

ADDENDUM NO 1
2024-E
ARPA HOUSING REHABILITATION PROGRAM

Invitation to Bid and Event Timeline:

1. Change Bid Due Date to April 8th, 2024 at 3:15 PM.

Update Notice to Bidders:

1. Amended Scope of Work - 926 NW Georgia Ave - Grant
2. Amended Scope of Work - 253 NW Fronie St - Griffin

COLUMBIA COUNTY
AMENDED-HOUSING REHAB PROGRAM

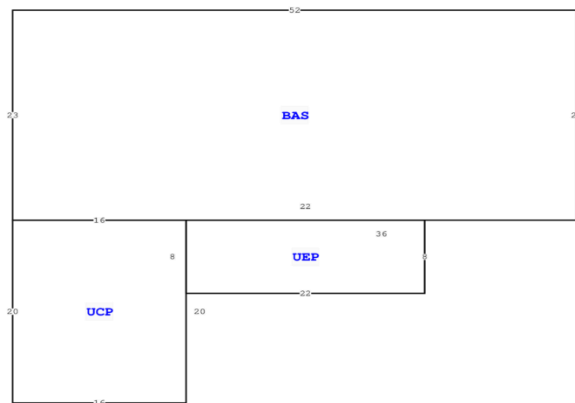
- [X] AMERICAN RESCUE PLAN ACT (ARPA)
[] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Client:	Lillie Grant	Date:	February 2024
Address:	926 NW Georgia Ave. Lake City, FL 32055		

<p>Home Built: 1989.</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] 1978: 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: 00-00-00-11532-005</p> <p>Brief Legal Description: NW DIV: BEG NE COR OF SE1/4 BLOCK H, RUN S 100 FT, W 75 FT, N 100 FT, E 75 FT TO POB...</p> <p>PA Just Appraised Value: \$24,959.00</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 _____
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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: Exterior Rehab-Doors	Qty.	Location	Amount
2. EXTERIOR E/E DOOR	1 Unit	As-Listed	\$ _____

Remove existing and install (in existing footprint) new, mobile home grade, white, pre-hung entry/exit door at: **(1-unit at the rear elevation)**. The new door shall be fiberglass or steel and be an energy star rated (for the southern region). The installation shall include new jambs, preparation of a sufficient door buck to accommodate the new door, and interior wood casing.

Door installation shall include keyed (alike) entry lockset with lever handle (both sides): **"Schlage", Flair F51 (or approved equal)** and matching deadbolt. Deadbolt keyed to interior side of the lock set. Installation shall also include vinyl bubble weather-stripping, and aluminum or metal secured threshold.

E/E Door Notes:

NOTE 1: E/E door: **1-1/2 light unit (with internal blind attachment)**. Door to match swing of removed unit.

NOTE 2: All newly installed doors shall adhere to the standards set by Energy Star for minimum National Fenestration Rating Council (NFRC) ratings for U-Factor and Solar Heat Gain Coefficient (SHGC) for the particular geographic region: **(Southern Region: U¹-factor <= 0.40 and SHGC² <= 0.25)**.



2a. ENTRY/EXIT SLIDER DOOR**2-Units****As Listed****\$** _____

Remove existing rear sliding glass doors (1-unit at the rear elevation). Install a new **State of Florida Product Approved** vinyl frame sliding glass door and aluminum screened sliding panel. **Doors to be white in color.** The sliding glass door assembly shall satisfy the Florida Building Code for Low E and pressure requirements. Provide all required modifications to openings if necessary, to accommodate the new sliding glass door assembly. (**Door size & dimensions to be determined by contracting firm**); Installation to include all required permits, additional anchor framing, hardware, components, to ensure proper and complete installation to current Florida Building Code. **Sliding glass door manufacturer shall be PGT or approved equal.**

Replacement sliding glass doors must fit with minimum perimeter gap between the sliding glass door frame, door buck, and the opening. All perimeter voids and openings shall be foam sealed and all sliding glass door assembly's concealed frame and exposed frame seams shall be sealed. When sliding glass door returns (inside and outside) are completed contractor shall apply a continuous bead of caulking around window frame/return joint.

Line-Item Notes:

NOTE 1: The completed sliding glass door installation shall comply with all requirements of the building code of jurisdiction.

NOTE 2: All newly installed doors shall adhere to the standards set by Energy Star for minimum National Fenestration Rating Council (NFRC) ratings for U-Factor and Solar Heat Gain Coefficient (SHGC) for the particular geographic region: (**Southern Region: U¹-factor \leq 0.40 and SHGC² \leq 0.25**).



Description: Access	Qty.	Location	Amount
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3. FRONT DOOR-ADA ACCESS RAMP	1	Front Elevation	\$ _____
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Demolish the existing stair set. Modify the surrounding ground to accept the addition of a new wood (PT treated/weatherized) accessibility ramp. The new ramp shall include all required foundational supports, an ADA compliant top landing, and minimum 3' high safety rails at each side of the ramp. The bottom of the ramp shall transition into the yard with a minimal "drop" and contain a poured concrete landing.

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.



3a. SLIDER DOOR STAIR SET	1	Rear Elevation	\$ _____
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Removed the existing damaged, detaching rear entry/exit stair assembly. Modify the surrounding ground to accept the addition of a new wood (PT treated/weatherized) stair set. The new stairs shall include all required foundational supports, a minimum 4'x4' top landing, and safety rails at each side of the stairs. The bottom of the stairs shall transition into a newly poured concrete landing.

Ramp Notes

NOTE 1: 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 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.



3b. E/E DOOR STAIR SET	1	Rear Elevation	\$ _____
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Removed the existing damaged, detaching rear entry/exit stair assembly. Modify the surrounding ground to accept the addition of a new wood (PT treated/weatherized) stair set. The new stairs shall include all required foundational supports, a minimum 4'x4' top landing, and safety rails at each side of the stairs. The bottom of the stairs shall transition into a newly poured concrete landing.

Ramp Notes

NOTE 1: 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 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.



Description: Roofing & Attic	Qty.	Location	Amount
4. SLOPED/LOW SLOPED ROOFING	All	Dwelling	\$ _____

Remove existing roof covering (**Primary Dwelling and Carport Extension**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace/repair damaged sheathing/decking not to exceed (10%): any replacement above 10% will be addressed by change order with appropriate back-up

Where new bas decking is installed and/or existing sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements. Replace/repair damaged truss/rafter extensions not to exceed (15%): any replacement above 15% will be addressed by change order with appropriate back-up.

Install 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, 26 Gauge, Galvalume, 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 new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (5-year warranty required). (Recommended Product: Fabral products or equal in value and quality)

Roofing Notes

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

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

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

NOTE 4: Contractor shall take note to ensure the existing chimney is flashed and sealed.



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

Remove the existing HVAC system. Install new complete packaged HVAC unit (compressor and AHU); where required, tonnage to be calculated based on required M-J energy calcs, and at a minimum be a 14 SEER2 central heating and air conditioning system. **GOODMAN GPH Model 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, and electrical service connects/disconnects, lines/piping, programmable thermostat and all other infrastructure and components necessary for a complete working system.

Exterior condenser/package cage must be installed on and bolted to an appropriately sized concrete 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.



----- 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 2024
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: 926 NW Georgia Ave. Lake City, FL 32055

Owner Name: Lillie Grant

Owner Phone #: 386-406-7162

**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
AMENDED-HOUSING REHAB PROGRAM**

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

Client:	Rayetta Griffin	Date:	February 2024
Address:	253 NW Fronie St. Lake City, FL 32055		

Home Built: 2011.

- *Lead Base Paint Safe Construction Actions: **Do Not Apply**
- ACM Actions: **N/A**
- Mold Actions: **N/A**

**This unit was constructed pre [] post [X] 1978: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.*

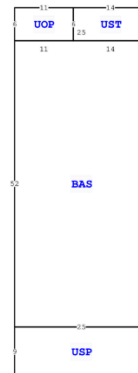
Parcel ID: 00-00-00-11586-000

Brief Legal Description: NW DIV: COMM INTERS E R/W VIRGINIA ST (NKA NW OAKLAND AVE) & S R/W SR-252A (NKA NW...)

PA Just Appraised Value: \$56,963.00

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

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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 _____
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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
---------------------------------------	------	----------	--------

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 needed for payment.

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.



Description: Exterior Rehab-General	Qty.	Location	Amount
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3. WINDOWS	All	Dwelling	\$ _____
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Remove twenty (20) existing windows (Front-4; Right-9; Rear-0; Left-7). Replace windows in their existing footprint with new Non-Impact, single hung, duel pane, energy star rated windows with self-storing screens.

Bid to include all code required modifications to openings (anchor framing, buck, sealing, etc...) necessary to accommodate the new windows. **Windows must be energy star rated for the Southern Region (Florida) of the United States:** (Exact window size & dimensions to be determined by contracting firm); Installation to include all required permits, additional anchor framing, hardware, components to ensure proper and complete installation to current Florida Building Code. Existing sills to be reused.

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

Line Item Notes:

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

NOTE 2: All newly installed windows shall adhere to the standards set by Energy Star for minimum National Fenestration Rating Council (NFRC) ratings for U-Factor and Solar Heat Gain Coefficient (SHGC) for the particular geographic region: (Southern Region: U¹-factor <= 0.40 and SHGC² <= 0.25)



Description: Roofing & Attic	Qty.	Location	Amount
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4. ATTIC INSULATION	1	Front Elevation	\$ _____
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Install new high density, partially recycled, natural fiber, blown Insulation to minimum R-30 rating in all accessible areas in unit's attic. (Recommended Product: Owens Corning or equal in value and quality)

Line-Item Notes

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

NOTE 2: Interior attic access is located in the kitchen.

4a. SLOPED SLOPED ROOFING**All****Dwelling****\$** _____

Remove existing roof covering (**Primary Dwelling: all sections**) including all deteriorated surface material. Strip the roof down to the sheathing/decking. Replace/repair damaged sheathing/decking not to exceed (10%); any replacement above 10% will be addressed by change order with appropriate back-up

Where new bas decking is installed and/or existing sheathing needs to be re-nailed: The entire roof is to be re-fastened using faster type and spacing distances that are in accordance with the current Florida Building Code requirements. Replace/repair damaged truss/rafter extensions not to exceed (15%); any replacement above 15% will be addressed by change order with appropriate back-up.

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

Replace existing roof covering with new, 29 Gauge, Galvalume, 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 new boots and vent/stacks flashed per the most stringent requirements of the manufacturer's specifications or FBC (5-year warranty required). (Recommended Product: Fabral products or equal in value and quality)

Roofing Notes

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

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

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

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



Description-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. **To ensure accessibility and utility, the new cabinets shall be in a custom footprint:** Installation will not include a space for a dishwasher.

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: Bid to include for price of new top and bottom cabinet spans where non-existing and spacing allows and a custom layout (including relocation of fridge and possible shifting of the stove: Final layout to be signed off by the homeowner

NOTE 3: Cabinet doors and drawers shall contain brushed nickel finished opening/closing hardware.

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.
- Countertop shall include a back splash around the perimeter abutting a wall of no less than (4) four inches in height.
- Base cabinets, including counter tops shall be (36) thirty-six inches in height, and toe recess shall be provided.
- Drawers shall be provided in at least one base cabinet. Drawers shall be at least (21) twenty-one inches long and (5 ¼) five and one-fourth inches deep.
- 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 2024
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: 253 NW Fronnie St. Lake City, FL 32055

Owner Name: Rayetta Griffin

Owner Phone #: 386-365-8474

**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: _____

END OF ADDENDUM NO. 1
(Please acknowledge receipt of Addendums)