 14, 2023** for the following:

Bid No. 2023-H
ARPA Housing Group 6 thru 8

To be eligible for consideration, all bidders must be listed as a Pre-Qualified Contractor. **A non-mandatory pre-bid meeting will be held at 10:30 AM on Monday, February 27, 2023** at County Commission Conference Room located at 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055. There are twelve (12) 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>

Columbia County welcomes your response to this solicitation. Proposals should be prepared in accordance with the instructions herein and will be evaluated by the County as stated in the evaluation section of this document. The County reserves the right to waive any formalities, to reject any or all proposals or to re-advertise for proposals for these services. The County may withdraw all or part of this solicitation at any time to protect the interests of the County. All Proposers are asked to be thorough yet concise in their response. Failure to provide the response in the manner prescribed herein may be grounds for disqualification.

Only one bid set will be furnished with each company or corporation interested in bidding. The one complete bid set is to be submitted in a sealed envelope. Proposers shall indicate Bid Number, Project Title, and the name and address of the firm submitting the bid on the outside of the envelope.

All Proposers are advised that under Chapter 119, Florida Statutes, all responses are deemed a public record and open to the public as provided for in said statute.

NOTICE TO BIDDERS

i. **Location of Projects**

Almeda Strawder: 1276 NW Dalian Ln. Lake City, FL 32055
Sharlene Davis: 513 NW Long St. Lake City, FL 32055
Debra Akins: 770 NW Alma Ave. Lake City, FL 32055
Margaret Donaldson: 696 NW Alma Ave. Lake City, FL 32055
Eliza Wilson: 684 NE Gurley Ave. Lake City, FL 32055
Lena Shaw: 815 NE Martin Luther King St. Lake City FL 32055
Willie White: 401 NE Kingston Ln. Lake City, FL 32055
Jimmie Jackson: 337 NE Okinawa St. Lake City, FL 32055
Sam Walker: 707 NW Josephine St. Lake City FL 32055
Ruby Markham: 2768 NW Moore Rd. Lake City, FL 32055
Essie Akins: 299 SW Thames St. Ft. White FL 32038
Elizabeth White: 231 SW Plymouth Ave. Ft. White FL 32038

ii. **Event Timeline**

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

EVENT	DATE	TIME
Issue Invitation to Bid	February 23 , 2023	N/A
NON-MANDATORY Pre-Bid Conference	February 27, 2023	10:30 AM
Deadline for Questions	March 6, 2023	3:00 PM
Bid Due Date and Time	March 14, 2023	2:00 PM
Public Opening Date and Time	March 14, 2023	2:01 PM

A Non-Mandatory Pre-Bid Conference will be held on Tuesday **February 27, 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, March 14, 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

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

Si necesita la asistencia de un interprete que hable espanol para participar un esta reunion, por favor pongase en contacto com Marina Edwards al (888) 482-7393 o Marina.Edwards@guardiancrm.com.

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

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

OWNER: Essie Mae Akins

ADDRESS: 299 SW Thames St, Fort White, FL 32038

PHONE #: 386-497-4709

DATE: February 2023

Home Built in: 1997.

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

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

Note	System	Description of Work	Location	Price	Contractor Initials
A.	REHABILITATION	Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.	Unit	N/A	
B.	SITWORK	Rehabilitation of unit shall include as applicable: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site.	All/Site	\$ _____:	

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

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

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

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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

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

NOTICE TO BIDDING GENERAL CONTRACTORS

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

- 1) The names of both the SOW recommended product and proposed substitute product specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the ARPA Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) The contractor will provide all material and shall be responsible for covering **all** homeowner belongings, including flooring that cannot be moved during rehabilitation: this is not the owner's responsibility: Daily clean-up within and around the home is required.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the ARPA office prior to any change order work can begin.

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

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

_____ Printed Name

_____ Signature

_____ Date

1. General Construction and Operational:

1a. General Construction and Operational:

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

1b. Manuals and Specifications:

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

2. HVAC & Electrical:

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

2a. HVAC (Complete Unit):

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

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

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

Line-Item Notes:

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

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

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

3. Interior Rehabilitation: Kitchen and Plumbing

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

3a. Kitchen Cabinets and Counter Tops:

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

Line-Item Notes:

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

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eighths in thick plywood. Pressed board or engineered wood is not acceptable.
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches.

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

4. Exterior Rehabilitation: Entry/Exit Doors

4a. Entry/Exit Doors:

- Remove the existing primary entry/exit doors (**1-unit at the Rear 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.

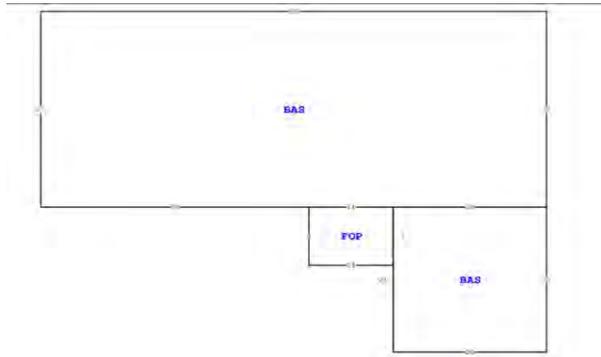
NOTE 2: Where a landing is required according to code. In absence of a landing, Contractor shall construct a concrete landing in front of the door as required by code, (or where a landing exists, contractor shall re-construct/modify the existing landing in order to meet code).

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

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

-END SOW-

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



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

****SPECIAL NOTES****

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

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Dwelly J Brown **Date:** Feb. 2023



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: 299 SW Thames St. Ft. White, FL 32038

Owner Name: Essie Mae Akins

Owner Phone #: 386-497-4709

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

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

Applicant (Owner) and Contractor Contract

CONTRACTOR:

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

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

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

Company Name: _____ Phone: _____

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

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 299 SW Thames 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.

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



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

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

Contractor's Name (Print Name): _____
Contractor's Signature: _____
Title of signatory: _____

“EXHIBIT B”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

(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: Jimmie Lee Jackson

ADDRESS: 337 NE Okinawa St. Lake City, FL 32055

PHONE #: 386-754-2623 or 386-344-3566

DATE: February 2023

Home Built in: 1974.

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

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

Note	System	Description of Work	Location	Price	Contractor Initials
A.	REHABILITATION	Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.	Unit	N/A	
B.	SITework	Rehabilitation of unit shall include as applicable: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site.	All/Site	\$ _____:	

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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)**

NOTICE TO BIDDING GENERAL CONTRACTORS

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

Printed Name

Signature

Date

1. General Construction and Operational:

1a. General Construction and Operational:

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

1b. Manuals and Specifications:

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

2. Electrical System Inspection:

2a. Electrical 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 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

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

 - Electrical System Inspection _____ \$ _____

2b. Septic System Inspection:

- 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: *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

Note 1: Junction/station failures, with a possible hole in the tank cover, and bad drain field.

Note 2: A 3rd party report showing the findings at the time of inspection will be provided to Columbia County before any payment is made or change orders will be granted.

Note 3: All deficiencies found within the provided 3rd party septic pump/inspection report that cannot be repaired via the septic pump activity shall be addressed via an official change order.

- Septic Pump and Inspection (Including findings report) _____ \$ _____

2c. Plumbing Network Inspection:

- Inspect and test the housing Units plumbing lines (taking care to locate the master shut off valve) system(s) to ensure that they are free of leaks and are in optimal operating order and are able to service the housing unit in the most efficient manner in accordance with the current UPC & Florida Building Code. Inspection to be performed by a certified licensed and or registered plumbing firm and the plumbing report must be submitted to Columbia County Housing ARPA administration: *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

Note 1: A 3rd party report showing the findings at the time of inspection will be provided to Indian River County before any payment is made or change orders will be granted.

Note 3: All deficiencies found within the provided 3rd party septic pump/inspection report that cannot be repaired via the septic pump activity shall be addressed via an official change order.

- Plumbing System Inspection (including findings report and recommendations) _____ \$ _____

3. Exterior Rehabilitation: Entry/Exit Doors

3a. Entry/Exit Doors:

- Remove the existing primary entry/exit doors (**1-unit at the front elevation**) and install new white, 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, and components, 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: 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 2: 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) _____ \$ _____

4. Roofing and Attic Components:

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 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.

o Roof - (All) _____ \$

-END SOW-

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



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

****SPECIAL NOTES****

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

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Dwelly J Brown **Date:** Feb 2023



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: 337 NE Okinawa St. Lake City, FL 32055

Owner Name: Jimmie Jackson

Owner Phone #: 386-754-2623

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

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

Applicant (Owner) and Contractor Contract

CONTRACTOR:

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

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

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

Company Name: _____ Phone: _____

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

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 337 NE Okinawa 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.

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



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

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

Contractor's Name (Print Name): _____
Contractor's Signature: _____
Title of signatory: _____

“EXHIBIT B”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

(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: Sam and Vera Jean Walker

ADDRESS: 707 NW Josephine St, Lake City, FL 32055

PHONE #: 386-234-1268

DATE: February 2023

Home Built in: 1994.

- 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: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site.	All/Site	\$ _____:	

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

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

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

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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

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

NOTICE TO BIDDING GENERAL CONTRACTORS

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

- 1) The names of both the SOW recommended product and proposed substitute product specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the ARPA Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) The contractor will provide all material and shall be responsible for covering **all** homeowner belongings, including flooring that cannot be moved during rehabilitation: this is not the owner's responsibility: Daily clean-up within and around the home is required.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the ARPA office prior to any change order work can begin.

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

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

Printed Name

Signature

Date

1. General Construction and Operational:

1a. General Construction and Operational:

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

1b. Manuals and Specifications:

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

2. Electrical System Inspection:

2a. Electrical 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 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*
 - Electrical System Inspection _____ \$ _____

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.

3. Interior Rehabilitation: Kitchen and Plumbing

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

3a. Kitchen Cabinets and Counter Tops:

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

Line-Item Notes:

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

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. Pressed board or engineered wood is not acceptable.
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches.

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

4. Exterior Rehabilitation: Entry/Exit Doors

4a. Entry/Exit Doors:

- Remove the existing primary entry/exit doors (**1-unit at the Rear elevation**) and install new white, 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 and components 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: 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 2: Contractor shall be responsible for compliance with all (including exterior door paint color HOA requires regarding door replacement.

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

5. Roof:

5a. Slope Roofing Replacement):

Remove existing roof covering (Total unit) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (15%); any replacement above 15% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is 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, Metal roof. Additionally, all drip edge, boots and vent/stacks shall be replaced with like code compliant products and material. The new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (5-year warranty required). (Recommended Product: Gibraltar Building Products or equal in value and quality.

Roofing Notes

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

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

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

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

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

- All Roof - (All) _____ \$ _____

6. Interior Rehabilitation: Ceiling Repair

6a. 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) Bathroom

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.

- 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

863-899-6695

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Dwelly J Brown Date: Feb 2023



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: 707 NW Josephine St. Lake City, FL 32055

Owner Name: Sam and Vera Jean Walker

Owner Phone #: 386-234-1268

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

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

Applicant (Owner) and Contractor Contract

CONTRACTOR:

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

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

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

Company Name: _____ Phone: _____

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

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 707 NW Josephine 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.

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



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

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

Contractor's Name (Print Name): _____
Contractor's Signature: _____
Title of signatory: _____

“EXHIBIT B”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

(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: Debra Ann Akins

ADDRESS: 770 NW Alma Ave, Lake City, FL 32055

PHONE #: 386-361-1846

DATE: February 2023

Home Built in: 1925.

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

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

Note	System	Description of Work	Location	Price	Contractor Initials
A.	REHABILITATION	Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.	Unit	N/A	
B.	SITework	Rehabilitation of unit shall include as applicable: 1. Re-connects all existing TV & Phone Jacks. Install 911 addressing as required. 2. Disconnect and re-connect to community water/sewer systems if required by code or specification within this document. 3. Demolition and safe, legal, disposal of all materials, removal of all construction and replacement debris. Note: An on-site dumpster shall be maintained on site.	All/Site	\$ _____:	

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

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

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

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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Contractor's Address: _____

Contractor's Phone Number: _____

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

NOTICE TO BIDDING GENERAL CONTRACTORS

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

- 1) The names of both the SOW recommended product and proposed substitute product specification
- 2) Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports
- 3) Any additional information requested by the ARPA Program or its agents.
- 4) All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, Tile, or any other material), walls, ceilings, ECT... affected by construction.
- 5) The contractor will provide all material and shall be responsible for covering **all** homeowner belongings, including flooring that cannot be moved during rehabilitation: this is not the owner's responsibility: Daily clean-up within and around the home is required.
- 6) All measurements and material will be the responsibility of the contracting firm: substituting items to upgrade cabinet heights is prohibited.
- 7) All change order must be approved through the ARPA office prior to any change order work can begin.

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

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

Printed Name

Signature

Date

1. General Construction and Operational:

1a. General Construction and Operational:

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

1b. Manuals and Specifications:

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

2. Electrical System Inspection:

2a. Electrical 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 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

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

 - Electrical System Inspection _____ \$ _____

3. 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. Hallway Bath-Toilet:

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

Line-Item Notes

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

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

3b. Hallway (Shower/Grab Bars):

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

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

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

Line-Item Notes:

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

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

3c. Hallway Bath Vanity:

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

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

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

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

4. Structural and Interior Components:

4a. 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) _____ \$ _____

5. HVAC & Electrical:

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

5a. HVAC (Complete Unit):

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

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

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

Line-Item Notes:

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

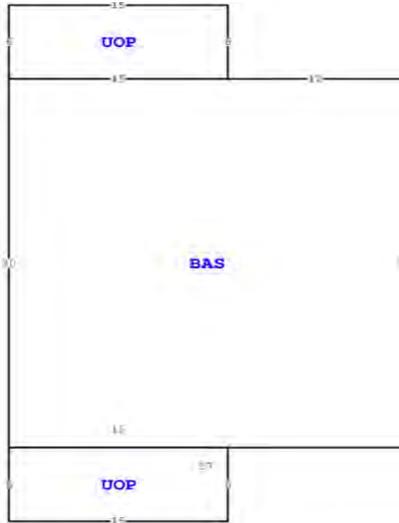
NOTE 2: HVAC installation shall include: A/C Add in duct ultraviolet bacterial & mold protection/sterilization light.

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)_____ \$

-END SOW-

EXISTING DWELLING FOOTPRINT



EXISTING DWELLING FOOTPRINT

****SPECIAL NOTES****

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

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Dwelly J Brown **Date:** Feb 2023



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: 770 NW Alma Ave. Lake City, FL 32055

Owner Name: Debra Akins

Owner Phone #: 386-361-1846

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information:

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

Applicant (Owner) and Contractor Contract

CONTRACTOR:

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

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

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

Company Name: _____ Phone: _____

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

ENTER FINAL TOTAL BID IN THE PRIC BOX BELOW

TOTAL Aggregate BID For: 770 NW Alma Ave. ----->\$ _____

OWNER:

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

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

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

Applicant Name (Print): _____ Initial: _____

Applicant Name (Signature): _____ Date: _____

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

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

“EXHIBIT A”

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



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

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



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

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

Contractor's Name (Print Name): _____
Contractor's Signature: _____
Title of signatory: _____

“EXHIBIT B”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

(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)

Client:	Sharlene Davis	Date:	February 2023
Address:	513 NW Long St. Lake City, FL 32056		

<p>Home Built: 1910.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 00-00-00-11514-000</p> <p>Brief Legal Description: NW DIV: SE1/4 OF NW1/4 ALSO 50 FT N & S BY 105 FT E & W OFF N SIDE OF NE1/4 OF SW1/4 & S1/2 OF NE1/4 OF SW1/4 & 15 FT OFF THE N END OF SE 1/4 OF SW 1/4 & COMM NW COR OF SW1/4, RUN S 70 FT FOR POB, CONT S APPROX 30 FT, E APPROX 112 FT, N APPROX 30 FT, W APPROX 112 FT TO POB BLOCK E. 708-391, 810-6, QC 1036-1263, QC 1163-2548,2549,2550</p> <p>PA Appraised Value: \$103,549.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

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

SCOPE OF WORK and CHANGE ORDERS

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

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

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

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

VERIFY QUANTITIES/MEASUREMENTS:

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

ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
--------------------------------	------	----------	--------

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

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A _____
--	------------	----------------	--------------------

The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to Do so, may result in a failed final ARPA project Inspection.

Line item Notes

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

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

1b. MOLD INSPECTION	All	Dwelling	\$ _____
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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 3rd 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.

1c. ELECTRICAL SYSTEM

All

Dwelling

\$ _____

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

A licensed electrician must complete inspection and the electrical report must be submitted to the Guardian Project Manager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

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



Description: Roofing	Qty.	Location	Amount
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2. PORCH ROOFING	All	Dwelling	\$ _____
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Remove existing front porch roof covering (**Front Porch & Porch Overhang Only**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (50%) and any damaged decking material and (20%) of any damaged rafter/truss spans, etc.: any replacement above the respective 50 or 20% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof span shall be water proofed and 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 span. The entire new roof span shall conform to building code and jurisdictional requirements. **No fasteners shall penetrate exposed surface areas, fascia or drip edge.**

Replace existing roof covering with new, 29 Gauge, Galvalume Grandrib 3 panel (grey) metal roof covering and code compliant fasteners. Additionally, all boots and vent/stacks shall be replaced with like code compliant products and material. (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: Line item to include cost for removing, rewiring/re-switching (if required), and installing a new 42", exterior rated, porch ceiling fan.

NOTE 3: The existing gutters, if required, shall be documented for condition (in writing); removed and reinstalled in footprint.

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

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



Description: Exterior Rehab-General	Qty.	Location	Amount
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3. WINDOWS	1	Kitchen	\$ _____
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Locate and remove the existing window & hardware at the primary dwelling unit (**kitchen window at the rear elevation**). Install one (1), new, energy star rated (for the southern region), white, vinyl frame window, with self-storing screens: Must meet egress requirements, where/ if required. (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 FBC.

The window should match existing window size and style (**except where Code prohibits**). (Recommended Product: PGT Windows and Doors or equal in value and quality).

Window Notes

NOTE 1: Line item to include cost for repairing and sealing all damaged framing material found inside of the home (beneath the window sill).

NOTE 2: Contractor is responsible for any final measurements.

NOTE 3: Bid to include reinstallation of new windowsill.



3a. EXTERIOR WALL SIDING	All	As-Listed	\$ _____
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Locate the existing damaged wall section at the rear elevation of the dwelling: Remove the wood covering and dispose of all removed material. Repair all existing underlying damaged sub-siding and framing: Prepare the area and install new vinyl exterior wall siding.

The new wall material installation shall match the color and style of the removed material as closely as possible (Horizontal laid planks), and if applicable, include all required vapor/moisture barrier or sub-siding material, and all required components (including proper fasteners) to meet all code and other manufacturer installation requirements. Final installation to contain well sealed, minimal, symmetrically seamed finish.



Description: Structural	Qty.	Location	Amount
4. 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, natural fiber carpet, including all required padding, ad threshold transitions. Flooring covering shall be installed to manufacture's specifications and be installed flush and with minimal seaming. All affected areas shall include the installation of new base and/or shoe molding (primed and painted white).

Floor Locations: Living Room.

Flooring Notes

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



Description: Access	Qty.	Location	Amount
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5. ENTRY-EXIT DOOR	1	INTERIOR	\$ _____
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Locate the entry/exit door opening: **1 unit at the entrance from the kitchen and “step-down” family room** and install new, composite wood, white, interior grade door with operation handles and safety locks (Door size & dimensions to be determined by contracting firm); Installation shall be in the footprint of the removed units.

Installation to include all required framing, hinges casings, hardware, and components to ensure complete and proper operation. Exact dimensions of doors to be determined by contracting firm.

Where applicable, installation to include all required permits, additional anchor framing, hardware, components to ensure proper and complete installation to current Florida Building Code. Door installation shall include entry lockset with lever handle (both sides): **“Schlage”, Flair F51 and matching deadbolt or approved equal.**



Description-Interior Rehab: Kitchen	Qty.	Location	Amount
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6. KITCHEN CABINETS	As-Listed	Kitchen	\$ _____
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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 of the removed material: Installation to include 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)*

Cabinet Notes

NOTE 1: Cabinet removal and installation shall include the removal and replacement of the existing Range Hood. .

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

NOTE 3: See SOW line item 3 for wall repair requirements for damaged area below the sink side window.

NOTE 4: As applicable the below applies:

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. Pressed board or engineered wood is not acceptable.
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches



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

TOTAL BID AMOUNT \$ _____

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

NOTE:

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

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

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

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

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

NOTICE BE AWARE THAT:

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

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

(PRINT or TYPE all information unless otherwise noted)

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

Contractor Information:

Contractor's Name: _____ Title: _____

Company Name: _____

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

Contractor License Information (As Applicable):

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

Residential Unit Information:

Unit Address: 513 NW Long St. Lake City, FL 32056

Owner Name: Sharlene Davis

Owner Phone #: 386-288-6985

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Eliza Wilson	Date:	February 2023
Address:	684 NE Gurley Ave. Lake City, FL 32055		

<p>Home Built: 1940</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 00-00-00-10751-000</p> <p>Brief Legal Description: NE DIV: LOTS 12 & 13 BLOCK 6 RICHARDSON PARK S/D. DB 80-401, ORB 768-620, QC 1145-1530, QC 1149-1610, QC 1158-481, QC 1158-2454, QC 1199-913,</p> <p>PA Appraised Value: \$32,171.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
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1. OPERATIONAL	All	Project	\$ _____
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The contractor shall be responsible for and provide all applications, permits, plans, drawings, product approvals, or other required local, state, or federal, documentation (To include all applicable Fees, A&E, etc.).

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

Line item Notes

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

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

Description: General Rehab-Electrical	Qty.	Location	Amount
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2. ELECTRICAL SYSTEM	All	Dwelling	\$ _____
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Remove existing electrical service panel (circuits/breakers/). Relocate the new panel to the freezer wall and 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 removed and newly installed service panel.

NOTE 3: Line-item to include replacement of approx. 20 outlets throughout the home (GFI units in wet areas).



Description: Roofing	Qty.	Location	Amount
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3. SLOPED ROOFING	All	Dwelling	\$ _____
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Remove existing roof covering (**Primary Dwelling- including front and Rear Overhang Spans**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (15%) and any damaged rafters, extensions, etc., not to exceed (30%): any replacement above the respective 15 or 30% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements.

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

Replace existing roof covering with new, 30-year asphalt, dimensional, architectural shingles (**Owners shall be provided a minimum of three (3) Color choice options for tile**). Additionally, all drip edge, boots and vent/stacks shall be replaced with like code compliant products and material. The new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (**5-year warranty required**). (**Recommended Product: Gibraltar Building Products or equal in value and quality**).

Roofing Notes

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

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

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

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



3a. FASCIA & SOFFIT

All Full-Roof Span \$ _____

Approx. 70% of existing material is damaged: Remove all existing fascia and soffit material in the footprint in which they exist. Make repairs to all of the underlying connection points as required.

Install new aluminum wrapped fascia and vented soffit and components for the entire affected roof spans of the dwelling unit. Installation should include all required components (sub-fascia, etc..) and hardware to ensure proper and correct fit and seal.

Roofing Notes

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

NOTE 2: See rafter repair requirements in SOW line-item 3.



Description: Exterior	Qty.	Location	Amount
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4. FRONT ELEVATION PORCH REPAIR	As-listed	Dwelling	\$
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Deconstruct and remove the existing damaged, front steps and porch (excludes enclosure walls). Repair and modify the framing and support infrastructure to accept the addition of a new wood (PT treated/weatherized) porch.

New installation shall match the footprint and style of the removed material as closely as possible. The newly constructed steps shall transition into the porch and yard in manner that prevents trip or "high step" hazards.

Line-item Notes:

NOTE 1: New porch shall be weather stained (homeowner to choose color).

NOTE 2: New steps shall be constructed with lumber material and include code compliant handrails.



4a. REAR ELEVATION PORCH REPAIR	As-listed	Dwelling	\$
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Deconstruct and remove the existing damaged, rear steps and porch. Repair and modify the framing and support infrastructure to accept the addition of a new wood (PT treated/weatherized) porch and safety railing on three open sides .

New installation shall match the footprint and style of the removed material as closely as possible. The new porch shall include all required foundational supports, and minimum 3' high safety rails at each "open" side of the porch. The newly constructed steps shall transition into the porch and yard in manner that prevents trip or "high step" hazards.

Line-item Notes:

NOTE 1: New porch shall be weather stained (homeowner to choose color).

NOTE 2: New steps shall be constructed with lumber material and include code compliant handrails.

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



Description: Structural	Qty.	Location	Amount
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5. STRUCTURAL & FLOORING	As-listed	As-listed	\$ _____
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Remove any existing floor covering and subfloors in the areas listed below: As required, level the existing structural components and as applicable repair existing joists via sistering/sandwiching new code compliant joist material onto the existing infrastructure. Prepare and install new 3/4" plywood over all newly repaired/replaced structural floor supports.

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

Floor Locations: Kitchen, Hall Bath
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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.

NOTE 2: Line item to include cost for procuring a POD (for a maximum of two weeks-14 calendar days) with new keyed security lock, to be placed on site during flooring rehabilitation. *Homeowner shall be responsible for storing and replacing belongings into and out of the POD.*



Description: Bath & Plumbing	Qty.	Location	Amount
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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.

6. VANITY	1-Unit	Hall-Bath	\$ _____
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Remove existing (including plumbing connections) and install new complete vanity in the new expanded wall footprint. Installation shall be complete with new over-sink center mirror, surface mounted/mirrored front medicine cabinet, 3 bulb light fixture (including LED bulbs) and new GFCI dual outlet (with cover and reset switch).

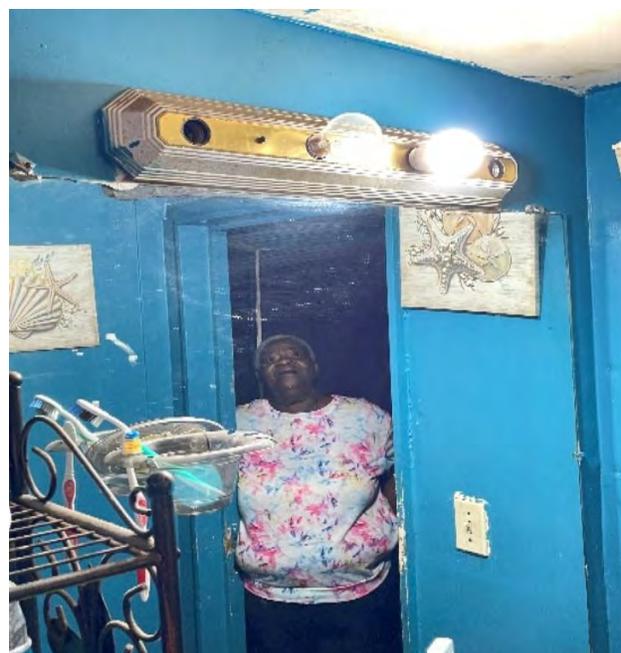
Vanity height should be at a height accessible to the owner. The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum 1/2" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate 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).

NOTE 2: Line Item to include cost for installation of a new vent fan in the existing open port.



6a. TUB and SHOWER**1****Hall Bath****\$**

Remove existing tub-shower and wall surround (including build-out): Prepare the wall for cementitious tile backer in preparation for the construction of a new, tub, shower and tiled wall surround. Make all repairs to the wall, framing, furring, and supports as required to ensure the structure is code compliant. . Install cementitious tile backer per manufacturer's recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than "Wonderboard". The new tub/shower shall be installed in the footprint.

Repair and modify existing floor/subfloor to accommodate the installation of a new steel tub (Kholer Villager or approved equal) and shower assembly with tiled wall surround. Installation shall be 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. Plumbing shall be by appropriately qualified contractor.

Install new 12"x12 "x1/4" ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Tile to finish- starting from top of tub and extending to the ceiling on all three (3) walled sides of the shower enclosure. Accessories shall include a ceramic soap dish, and towel bar placed in the same setting material used for the ceramic tile, a fixed shower curtain bar. **Tile color choice shall be by owner.**

Line Item Notes

NOTE 1: See SOW line-item 4 for required Hall Bath flooring repairs.



6b. TOILET**As Listed Hall 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-Interior Rehab: Kitchen	Qty.	Location	Amount
8. KITCHEN CABINETS	As-Listed	Kitchen	\$ _____

Remove all existing wall, and base cabinets and countertops and replace with new kitchen cabinets and seamless laminatecountertops and 4" backsplash. New cabinets should match existing footprint of the removed material: Installation to includingspace 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 ensurecomplete and correct operational order. *Owner must be provided three (3) color/style selections. Unit to be installed to manufacturer's specifications. Exact dimensions are to be determined by the contracting firm.* (Recommended Product type: Wellborn or equal in value and quality)

Cabinet Notes

NOTE 1: Cabinet removal and installation shall include the removal and replacement of the existing Range Hood. .

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

NOTE 3: Bid to include for price of new cabinet span over the stove (with electrical for new range hood)

NOTE 4: As applicable the below applies:

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. **Pressed board or engineered wood is not acceptable.**
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches.



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

Antonio Jenkins

Antonio.jenkins@guardiancrm.com

863-899-6695

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc

Date: February 2023

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: 684 NE Gurley Ave. Lake City, FL 32055

Owner Name: Eliza Wilson

Owner Phone #: 386-965-2012

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Margaret Donaldson	Date:	February 2023
Address:	696 NW Alma Ave. Lake City, FL 32055		

<p>Home Built: 1925.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 00-00-00-11328-000</p> <p>Brief Legal Description: NW DIV: 40 FT N & S BY 80 FT E & W IN SE COR OF LOT 40. WD 1249-399, LE 1424-579</p> <p>PA Appraised Value: \$25,621.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

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

SCOPE OF WORK and CHANGE ORDERS

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

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

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

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

VERIFY QUANTITIES/MEASUREMENTS:

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

ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
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1. OPERATIONAL	All	Project	\$ _____
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The contractor shall be responsible for and provide all applications, permits, plans, drawings, product approvals, or other required local, state, or federal, documentation (To include all applicable Fees, A&E, etc.).

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

Line item Notes

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

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

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

Inspection to be performed by a certified licensed and or registered plumbing firm and the plumbing report must be submitted to Hendry County Housing SHIP administration: *A 3rd 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.*

Line Item Notes:

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

NOTE 2: Special attention shall be paid to the water heater (located at exterior rear porch overhang)



Description: Roofing	Qty.	Location	Amount
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2. SLOPED ROOFING	All	Dwelling	\$ _____
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Remove existing roof covering (**Primary Dwelling- including front and Rear Overhang Spans**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (15%) and any damaged rafters, extensions, etc., not to exceed (10%); any replacement above the respective 15 or 10% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements.

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

Replace existing roof covering with new, 30-year asphalt, dimensional, architectural shingles (**Owners shall be provided a minimum of three (3) Color choice options for tile**). Additionally, all drip edge, boots and vent/stacks shall be replaced with like code compliant products and material. The new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (**5-year warranty required**). (**Recommended Product: Gibraltar Building Products or equal in value and quality**).

Roofing Notes

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

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

NOTE 3: Line item includes rear roof extension.

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

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



Description: General Rehab-Electrical	Qty.	Location	Amount
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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 additional system 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

3. ELECTRICAL SYSTEM	All	Dwelling	\$ _____
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needed for payment.

Remove existing electrical service panel (circuits/breakers/). Relocate the new panel to the freezer wall and 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 removed and newly installed service panel.



Description: Structural	Qty.	Location	Amount
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4. STRUCTURAL & FLOORING	As-listed	As-listed	\$ _____
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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: Kitchen, Living Room, Hall Bath

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.

NOTE 2: Line item to include cost for procuring a POD (for a maximum of two weeks-14 calendar days) with new keyed security lock, to be placed on site during flooring rehabilitation. *Homeowner shall be responsible for storing and replacing belongings into and out of the POD.*



Description-Interior Rehab: Kitchen	Qty.	Location	Amount
5. KITCHEN CABINETS	As-Listed	Kitchen	\$ _____

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 of the removed material: Installation to includingspace 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 ensurecomplete and correct operational order. *Owner must be provided three (3) color/style selections. Unit to be installed to manufacturer's specifications. Exact dimensions are to be determined by the contracting firm. (Recommended Product type: Wellborn or equal in value and quality)*

Cabinet Notes

NOTE 1: Cabinet removal and installation shall include the removal and replacement of the existing Range Hood with a new (black) range hood unit. New appliance to be vented in the same manner as the removed item.

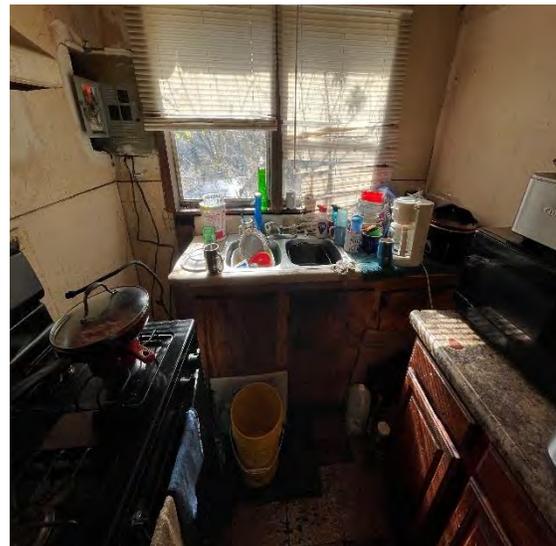
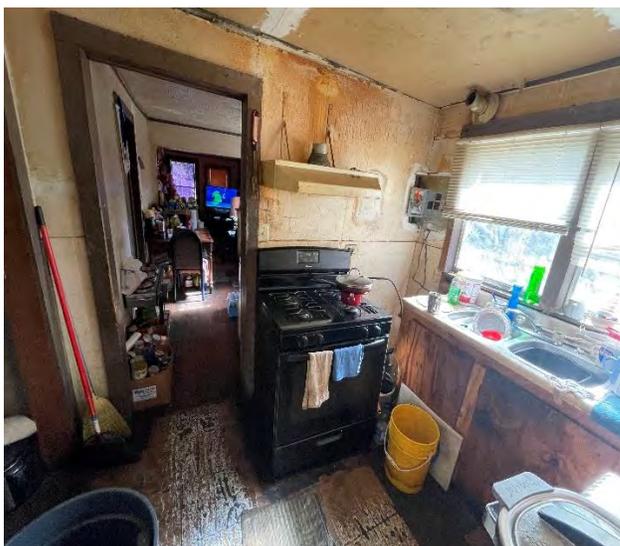
NOTE 2: Cabinet doors and drawers shall contain brushed nickel finished opening/closing hardware.

NOTE 3: Bid to include for price of new cabinet span over the stove (with electrical for new range hood)

NOTE 4: As applicable the below applies:

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. Pressed board or engineered wood is not acceptable.
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches



Description: Bath & Plumbing	Qty.	Location	Amount
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6. TUB and SHOWER	1	Hall Bath	\$ _____
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Remove existing tub-shower and wall surround: Prepare the wall for cementitious tile backer in preparation for the construction of a new, tub, shower and tiled wall surround. Make all repairs to the wall, framing, furring, and supports as required to ensure the structure is code compliant. . Install cementitious tile backer per manufacturer's recommendations in the footprint of removed wall covering. Cementitious tile backer shall be equal to or better than "Wonderboard". The new tub/shower shall be installed in the footprint.

Repair and modify existing floor/subfloor to accommodate the installation of a new steel tub (Kholer Villager or approved equal) and shower assembly with tiled wall surround. Installation shall be 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. Plumbing shall be by appropriately qualified contractor.

Install new 12"x12 "x1/4" ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Tile to finish- starting from top of tub and extending to the ceiling on all three (3) walled sides of the shower enclosure. Accessories shall include a ceramic soap dish, and towel bar placed in the same setting material used for the ceramic tile, a fixed shower curtain bar. **Tile color choice shall be by owner.**

Line Item Notes

NOTE 1: See SOW line-item 4 for required Hall Bath flooring repairs.



6a. TOILET**As Listed Hall 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).

**6b. 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 new over-sink center mirror, surface mounted/mirrored front medicine cabinet, 3 bulb light fixture (including LED bulbs) and new GFCI dual outlet (with cover and reset switch).

Vanity height should be at a height accessible to the owner. The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum 1/2" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate 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:	Qty.	Location	Amount
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7. INTERIOR WALL & CEILING REPAIR	As-Listed	As-Listed	\$ _____
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Locate and remove all interior wall and ceiling material in the kitchen and hall bath: Make repairs to any damaged furring and/or framing as needed. Preparation shall include new interior wall insulation as needed to ensure code compliance.

Replace all existing wall and ceiling material with new drywall. New material thickness shall be to current code. The new wall material shall be installed in the footprint of the removed material and be flush to all corners and ceilings, with minimal seaming. The finish shall be a medium knockdown texture

Room Locations: Kitchen; Hallway Bathroom

Prepare, prime, and repaint the affected ceiling (White). 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)**. Contractor shall comply with manufacturer recommend time intervals between coats of primer and paint.

When new walls are installed: Prepare, prime, and repaint the affected areas. 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)**. Contractor shall comply with manufacturer recommend time intervals between coats of primer and paint. **Homeowner shall be allowed to choose one (1) primary wall and one (1) trim cover.**

Line-Item Notes:

NOTE 1: 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 2: Baseboard re/installation to be included in SOW line-item 4.



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

Antonio Jenkins

Antonio.jenkins@guardiancrm.com

863-899-6695

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: **Antonio Jenkins: Guardian CRM, Inc**

Date: February 2023

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: 696 NW Alma Ave. Lake City, FL 32055

Owner Name: Margaret Donaldson

Owner Phone #: 240-899-4646

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Elizabeth & Ian Smith	Date:	February 2023
Address:	231 SW Plymouth Ave. Fort White, FL 32038		

<p>Home Built: 1972</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 00-00-00-14307-007</p> <p>Brief Legal Description: FORT WHITE: COMM NE COR BLOCK F OF S FORT WHITE, RUN S 181.25 FT FOR POB, CONT S 156.45 FT, W 177.61 FT TO E R/W HILL RD, NE ALONG R/W 158.34 FT, E 149.09 FT TO POB. (PARCEL #7) ORB 714-752, (QCD 1321-2691; JTWRS)</p> <p>PA Appraised Value: \$65,803.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

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

SCOPE OF WORK and CHANGE ORDERS

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

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

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

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

VERIFY QUANTITIES/MEASUREMENTS:

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

ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
--------------------------------	------	----------	--------

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

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A _____
--	------------	----------------	--------------------

The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to Do so, may result in a failed final ARPA project Inspection.

Line item Notes

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

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

1b. WDO INSPECTION	All	Dwelling	\$ _____
---------------------------	------------	-----------------	-----------------

PREFACE: The WDO inspection shall be completed by a legal and appropriately licensed or certified 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 WDO treatment recommendations, including a detailed remediation plan/scope of work and cost estimate. The Contractor understands that failure to provide this report 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.

Procure and provide an exterior and interior WDO inspection. The inspection shall yield a comprehensive result report which shall contain all required inspection findings, and treatment/eradication recommendations: The Inspection and recommendations to be provided by a licensed/certified pest firm. *A 3rd party report showing the findings at the time of inspection will be provided to Columbia County before any payment is made or change orders will be granted.*



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

2. STRUCTURAL & FLOORING	As-listed	As-listed	\$ _____
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Remove any existing floor covering and subfloors in the areas listed below. As required, smooth and level the existing subfloor and install new 12"x12", non-slip, tile flooring, including all threshold transitions. Homeowner shall be provided a minimum of 3 color and style choices.

Flooring covering shall be installed to manufacture's specifications and be installed flush and with even grout lines. All affected areas shall include the installation of new base and/or shoe molding (primed and painted white).

Floor Locations: Kitchen, Hall Bath

Flooring Notes

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



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

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.

3. VANITY**1-Unit Hall-Bath****\$ _____**

Remove existing (including plumbing connections) and install new complete vanity in the footprint of the removed unit. Installation shall be complete with new over-sink center mirror and surface mounted/mirrored front medicine cabinet,

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.

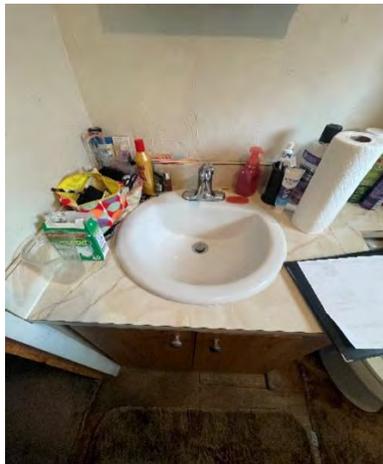
Install new water supply valves, lines and escutcheons, strainer assembly, p-trap and tail assembly; Installation to include all other required hardware and components (center set, low flow dual lever faucet and fixtures/drain stop) to ensure for complete installation. (Recommended product: Pegasus vanity set or equal in quality and value)

Line-Item Notes:

NOTE 1: Where the Vanity and any ancillary components 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.

NOTE 2: Line Item to include cost for removal of existing and installation of a new recessed (due to low ceiling) overhead lighting fixture (including new LED light bulb). Installation shall include cost for all electrical, circuit, and switch requirements.

NOTE 3: Line Item to include cost for installation of new GFCI dual outlet (with cover and reset switch) to the left wall proximal the vanity sink.



3a. TOILET**As Listed Hall 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).

**3b. TUB and SHOWER****1****Hall Bath****\$ _____**

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

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

Install new 12"x12"x1/4" ceramic tile with appropriately sized bull nose trim around the tub/shower perimeter: Tile to finish- starting from top of shower floor and extending to the ceiling on all three (3) walled sides of the shower enclosure. Accessories shall include a ceramic soap dish, and towel bar placed in the same setting material used for the ceramic tile, a fixed shower curtain bar. **Tile color choice shall be by owner.**

Line Item Notes

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

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



Description-Interior Rehab: Kitchen	Qty.	Location	Amount
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4. KITCHEN CABINETS	As-Listed	Kitchen	\$ _____
----------------------------	------------------	----------------	-----------------

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 of the removed material as closely as possible: Installation to including space for dishwasher (at the owner's request) and Lazy Susan cabinet at the open corner.

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

Cabinet Notes

NOTE 1: Cabinet removal and installation shall include the removal and replacement of the existing Range Hood. .

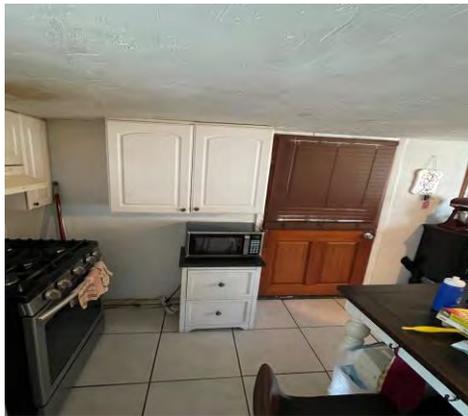
NOTE 2: Cabinet doors and drawers shall contain brushed nickel finished opening/closing hardware.

NOTE 3: New cabinet layout to include proper opening for a Freezer and Refrigerator.

NOTE 4: As applicable the below applies:

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. Pressed board or engineered wood is not acceptable.
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches.



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

Antonio Jenkins

Antonio.jenkins@guardiancrm.com

863-899-6695

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date: February 2023** _____

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: 231 SW Plymouth Ave. Ft, White FL 32038

Owner Name: Elizabeth Smith

Owner Phone #: 386-497-4481

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Willie White	Date:	February 2023
Address:	401 NE Kingston Ln. Lake County, FL 32055		

<p>Home Built: 1969.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 35-3S-17-07309-000</p> <p>Brief Legal Description: COMM SW COR OF NE1/4 OF NW1/4, RUN N 49.75 FT TO N R/W SCL RR, RUN E ALONG R/W 135 FT TO A PT 60 FT ON A PERPENDICULAR FROM C/L OF SCL RR & THE POB, RUN N 210 FT, E 210 FT, S 210 FT TO N R/W SCL RR, W 210 FT TO POB, SUBJECT TO CO MAINT RD R/W OFF SOUTH SIDE 225-109, 448-521, 865-1067</p> <p>PA Appraised Value: \$110,329</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

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

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

Description: Project Operation	Qty.	Location	Amount
--------------------------------	------	----------	--------

1. OPERATIONAL	All	Project	\$ _____
-----------------------	------------	----------------	-----------------

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

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A _____
--	------------	----------------	--------------------

The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to Do so, may result in a failed final ARPA project Inspection.

Line item Notes

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

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

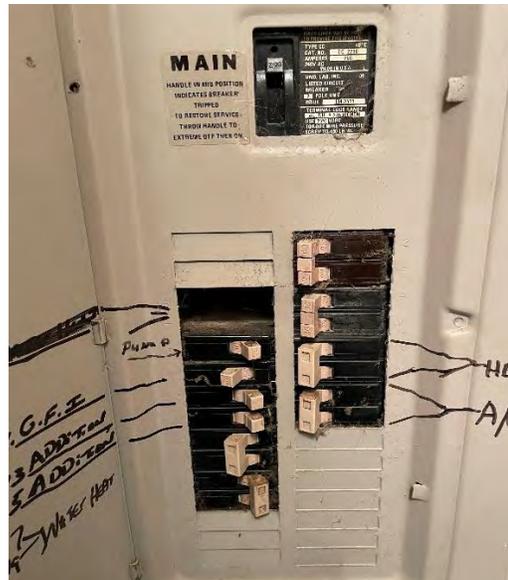
1b. ELECTRICAL SYSTEM	All	Dwelling	\$ _____
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Reported unpermitted electrical additions reported: Due to random electrical shorts, and non-operational outlets: Inspect and test the housing unit electrical systems and wiring network in its entirety to ensure that the housing units' circuitry is wired for optimal operation, is free from any immediate fire, health & safety threats and is in compliance with the current NEC.

A licensed electrician must complete inspection and the electrical report must be submitted to the Guardian Project Manager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

Line Item Notes:

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.



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

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

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

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

Roofing Notes

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

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

NOTE 3: 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.



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

Remove existing carport roof covering (**Right Elevation**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (70%) damaged decking material and (25%) of any damaged rafter/truss spans, etc.: any replacement above the respective 70 or 25% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof span shall be water proofed and 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 span. The entire new roof span shall conform to building code and jurisdictional requirements. **No fasteners shall penetrate exposed surface areas, fascia or drip edge.**

Replace existing roof covering with new, 29 Gauge, Galvalume Grandrib 3 panel (grey) metal roof covering and code compliant fasteners. Additionally, all boots and vent/stacks shall be replaced with like code compliant products and material. (5-year warranty required). (Recommended Product: Fabral products or equal in value and quality). **The final repair and reconstruction shall meet the Florida building code.**

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: Line item to include cost for anchoring the existing support posts to the concrete pad and truss connection points.

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: HVAC	Qty.	Location	Amount
3. HVAC	System	Dwelling	\$ _____

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

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

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

Line Item Notes

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

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



Description-Interior Rehab: Kitchen	Qty.	Location	Amount
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4. KITCHEN CABINETS	As-Listed	Kitchen	\$ _____
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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 of the removed material: Installation to include 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)*

Cabinet Notes

NOTE 1: Cabinet removal and installation shall include the removal and replacement of the existing Range Hood with a new (black) range hood unit. New appliance to be vented in the same manner as the removed item.

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

NOTE 3: As applicable the below applies:

Cabinet Requirements:

- Cabinets shall be standard in size, style and finish and all shall include doors, drawers, hinges, handles and closures and be securely installed.
- Wall and base cabinetry (including back splash) shall be constructed of no less than (3/8) three eights in thick plywood. Pressed board or engineered wood is not acceptable.
- 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.
- Wall cabinets shall be no less than (12) twelve inches in depth.
- Wall cabinets installed over a counter or base cabinet shall be neither installed no less than (15) fifteen inches nor more than (18) eighteen inches above the counter or base cabinet.
- Cabinets shall be no less than the following vertical lengths: Over base cabinet – 30 inches: Over range or sink – 20 inches: Over refrigerator – 15 inches



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

5. TOILET	1-Unit	Master-Bath	\$ _____
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Remove existing and install a new white, comfort height-handicapped (18"), maximum 1.6 gallon per flush toilet in the listed areas, *including all required hardware and components to ensure complete installation and operational order.*
Recommended product: American Standard or equal in quality and value).

Line Item Notes

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



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date:** February 2023 _____
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: 401 NE Kingston Ln. Lake City, FL 32056

Owner Name: Willie White

Owner Phone #: 386-466-2192

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Leanna Shaw	Date:	February 2023
Address:	815 NE Martin Luther King St. Lake County, FL 32055		

<p>Home Built: 1950.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 00-00-00-10669-001</p> <p>Brief Legal Description: NE DIV: LOTS 27,28,29 & 30 BLOCK 1 RICHARDSON PARK S/D. ORB 400-358</p> <p>PA Appraised Value: \$51,312.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

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

SCOPE OF WORK and CHANGE ORDERS

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

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

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

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

VERIFY QUANTITIES/MEASUREMENTS:

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

ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
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1. OPERATIONAL	All	Project	\$ _____
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The contractor shall be responsible for and provide all applications, permits, plans, drawings, product approvals, or other required local, state, or federal, documentation (To include all applicable Fees, A&E, etc.).

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A _____
--	------------	----------------	--------------------

The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to Do so, may result in a failed final ARPA project Inspection.

Line item Notes

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

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

1b. ELECTRICAL SYSTEM	All	Dwelling	\$ _____
------------------------------	------------	-----------------	----------

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

A licensed electrician must complete inspection and the electrical report must be submitted to the Guardian Project Manager. *A 3rd party report showing the findings at the time of inspection must be provided prior to any change order approval or payment being made.*

Line Item Notes:

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.

1c. PLUMBING	System	Dwelling	\$ _____
---------------------	---------------	-----------------	----------

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

Inspection to be performed by a certified licensed and or registered plumbing firm and the plumbing report must be submitted to Hendry County Housing SHIP administration: *A 3rd 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.*

Line Item Notes:

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

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

2. EXTERIOR WALL REPAIR	As-listed	Dwelling	\$ _____
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As applicable remove any existing, damaged exterior wall siding panels and window trim: (not to exceed 30% of existing material. Any replacement above 30% will be addressed by change order with appropriate back-up). Dispose of all removed material. Repair all existing underlying damaged areas and prepare the area to accommodate new exterior grade, weather resistant exterior wall siding.

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

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



Description: HVAC	Qty.	Location	Amount
3. HVAC	System	Dwelling	\$ _____

Review the layout of the home, perform the required energy calculations needed to fit the homes living areas with new min-split AC/heating units. A minimum of two (2) units required for the following areas (Front-BR#1, Rear-BR#2).

Install new mini-split heating and air conditioning system(s) as required by the energy calculations (Size, SEER, & number if units). The new systems shall include service to the applicable habitable rooms and if possible able to provide heat/air to at least one proximal room.

Installation shall also include the proper ducting, coils, electrical service connects/disconnects, programmable thermostat and all other components necessary for a complete working systems.

Line-Item Notes:

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

NOTE 2: Despite listed rooms to be serviced, final location and placement of inside units shall be discussed and agreed upon by the owner and contractor. This location agreement shall be listed on the executed color/style selection sheet.

NOTE 3: The provided specs for this system install is not a firm recommendation, only a point of reference. The contractor is responsible for final system specs.

NOTE 4: The following shall be noted and considered in this bid line item: **(1) Includes all refrigerant lines; (2) condenser pads and Hurricane unit tie downs; (3) all drains to be run to outside in the most non-invasive method allowable by code; (4) at least one remote thermostat for each head unit; (5) appropriate warranties (10 years) for parts and Condensers.**

NOTE 5: Contractor shall remove all existing window units and return them to the homeowner.



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date: February 2023** _____
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: 815 NE Martin Luther King St. Lake City, FL 32055

Owner Name: Leanna Shaw

Owner Phone #: 386-365-5410

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Almeda Strawder	Date:	February 2023
Address:	1276 NW Dalian Ln. Lake County, FL 32055		

<p>Home Built: 1967.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 31-3S-17-06129-000</p> <p>Brief Legal Description: ALL LOT 5 & THE W 45 FT OF LOT 4 BLOCK 2 HOLLIDAY HEIGHTS REPLAT. 496-442, PB 1176-1068, PB 1192-403, WD 1192-1624 WD 1261-2302, DC 1462-1261,</p> <p>PA Appraised Value: \$87,460.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

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

SCOPE OF WORK and CHANGE ORDERS

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

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

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

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

VERIFY QUANTITIES/MEASUREMENTS:

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

ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
--------------------------------	------	----------	--------

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

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A
--	------------	----------------	--------------

The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to Do so, may result in a failed final ARPA project Inspection.

Line item Notes

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

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

Description: Exterior	Qty.	Amount
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2. FRONT ELEVATION ACCESSIBILITY	As-listed	Dwelling	\$ _____
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Demolish the existing front elevation E/E access steps and dispose of material. Prepare the ground to accept the addition of a new pre-fabricated, aluminum accessibility ramp, with slip resistant walking surface. The new addition shall include all required foundational supports, a minimum 4'x4' landing extension, and minimum 3' high safety rails at both sides of the ramp. The bottom of the ramp shall transition into the yard with a minimal "drop". *(Recommended Product: Prairie View Industries: Aluminum Modular Entryway Wheelchair Ramp [ADA Compliant] or equal in quality and value)*

Ramp Notes

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

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

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



2a. REAR ELEVATION PORCH DECK REPAIR

As-listed Dwelling \$ _____

Deconstruct the entire, elevated rear patio and reconstruct a new to a new wood (PT treated/weatherized) patio. As required repair and modify the framing, joists, and support infrastructure (post and foundation) to accept the addition of a new wood (PT treated/weatherized) porch planks.

New installation shall match the footprint and style of the removed material as closely as possible. The new porch shall include all required foundational supports, anchor framing, and minimum 3' high safety rails at each "open" side of the porch.

Line Item Notes

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

NOTE 2: 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.

NOTE 3: Installation of new assembly recommended to be completed at the start of the project so that any treated wood will have time to cure and be painted in tandem with the prep and paint of the exterior of the home.

NOTE 4: Line Item to include replacement of the damaged (right) door jamb, strike plate(s), and weather strips.



Description: Roofing & Attic	Qty.	Location	Amount
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3. SLOPED ROOFING	All	Dwelling	\$ _____
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Remove existing roof covering (**Total sloped roofing Section[s]**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace sheathing and/or decking not to exceed (15%): any replacement above 15% will be addressed by change order with appropriate back-up. Where sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements.

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

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

Roofing Notes

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

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

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

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



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc _____ **Date: February 2023** _____
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: 1276 NW Dalian Ln. Lake City, FL 32055

Owner Name: Almeda Strawder

Owner Phone #: 386-406-1159

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

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

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

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

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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

**COLUMBIA COUNTY
HOUSING REHAB PROGRAM**

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

Client:	Ruby Markham	Date:	February 2023
Address:	2768 NW Moore Rd. Lake County, FL 32055		

<p>Home Built: 1986.</p> <ul style="list-style-type: none"> ➤ *Lead Base Paint Safe Construction Actions: Do Not Apply ➤ ACM Actions: N/A ➤ Mold Actions: N/A <p><i>*This unit was constructed pre [] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p>Parcel ID: 00-00-00-12074-000 (40662)</p> <p>Brief Legal Description: N DIV: S1/2 OF NE1/4 BLOCK 96. 646-785-791, 657-282, 663-571, 797-1764, 818-1777, QC 1398- 1767,</p> <p>PA Appraised Value: \$55,329.00</p>

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

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



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

PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

I have read and acknowledge understanding of the statements above:

Owner (Signature) _____ Date: _____

Co-Owner (Signature) _____ Date: _____

C. NOTICE TO BIDDING CONTRACTORS

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

PREFACE:

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

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

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

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

SCOPE OF WORK and CHANGE ORDERS

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

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

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

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

VERIFY QUANTITIES/MEASUREMENTS:

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

ALL PERMITS REQUIRED

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

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

JOB BEHAVIOR

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

NEW MATERIALS REQUIRED

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

PERIODICALLY REMOVE DEBRIS

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

WORKMANSHIP STANDARDS

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

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

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

GENERAL WARRANTY

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

TIME AND PERFORMACE

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

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

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

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

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, and that I am eligible to participate in the Housing Rehabilitation Program.

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

Contractor's Address: _____ Contractor's Phone Number: _____

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

Description: Project Operation	Qty.	Location	Amount
--------------------------------	------	----------	--------

1. OPERATIONAL	All	Project	\$ _____
-----------------------	------------	----------------	-----------------

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

1a. MANUALS & SPECIFICATION DOCUMENTS	All	Project	\$N/A _____
--	------------	----------------	--------------------

The contractor shall supply, at the time of the final ARPA project closeout inspection, all manufacturer manuals and specification booklets/packets for all supplied and installed products listed within the Scope of Work. Failure to Do so, may result in a failed final ARPA project Inspection.

Line item Notes

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

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

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

2. EXTERIOR WALL REPAIR	As-listed	Dwelling	\$ _____
--------------------------------	------------------	-----------------	-----------------

As applicable remove all existing, damaged exterior wood wall siding panels, corner caps, and window trim: (not to exceed 25% of existing material. Any replacement above 25% will be addressed by change order with appropriate back-up). Dispose of all removed material. Repair all existing underlying damaged areas and prepare the area to accommodate new exterior grade, weather resistant exterior wall siding.

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

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



2a. FRONT ELEVATION PORCH REPAIR

As-listed Dwelling \$_____

Walk the existing front porch. Locate and remove all existing loose or damaged floor and skirt planks: not to exceed 80% of the existing floor planks; any replacement above 80% will be addressed by change order with appropriate back-up.

As required repair and modify the framing, joists, and support infrastructure (post and foundation) to accept the addition of a new wood (PT treated/weatherized) porch planks. New installation shall match the footprint and style of the removed material as closely as possible. The new porch shall include all required foundational supports, anchor framing, and minimum 3' high safety rails at each "open" side of the porch. New planks shall transition into the front steps in manner that prevents trip or "high step" hazards.

Line-item Notes:

NOTE 1: The porch shall be weather stained (homeowner to choose color).

NOTE 2: 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.



2b. REAR ELEVATION PORCH REPAIR**As-listed Dwelling \$ _____**

Walk the existing rear porch. Locate and remove all existing loose or damaged floor and skirt planks: not to exceed 85% of the existing floor planks; any replacement above 85% will be addressed by change order with appropriate back-up.

As required repair and modify the framing, joists, and support infrastructure (post and foundation) to accept the addition of a new wood (PT treated/weatherized) porch planks. New installation shall match the footprint and style of the removed material as closely as possible. The new porch shall include all required foundational supports, anchor framing, and minimum 3' high safety rails at each "open" side of the porch.

Line-item Notes:

NOTE 1: The porch shall be weather stained (homeowner to choose color).

NOTE 2: Line Item to include cost for the following: (1) removal of existing metal accessibility ramp; (2) demolition of the existing concrete stairs; (3) modification of the site and re-installation of the metal accessibility ramp in, as much is as feasible, the footprint from which it was originally moved.

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



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

TOTAL BID AMOUNT \$ _____

****SPECIAL NOTES****

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

Antonio Jenkins

Antonio.jenkins@guardiancrm.com

863-899-6695

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

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

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

OFFICIAL USE ONLY

WORK WRITE-UP PREPARED BY: Antonio Jenkins: Guardian CRM, Inc

Date: February 2023

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.

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(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: 2768 NW Moore Rd. Lake City, FL 32055

Owner Name: Ruby Markham

Owner Phone #: 386-752-9147

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



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

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



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

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

Contractor's Name (Print Name): _____

Contractor's Signature: _____

Title of signatory: _____

“EXHIBIT A”

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

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

COLORS AND STYLES TO BE LISTED IN THE GRID BELOW:

ITEM LOCATION	ITEM PRODUCT #	ITEM STYLE CODE	ITEM COLOR CODE

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

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

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