

**COLUMBIA COUNTY, FLORIDA  
BOARD OF COUNTY COMMISSIONERS**

**INVITATION TO BID  
2024-E  
ARPA HOUSING REHABILITATION PROGRAM**

The Board of County Commissioners (County) will receive sealed proposals in the office of Commissioners, 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055, until **3:15 PM** local time on **APRIL 02, 2024** for the following:

**ARPA HOUSING REHABILITATION PROGRAM**

The Bid Forms and specifications may be obtained from the County's web site at <http://www.columbiacountyfla.com/PurchasingBids.asp>. Deadline for questions regarding construction plans, specifications, and/or bid documents must be received before **5:00 P.M.** on **MARCH 26, 2024**.

To be eligible for consideration, all bidders must be listed as a Pre-Qualified Contractor. A **Mandatory Pre-Bid Meeting will be held at 11:15 AM on Monday, March 18, 2024** at County Commission Conference Room located at 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055. There are SEVEN (7) 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.

COLUMBIA COUNTY, FLORIDA  
BOARD OF COUNTY COMMISSIONERS

BID NO. 2024-E  
**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 **3:15 PM** local time on **Tuesday, April 2, 2024** for the following:

Bid No. 2024-E  
ARPA Housing Group # 9

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 11:15 AM on Monday, March 18, 2024** at County Commission Conference Room located at 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055. There are seven (7) different homes; Contractors may bid any one or all. Bidders without a complete proposal described will be considered improper. The solicitation information is available online only at:

<https://www.columbiacountyfla.com/PurchasingBids.asp>

## NOTICE TO BIDDERS

### Location of Projects

152 SW Crescent St. Lake City, FL (M. Collier)  
151 SE Park Terr. Lake City, FL (B. Cannone)  
926 NW Georgia Ave. Lake City, FL (L. Grant)  
253 NW Fronie St. Lake City, FL (R. Griffin)  
386 NW Jefferson St. Lake City, FL (F. McCoy)  
684 NE Gurley Ave. Lake City, FL (E. Wilson)-Amended rehab re-bid.  
337 NE Okinawa St. Lake City, FL (J. Jackson)- Amended MH replacement re-bid.

### Event Timeline

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

<b>EVENT</b>	<b>DATE</b>	<b>TIME</b>
Issue Invitation to Bid	<b>February 28 , 2024</b>	<b>N/A</b>
<b>NON-MANDATORY Pre-Bid Conference</b>	<b>March 18, 2024</b>	<b>11:15 AM</b>
Deadline for Questions	<b>March 26, 2024</b>	<b>2:00 PM</b>
<b>Bid Due Date and Time</b>	<b>April 02, 2024</b>	<b>3:15 PM</b>
Public Opening Date and Time	<b>April 02, 2024</b>	<b>3:15 PM</b>

A Non-Mandatory Pre-Bid Conference will be held on Tuesday **March 18, 2024**, at **11:15 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.

The deadline for receipt of bids has been set for 3:15 P.M. on Tuesday, April 02, 2024. 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 3:15 PM.

Additional copies of the ITB Notification and Bid Documents can be obtained by contacting The County ARPA Senior Citizen Housing Rehabilitation Program Consultant: Guardian CRM, at: 888-482-7393. **Please print copies of all ITB documents and Scopes of Work so that you may have them for the pre-bid meeting.**

Please do not contact the homeowner(s) or visit the project sites prior to the scheduled mandatory pre-bid meeting and site visit activities.

**Persons with disabilities needing assistance to participate in any of the proceedings should contact the Columbia County CDBG Program Consultant at: 888-482-7393 or [Marina.Edwards@guardiancrm.com](mailto:Marina.Edwards@guardiancrm.com) . All requests shall be made at least forty-eight (48) hours in advance.**

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

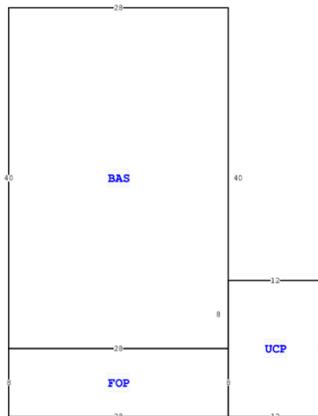
- [X] AMERICAN RESCUE PLAN ACT (ARPA)  
[ ] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

<b>Client:</b>	<b>Bonnie Coffey Cannone</b>	<b>Date:</b>	February 2024
<b>Address:</b>	151 SE Park Ter. Lake City, FL 32025		

<p><b>Home Built: 1900.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Not Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <p><i>*This unit was constructed pre [ ] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p>
<p><b>Parcel ID:</b> 00-00-00-13253-000</p> <p><b>Brief Legal Description:</b> E DIV: BEG NW COR, RUN S 60 FT, E 103 FT, N 60 FT, W 103 FT TO POB. IN BLOCK 262. 367-198...</p> <p><b>PA Appraised Value:</b> \$61,614.00</p>

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

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

## A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

**I have read and acknowledge understanding of the statements above:**

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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

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

**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**VERIFY QUANTITIES/MEASUREMENTS:**

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

**ALL PERMITS REQUIRED**

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

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

**JOB BEHAVIOR**

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

**NEW MATERIALS REQUIRED**

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

**PERIODICALLY REMOVE DEBRIS**

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

**WORKMANSHIP STANDARDS**

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

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

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

**GENERAL WARRANTY**

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

**TIME AND PERFORMACE**

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

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

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

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

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

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

Contractor's Address: \_\_\_\_\_ Contractor's Phone Number: \_\_\_\_\_

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

Description: Project Operation	Qty.	Location	Amount
<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	<b>\$ _____</b>

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

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

**Line item Notes**

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

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

<b>1b. SITE EVALUATION</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>
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The contractor shall procure and have completed a full site and foundation investigation and structural inspection. The investigation and inspection shall yield a findings report.

As applicable, a recommended scope of work (as applicable to the findings) outlining any appropriate repairs needed to properly correct any discovered deficiencies specific to any settling, grading, failing foundation components, etc. Inspection to be performed by a properly certified licensed and or registered firm *A 3<sup>rd</sup> party report showing the findings at the time of inspection shall be provided to the County before any payment is made or change order granted.*

**Line-item Notes:**

**NOTE 1:** The homeowner reports water leaks at the left exterior wall span. This leak did not occur until the home was flooded approx. 18-24 months ago.

**NOTE 2:** At the conclusion or outcome of the structural report, the contractor, homeowner, and SHIP project manager shall meet and as the budget allows, discuss potential change orders.

**NOTE 3:** Take note to investigate the left water diversion wall.

**1c. ELECTRICAL SYSTEM****All****Dwelling****\$ \_\_\_\_\_**

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

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

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

**1d. ROOFING INSPECTION****As-Listed****Dwelling****\$ \_\_\_\_\_**

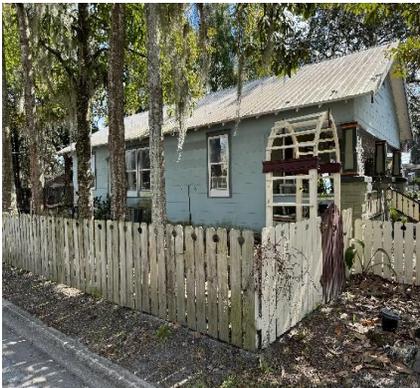
**A leak is reported at an open pipe vent (see middle photo below):** Inspect and test the housing unit's roofing system and document any evidence of non-compliance, damage, and/or component failures. If or where access is possible, the condition of the corresponding fascia and soffit should be evaluated for condition as well.

Inspection to be performed by a certified licensed roofing firm: *A 3<sup>rd</sup> party report showing the findings at the time of inspection shall be provided to Guardian Project Manager before any payment is made or change order granted.*

**Line-Item Notes:**

**NOTE 1:** This line item is for an inspection and report only: No roof work, not listed above, shall commence prior to the inspection and the inspection report (results) have been submitted to the project manager for review.

**NOTE 2:** At a minimum the roof inspection should note the need for any replacement and repainting of damaged (front & rear gable) fascia material.



Description: Exterior Rehab-General	Qty.	Location	Amount
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2. EXTERIOR WALL SIDING & PAINT	All	As-Listed	\$ _____
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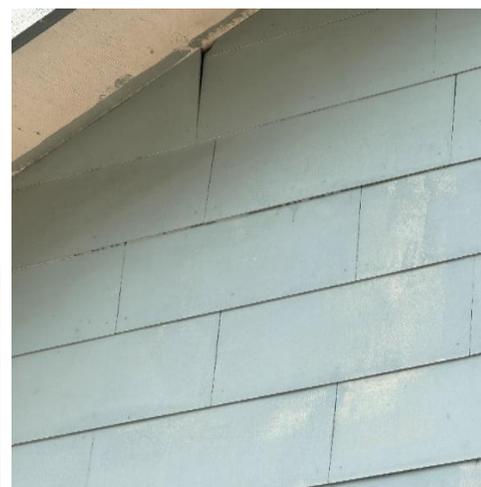
**Preface:** Wall siding is likely ACM positive. Rehab shall be commenced and conducted with this understanding.

Locate the existing damaged wall section at the right elevation of the dwelling: Remove the plastic covering and dispose of all removed material. Repair all existing underlying damaged sub-siding and framing: Prepare the area and install new exterior wall siding. **To ensure local historic society compliance:** all new material will need to match the existing material style.

The new wall material installation shall, 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.

As indicated in the preface The development of a site-specific hazard control plan and proper ACM safe protocols shall be established. Clean and prep the surface of the listed "affected areas" of the home's wall siding in accordance with the established hazard control plan, place an ACM paint encapsulating compound (**Recommended Product: Fiberlock Encapsulate/Compound or equal in value and quality**) over all applicable areas.

Prepare, prime, and repaint all fascia via application of one (1) coat of encapsulating primer/sealer and two (2) coats of zero-low VOC, encapsulating exterior paint. (**Recommended Product: INSL-X Encapsulating Paint or equal in value and quality**) *Owner to determine color (1 primary color).*



Description: Structural	Qty.	Location	Amount
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<b>3. STRUCTURAL: INTERIOR CEILINGS/WALLS</b>	As-listed	As-listed	\$ _____
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In the areas listed below: Scrape and remove, the existing ceiling drop ceiling framing and all existing ceiling & wall coverings. Repair any damaged framing and components as needed. Prepare the area and install new : (1) drywall ceilings and (2) insulation and drywall walls throughout the listed areas.

Upon final material installation: Prepare, prime, and repaint all affected ceilings and walls. 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.

**Line-Item Notes:**

**NOTE 1:** Ceiling and Wall Repair Locations are as follows: **(1) Living Room and (2) Dining Room.**

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



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

TOTAL BID AMOUNT \$ \_\_\_\_\_

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

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

*Antonio Jenkins*

*Antonio.jenkins@guardiancrm.com*

*863-899-6695*

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

*All NOA product numbers can be found at [www.miamidade.gov/buildingcode/pc-search\\_app.asp](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

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

**OFFICIAL USE ONLY**

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

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

**Residential Unit Information:**

Unit Address: 151 SE Park Ter. Lake City, FL 32025

Owner Name: Bonnie Coffey Cannone

Owner Phone #: 386-209-8292

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



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

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



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

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

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

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

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

**“EXHIBIT A”**

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

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

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

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

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Mary Collier</b>	<b>Date:</b>	February 2024
<b>Address:</b>	152 NW Crescent St. Lake City, FL 32025		

**Home Built: 1980.**

- \*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.*

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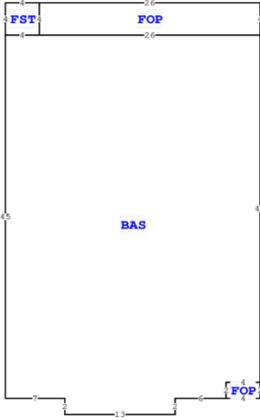
Parcel ID: 05-4S-17-14242-008

Brief Legal Description: PINECREST #8 ORB 555-549, 748-1993, 975-958, PRD 992-865.

PA Just Appraised Value: \$99,837.00

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

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

## A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

**I have read and acknowledge understanding of the statements above:**

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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

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

**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**VERIFY QUANTITIES/MEASUREMENTS:**

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

**ALL PERMITS REQUIRED**

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

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

**JOB BEHAVIOR**

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

**NEW MATERIALS REQUIRED**

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

**PERIODICALLY REMOVE DEBRIS**

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

**WORKMANSHIP STANDARDS**

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

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

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

**GENERAL WARRANTY**

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

**TIME AND PERFORMACE**

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

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

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

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

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

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

Contractor's Address: \_\_\_\_\_ Contractor's Phone Number: \_\_\_\_\_

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

Description: Project Operation	Qty.	Location	Amount
<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	<b>\$</b> _____

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

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

**Line item Notes**

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

**NOTE 2:** Depending on project location additional and/or special permits may be required. Any additional and/or

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

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

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



Description: Heating & Cooling	Qty.	Location	Amount
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2. HVAC	All	Dwelling	\$ _____
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Remove existing HVAC system and all non-operational components. Install new complete HVAC unit (tonnage to be calculated based on required energy calcs), minimum 14 SEER2 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, 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.

**NOTE 3:** Line-item to include cost for evaluating attic insulation level and panel covered openings (to attic & skylights) in the kitchen and master bath to determine any if additional energy efficiency construct or barriers are needed.



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

3. WINDOWS	3	Kitchen	\$ _____
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Locate and remove three (3) existing windows (**Front-3; Right-N/A; Rear-0; Left-N/A**). Replace windows in their existing footprint with new Non-Impact, single hung, dual pane, energy star rated windows with self-storing screens. **Windows to be bronze in color.** Windows should match type (horizontal slider, framed, etc...).

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 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**)

**Window Notes**

**NOTE 1:** Line item to include cost for repairing and sealing all damaged siding material affected by rehab activity.

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

**NOTE 3:** Bid to include reinstallation of existing windowsills.

**NOTE 4:** Line-item to include cost for evaluation, adjustment, seal, and lock alignment(s) to the two rear-elevation E/E doors to ensure that they are appropriately sealed and can lock as intended during normal operation.



Description: Rehab-System Appliance	Qty.	Location	Amount
-------------------------------------	------	----------	--------

4. WATER HEATER	1	Dwelling	\$ _____
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Locate and remove existing water heater and replace with new, electric, 38-40 Gallon (**short boy**) hot water heater with dual 250volt, 4500-watt heating elements, water supply valves, pressure relief valve with 3/4" copper piped to the exterior, overflow 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 the 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:** Where the water heater 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). Bid to include expansion tank and all associated components.

**NOTE 2:** Bid to include new overflow/drip pan.

**NOTE 3:** Bid to include expansion tank and all associated components.



Description-Interior Rehab: Bath & Plumbing	Qty.	Location	Amount
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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 City, and any of its agents will not be held liable due to contractor negligence in providing all required documentation needed for payment.

<b>5. VENT FAN</b>	<b>2 Units</b>	<b>Bath #1 &amp; #2</b>	<b>\$ _____</b>
--------------------	----------------	-------------------------	-----------------

Remove the existing unit and Install a new white molded, quiet running bath exhaust fan/light in the bathroom ceiling. Installation to include all required wiring, electrical connections (wall switching), ventilation components and hardware for complete, operational installation. **(Recommended Product: Broan or equal in value and quality)**

**Line-Item Notes:**

**NOTE 1:** Where the fan 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 ceiling finish, color, texture, etc...affected by the replacement.



<b>5a. TOILET</b>	<b>2 Units</b>	<b>Bath #1 &amp; #2</b>	<b>\$ _____</b>
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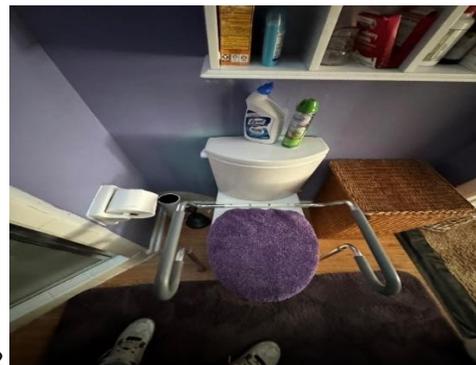
**To ensure improved accessibility:** Remove existing and Install a new white, elongated bowl, comfort height/handicapped (18"), maximum 1.6 gallon per flush toilets in: Bathroom #1 and bathroom #2. Installation shall include all required hardware and components to ensure complete installation and operational order. **Recommended product: American Standard or equal in quality and value). Toilets to be replaced in the following areas:**

**Line-Item Notes:**

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



Bath #1



Bath #2

**5b. WALK-IN SHOWER****As-Listed Bath #1 \$ \_\_\_\_\_**

**To improve accessibility:** Remove existing/damaged tub/shower assembly (including fixtures, plumbing connections, and surround). Prepare all walls (inside and outside of the tub/shower assembly) and sub wall for cementitious tile backer for installation of a the **new walk-in shower assembly (with built-in, tiled, shower seat)**.

Repair and modify existing floor/subfloor to accommodate the installation of a new shower pan (**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. Plumbing shall be by an appropriately qualified contractor. Install cementitious tile backer as per manufacturer's recommendations. Cementitious tile backer shall be equal to or better than "Wonder board". Install new minimum 8"x8"x1/4" ceramic tile and trim around the shower perimeter:

Tile to finish-starting from top of shower floor extending to the ceiling on all three (3) walled sides of the tub/shower enclosure. Accessories shall include a built-in tiled shower seat at the rear wall, a ceramic soap dish and towel bar placed in the same setting material used for the ceramic tile. Accessories shall also include a shower curtain rod. Color choice shall be by owner. (See Notes below).

**Line-Item Notes:**

**NOTE 1:** When replacing faucets in the kitchen or bathroom, or showerheads in the bathroom, these fixtures must meet or exceed the following standard: Gallons per Minute = g.p.m: **Shower Head:** Install a low-flow faucet aerator to 2.0 g.p.m.

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

**NOTE 3:** Line-item cost to include the installation of a new frameless shower door.



**5c. WALK-IN SHOWER****As-Listed Bath #2 \$ \_\_\_\_\_**

**PREFACE:** This is a budget restricted design-build item: Total cost of rehab shall not exceed: \$11,500.00

**Accessibility Conversion:** During inspection it was determined that the bathroom did not meet the needs of the homeowner and could not be rendered accessible with simple existing footprint rehab and component exchanges. As such the following shall take place:

Demolition and redesign of the existing bathroom to allow for an accessible (efficient homeowner use), bathroom. Bid to include cost for any inspections, reports, plans, A&E to be associated with the bathroom accessibility re-design. The bath redesign and reconstruction at a minimum shall include the following:

- Demolition and relocation, and reconstruction of the shower (allowing for unimpeded low-step access) with a new tiled shower surround (with built-in seat, two-500lb anchored grab bars, and frameless sliding shower door)
- Removal of existing vanity and installation of a new (space saving) wall-mounted floated vanity (with new light bar, mirror, and wall mounted medicine cabinet).
- New lever handles and extendable shower head.
- Any required ancillary units necessary for bathroom use: (1) wall mounted towel rack; (2) in-shower soap dish, (3) toilet paper holder/roller, and (4) white quest running vent fan, ect.
- Prep, prime, and paint or new walls and all existing walls.
- Bathroom must meet all code and HQs requirements.

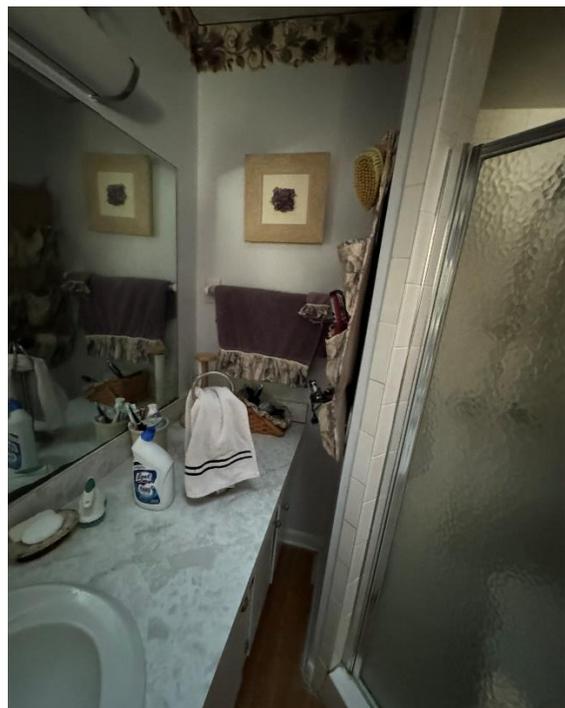
**Line-Item Notes:**

**NOTE 1:** When replacing faucets in the kitchen or bathroom, or showerheads in the bathroom, these fixtures must meet or exceed the following standard: Gallons per Minute = g.p.m. **Shower Head:** Install a low-flow faucet aerator to 2.0 g.p.m.

**NOTE 2:** only non-load bearing walls are to undergo any required deconstruction and reconstruction.

**NOTE 3:** Bid to include removal of existing flooring and installation of new 12x12, slip resistant tile floor covering and new white base board (*homeowner to have color and style choice*).

**NOTE 4:** Bid to include cost for preparation new bathroom layout. Homeowner must sign off on final layout prior to the start of construction.



Description: General Interior	Qty.	Location	Amount
<b>6. FLOORING</b>	<b>All</b>	<b>As-listed</b>	<b>\$ _____</b>

Remove any existing floor covering in the areas listed below: Clean and seal any cracks in the existing base floor slab, prepare and install new new 6"x36" Traffic Master, natural fiber carpet, including all required padding, and threshold transitions.

Floor covering shall be installed to manufacture's specifications and be installed flush and with minimal seaming. All affected areas

**Floor Locations:** Master Bedroom .

**Flooring Notes**

**NOTE 1:** Line item to include for removal and replacement with new baseboard. The new material shall be white and match the material, style, dimensions, and finish of the removed material.



**6a. ENTRY-EXIT DOOR**

**1**

**BR#1**

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

Locate the entry/exit door opening: **1 unit at the entrance from (front) BR #2 into Bath #1:** and install new, composite wood, white, interior grade pock door with recessed operation handle and safety locks (**Door size & dimensions to be determined by contracting firm**); Installation shall be in the footprint of the removed unit and 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.

**“Optima” or approved equal.**



----- **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):**

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

**Residential Unit Information:**

Unit Address: 152 SW Crescent St. Lake City, FL 32025

Owner Name: Mary Collier

Owner Phone #: 386-365-5181

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



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

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



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

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

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

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

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

**“EXHIBIT A”**

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

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

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

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

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

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

**Home Built: 1989.**

- \*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.*

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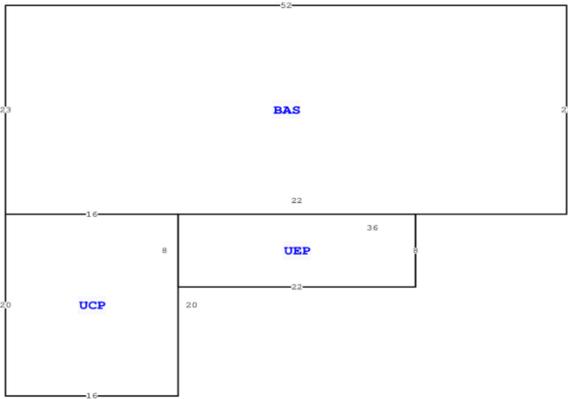
**Parcel ID:** 00-00-00-11532-005

**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...

**PA Just Appraised Value:** \$24,959.00

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

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

## A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

**I have read and acknowledge understanding of the statements above:**

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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

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

**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**VERIFY QUANTITIES/MEASUREMENTS:**

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

**ALL PERMITS REQUIRED**

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

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

\_\_\_\_\_  
\_\_\_\_\_

**JOB BEHAVIOR**

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

**NEW MATERIALS REQUIRED**

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

**PERIODICALLY REMOVE DEBRIS**

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

**WORKMANSHIP STANDARDS**

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

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

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

**GENERAL WARRANTY**

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

**TIME AND PERFORMACE**

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

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

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

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

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

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

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

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

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

**Line item Notes**

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

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

Description: Exterior Rehab-Doors	Qty.	Location	Amount
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<b>2. EXTERIOR E/E DOOR</b>	<b>1 Unit</b>	<b>As-Listed</b>	<b>\$ _____</b>
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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: U<sup>1</sup>-factor <= 0.40 and SHGC<sup>2</sup> <= 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: U<sup>1</sup>-factor  $\leq$  0.40 and SHGC<sup>2</sup>  $\leq$  0.25**).



Description: Access	Qty.	Location	Amount
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<b>3. SLIDER DOOR-ADA ACCESS RAMP</b>	<b>1</b>	<b>Rear Elevation</b>	<b>\$ _____</b>
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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) accessibility ramp. The new ramp shall include all required foundational supports, a minimum 4'x4' top landing, and minimum 3' high safety rails at each side of the ramp. The bottom of the ramp shall transition into the yard with a minimal "drop".

**Ramp Notes**

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

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

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



<b>3a. E/E DOOR STAIR SET</b>	<b>1</b>	<b>Rear Elevation</b>	<b>\$ _____</b>
-------------------------------	----------	-----------------------	-----------------

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
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<b>4. SLOPED/LOW SLOPED ROOFING</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>
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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
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5. HVAC	System	Dwelling	\$ _____
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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 -----

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

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

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

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

*All NOA product numbers can be found at [www.miamidade.gov/buildingcode/pc-search\\_app.asp](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

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

**OFFICIAL USE ONLY**

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

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

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

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

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

**“EXHIBIT A”**

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

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

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

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

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Rayetta Griffin</b>	<b>Date:</b>	February 2024
<b>Address:</b>	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.*

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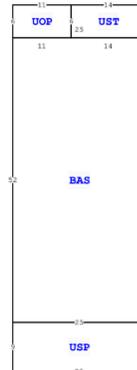
**Parcel ID:** 00-00-00-11586-000

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

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

## A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

**I have read and acknowledge understanding of the statements above:**

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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

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

**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**VERIFY QUANTITIES/MEASUREMENTS:**

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

**ALL PERMITS REQUIRED**

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

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

**JOB BEHAVIOR**

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

**NEW MATERIALS REQUIRED**

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

**PERIODICALLY REMOVE DEBRIS**

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

**WORKMANSHIP STANDARDS**

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

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

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

**GENERAL WARRANTY**

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

**TIME AND PERFORMACE**

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

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

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

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

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

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

Description: Project Operation	Qty.	Location	Amount
<b>1. OPERATIONAL</b>	<b>All</b>	<b>Project</b>	\$ _____

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

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

**Line item Notes**

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

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

Description: 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 needed for payment.

<b>2. ELECTRICAL SYSTEM</b>	<b>All</b>	<b>Dwelling</b>	\$ _____
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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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<b>3. WINDOWS</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>
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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: U<sup>1</sup>-factor <= 0.40 and SHGC<sup>2</sup> <= 0.25)



Description: Roofing & Attic	Qty.	Location	Amount
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<b>4. ATTIC INSULATION</b>	<b>1</b>	<b>Front Elevation</b>	<b>\$ _____</b>
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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, 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 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
<b>5. KITCHEN CABINETS</b>	<b>As-Listed</b>	<b>Kitchen</b>	<b>\$ _____</b>

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

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

**OFFICIAL USE ONLY**

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

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

**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.

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

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

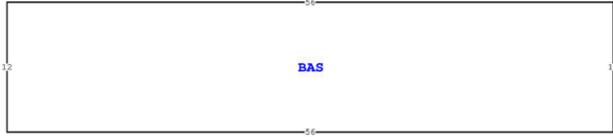
- [X] AMERICAN RESCUE PLAN ACT (ARPA)  
 [ ] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

<b>Client:</b>	<b>Jimmie Lee Jackson</b>	<b>Date:</b>	February 2024
<b>Address:</b>	337 NE Okinawa St. Lake City, FL 32055		

<p><b>Home Built: 1974.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <p><i>*This unit was constructed pre [ ] post [X] 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><b>Parcel ID:</b> 26-3S-17-05571-000</p> <p><b>Brief Legal Description:</b> 1 AC IN SE COR OF E1/2 OF SW1/4 OF SW1/4. 299-444, 757-1907, 767-1960, 768-2387, 830-882, QC...</p> <p><b>PA Just Appraised Value:</b> \$23,139.00</p>

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

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

## A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

**I have read and acknowledge understanding of the statements above:**

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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

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

**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**VERIFY QUANTITIES/MEASUREMENTS:**

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

**ALL PERMITS REQUIRED**

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

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

**JOB BEHAVIOR**

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

**NEW MATERIALS REQUIRED**

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

**PERIODICALLY REMOVE DEBRIS**

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

**WORKMANSHIP STANDARDS**

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

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

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

**GENERAL WARRANTY**

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

**TIME AND PERFORMACE**

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

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

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

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

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

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

Contractor's Address: \_\_\_\_\_ Contractor's Phone Number: \_\_\_\_\_

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

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

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

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

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

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

**Line item Notes**

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

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

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

The contractor shall be responsible for procuring and providing an onsite POD (for a maximum of four months-120 calendar days) to be placed on site during extermination and interior rehabilitation processes.  
*The homeowner shall be responsible for storing and replacing belongings into and out of the POD.*

**Line-item Notes:**

**NOTE 1:** Price to include keyed security lock. The homeowner shall be provided with the sole key and the responsibility for the key's location.

Description- STRCTURE SPECIFICATIONS	Qty	Location	Bid Amount
--------------------------------------	-----	----------	------------

<b>2. MOBILE HOME-DEMO AND REPLACMENT</b>	<b>Unit</b>	<b>Site</b>	<b>\$ _____</b>
---	-------------	-------------	-----------------

**1. MH Demo & Replacement**

**INTRO:** Perform all required actions (Site survey review, permitting, etc...) and prep the site for demolition of the existing dwelling unit (does not include any outbuildings):

Demolish the existing unit. Clean, level, and prepare the site to accommodate a new, one-for-one, fully code compliant, replacement dwelling (detailed below). The new dwelling unit shall be placed on the property prior to demolition of the existing unit. The existing unit shall remain occupied by the homeowners until the new home has achieved a certificate of completion from the building department of record and is move in ready.

Demolish the existing mobile home unit and unless otherwise noted any attached components: The demolished unit shall be replaced with a new **double-wide, 2 bedroom, 2 bath** mobile/manufactured home unit in the existing footprint of the removed unit.

*The new mobile home unit base price shall include the following:*

- (a) Minimum (Approx.) 900 sq. ft, 2 bedrooms, 2 baths, kitchen, living room, dining area/nook, utility room; two entry exist doors (with compliant entry landing/railed steps).
- (b) All required new plumbing, sanitation, electrical, and utility hookups and/or connections.
- (c) A minimum 25-year, architectural shingled roof covering. Owner to be provided color choice.
- (d) A full appliance and ancillary package as listed: Stove, microwave range hood, refrigerator, hot water heater, toilet(s), vinyl window blinds, vanity set (1 drawer base, sink, mirror/mirrored medicine cabinet, carpet or vinyl floor covering (vinyl only in wet areas), closet shelving, television/cable/phone outlets in the living area, kitchen, and bedrooms, Living Room /Bedroom Fan-light fixtures, Dining room overhead light fixture, and all other components required to ensure move in ready condition. All appliances and light fixtures to be energy star rated for the Southern Region of the U.S.A.
- (e) Grass seeding of all disturbed areas of the yard where vegetation was removed or damaged beyond salvage.
- (f) Total unit transportation and construction set-up and connection to existing water/waste facilities.

**Project notes to Follow:**

**NOTE 1:** The mobile/manufactured housing unit must meet all applicable and current Florida Local and State residential building codes at the time of purchase from the manufacturer and upon completion construction.

**NOTE 2:** The mobile/manufactured housing units electrical, plumbing, mechanical, and other base systems must meet all of the most current and applicable Florida Building Codes, and any applicable or superseding local ordinances, State, Federal requirements (i.e. were utility water/sewer services are available the dwelling must be hooked into the service and the existing well/septic system abandoned to code). The systems shall all be installed and in working order prior to project closeout and ready for owner occupation.

**NOTE 3:** Owner shall be provided a minimum of three color and style choices for all applicable items, including but not limited to exterior unit primary/trim color, shingle color, interior paint/trim color, cabinet/vanity, appliance package. See "Exhibit A".

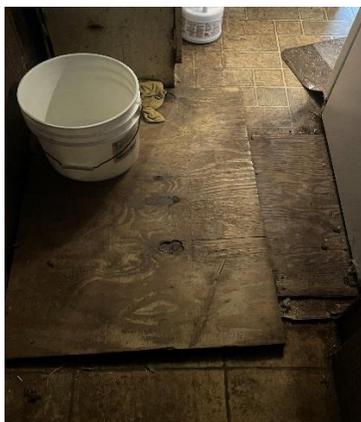
**NOTE 4:** The septic drain field was failing at the time of inspection. A new system and connection shall be included in this bid.

**NOTE 5:** Water supply system was fully operational at the time of inspection (possible improper line splices exist): systems shall be tested prior to reconnection.

**NOTE 6:** The front and rear entrances shall include new ADA accessibility ramps with double side handrails and concrete landing at the bottom of each assembly.

**NOTE 7:** Master bath shall include ADA walk-in shower assembly (with shower door), extendable shower head, and 2 ADA anchored grab bars.

**NOTE 8:** Bath #2 shall include ADA walk-in shower assembly (with shower door), extendable shower head, and 2 ADA anchored grab bars.



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

**TOTAL BID AMOUNT \$** \_\_\_\_\_

**\*\*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 manufacture's specifications and in compliance with all applicable Columbia County, Health Department, NEC, and/or Florida Building Codes.*

*All NOA product numbers can be found at [www.miamidade.gov/buildingcode/pc-search\\_app.asp](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

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

**OFFICIAL USE ONLY**

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

<p>CONTRACTOR Print Name: _____</p>	<p>DATE: _____</p>
<p>CONTRACTOR Signature: _____</p>	

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

NOTICE BE AWARE THAT:

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Contractor Information:**

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

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

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

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

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

**Residential Unit Information:**

Unit Address: 337 NE Okinawa St. Lake City, FL 32055

Owner Name: Jimmie Lee Jackson

Owner Phone #: 386-754-2628

**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: _____
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**“EXHIBIT A”**

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

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

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

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

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

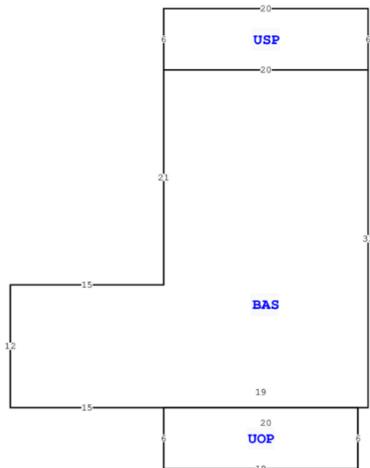
- [X] AMERICAN RESCUE PLAN ACT (ARPA)  
 [ ] COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

<b>Client:</b>	<b>Frankie McCoy</b>	<b>Date:</b>	February 2024
<b>Address:</b>	386 NW Jefferson St. Lake City, FL 32055		

<p><b>Home Built: 1991.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Not Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <p><i>*This unit was constructed pre [ ] post [X] 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><b>Parcel ID:</b> 00-00-00-11325-002</p> <p><b>Brief Legal Description:</b> NW DIV: E1/2 OF NE1/4 LOT 39 EX RD R/W. 654-150, 709-390, 755-535, 808-1344, PB 1386- 2706,</p> <p><b>PA Just Appraised Value:</b> \$51,804.00</p>

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

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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

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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**

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**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**VERIFY QUANTITIES/MEASUREMENTS:**

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

**ALL PERMITS REQUIRED**

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

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

**JOB BEHAVIOR**

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

**NEW MATERIALS REQUIRED**

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

**PERIODICALLY REMOVE DEBRIS**

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

**WORKMANSHIP STANDARDS**

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

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

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

**GENERAL WARRANTY**

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

**TIME AND PERFORMACE**

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

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

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

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

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

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

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

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

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

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

**Line item Notes**

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

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

<b>1b. SITE ACCESS</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>
------------------------	------------	-----------------	-----------------

The contractor shall be responsible for procuring and providing an onsite 16ft POD (for a maximum of two months-60 calendar days) with new keyed security lock, to be placed on site during extermination and interior rehabilitation processes. *The homeowner shall be responsible for storing and replacing belongings into and out of the POD.*

**Line-item Notes:**

**NOTE 1:** Line item to include cost for relocating (off-site, HQS compliant lodging) homeowner for a time not to exceed (3) weeks or (21) twenty-one calendar days.

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

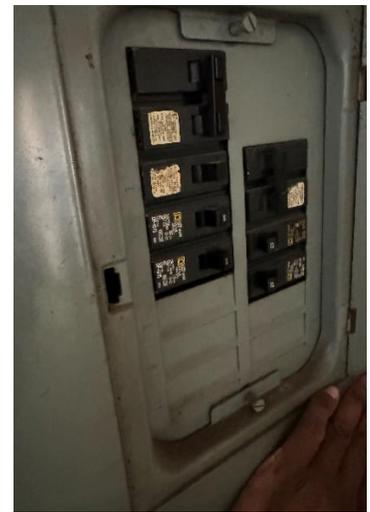
\$

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
-------------------------------------	------	----------	--------

**3. EXTERIOR WALL SIDING** All As-Listed \$

Approx 50% of exterior wall siding panels are water and/or WDO damaged: As such, remove the damaged exterior wall siding at exterior wall spans of the home: repairs all existing underlying damaged sub-siding and framing and fill any gaps: Prepare all exterior walls and install new vinyl exterior wall siding around the entire perimeter of the dwelling (homeowner to have final color selection).

The new wall material shall be installed (if possible) over the existing (post spot repair) material (including the walls inside the rear covered porch) and include all required component, insulating, barrier material, and all required components (including proper fasteners) to meet all code and other manufacturer installation requirements.



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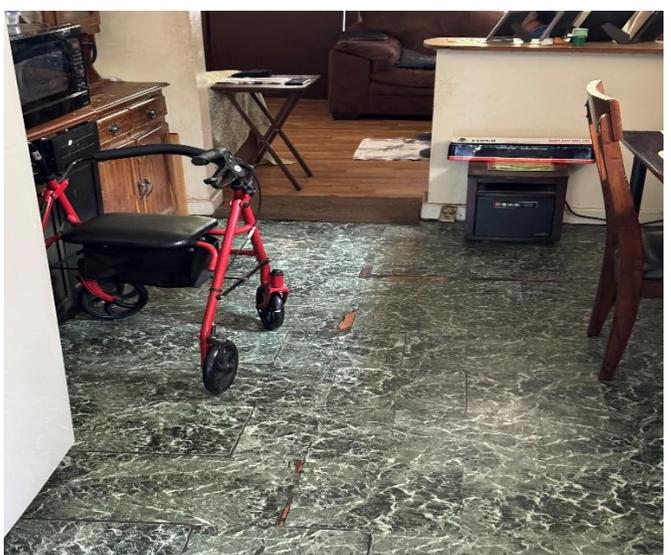
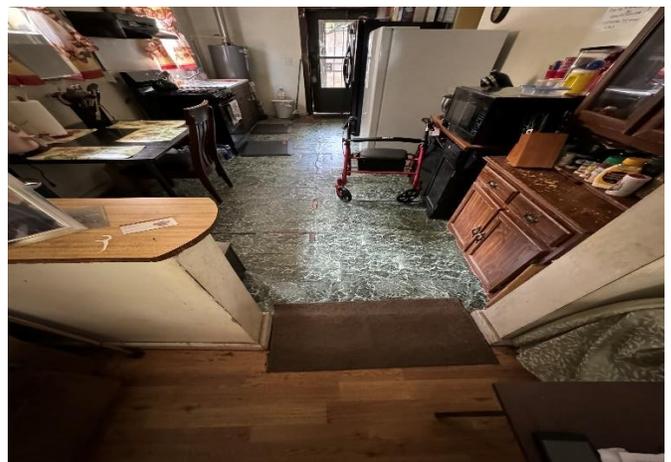
Remove any existing floor covering and subfloors in the areas listed below: As required, level the existing structural components and as applicable repair existing joists via sistering/sandwiching new code compliant joist material onto the existing infrastructure. Prepare and install new 3/4" plywood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

Floor finish: Installation of new Traffic Master sheet vinyl flooring, including all required padding, and threshold transitions (between LR & Kitchen (homeowner to have final color selection)). Floor covering shall be installed to manufacturer's specifications and be installed flush and with minimal seaming.

**Floor Locations:** Living Room; Kitchen/Dining; .

**Flooring Notes**

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



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

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 shall include the installation of a new top cabinet over the existing range hood: Process to include removal and replacement of the existing Range Hood (including appropriate electrical connection).

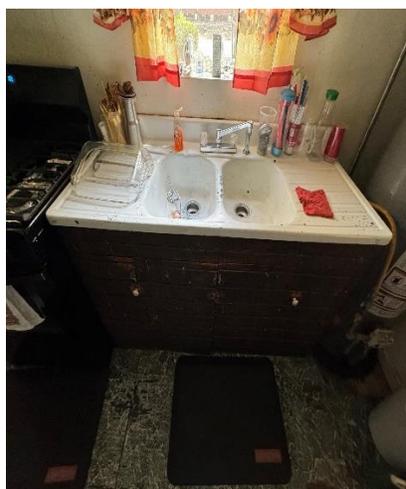
**NOTE 2:** Cabinet doors and drawers shall contain brushed nickel finished opening/closing hardware.

**NOTE 3:** Line-item to include rehab to drain lines and ensuring that the kitchen plumbing is connected to and draining in a code compliant manner.

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

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

**OFFICIAL USE ONLY**

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

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

**Residential Unit Information:**

Unit Address: 386 NW Jefferson St. Lake City, FL 32055

Owner Name: Frankie McCoy

Owner Phone #: 386-319-7977

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



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

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



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

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

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

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

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

**“EXHIBIT A”**

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

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

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

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

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

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

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

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM-RE BID**

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

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

<p><b>Home Built: 1940</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>Do Apply</b></li> <li>➤ ACM Actions: <b>N/A</b></li> <li>➤ Mold Actions: <b>N/A</b></li> </ul> <p><i>*This unit was constructed pre [ ] post [X] 1979: Take Notice of any material that may contain Regulated Asbestos Containing Material (RACM), Lead Based Paint (LBP) or Mold and follow all safe LBP and ACM recommended actions for safe repairs and/or disposal. If there are not attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.</i></p> <p><b>Parcel ID:</b> 00-00-00-10751-000</p> <p><b>Brief Legal Description:</b> NE DIV: LOTS 12 &amp; 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><b>PA Appraised Value:</b> \$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. <b>LBP Outcome: See Report                      ACM Outcome: N/A</b>	Unit	\$ N/A	

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



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

# PROJECT OPERATIONAL STANDARDS AND NOTIFICATION

## A. GENERAL PROJECT INFORMATION

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

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

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

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

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

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

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

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

**I have read and acknowledge understanding of the statements above:**

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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

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

**SCOPE OF WORK and CHANGE ORDERS**

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

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

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

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

**Line item Notes**

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

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

Description: General Rehab-Electrical	Qty.	Location	Amount
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<b>2. ELECTRICAL SYSTEM</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>
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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: Structural	Qty.	Location	Amount
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<b>3. STRUCTURAL &amp; FLOORING</b>	<b>As-listed</b>	<b>As-listed</b>	<b>\$ _____</b>
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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).

<b>Floor Locations:</b> 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-Interior Rehab: Kitchen	Qty.	Location	Amount
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<b>4. KITCHEN CABINETS</b>	<b>As-Listed</b>	<b>Kitchen</b>	<b>\$ _____</b>
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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:** 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-Interior Rehab: Ceilings	Qty.	Location	Amount
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5. INTERIOR CEILINGS	As-Listed	As-Listed	\$ _____
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Locate damaged areas of the ceiling in the following interior locations: **Bedroom #1 and Bedroom #2:**

Make repairs to all damaged areas of the ceiling (with like material). Once repairs have been completed: seal, prime, and re-paint the entirety of both ceilings. Paint shall be applied in accordance with manufacturers specification and normal ARPA requirements for interior wall repair/repaint.

**Line-item Notes:**

**NOTE 1:** Contractor shall take care not to paint any ceiling fixtures, vents, etc.

**NOTE 2:** Painting should be without run or drip marks.

**NOTE 3:** Homeowner to have ceiling color choice.

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

<b>TOTAL BID AMOUNT \$</b> _____
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**\*\*SPECIAL NOTES\*\***

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

*Antonio Jenkins*

*Antonio.jenkins@guardiancrm.com*

*863-899-6695*

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

*All NOA product numbers can be found at [www.miamidade.gov/buildingcode/pc-search\\_app.asp](http://www.miamidade.gov/buildingcode/pc-search_app.asp).*

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

**OFFICIAL USE ONLY**

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

Date: February 2023

AMENDED WRITE-UP PREPARED BY: Antonio Jenkins

Date: February 2024



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

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

**NOTE:**

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

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

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

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

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

NOTICE BE AWARE THAT:

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

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

(PRINT or TYPE all information unless otherwise noted)

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

**Contractor Information:**

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

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

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

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

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

**Residential Unit Information:**

Unit Address: 684 NE Gurley Ave. Lake City, FL 32055

Owner Name: Eliza Wilson

Owner Phone #: 386-965-2012

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



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

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



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

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

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

**“EXHIBIT A”**

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

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

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

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

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

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

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