

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

**INVITATION TO BID  
2025-V  
ARPA HOUSING REHABILITATION PROGRAM – GROUP 10**

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 **2:00 PM** local time on **NOVEMBER 13, 2025** for the following:

**ARPA HOUSING REHABILITATION PROGRAM – GROUP 10**

**A non-mandatory pre-bid meeting will be held at 11:00 AM on Thursday: October 30, 2025** at County Commission Conference Room located at 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055.

To be eligible for consideration, all bidders must be listed as a Pre-Qualified Contractor. There are four (4) different homes; Contractors may bid any one or all projects. Bidders without a complete proposal described will be considered improper. The solicitation information is available online only at: <https://www.columbiacountyfla.com/PurchasingBids.asp>. Questions regarding this solicitation must be received via email to [ejones@columbiacountyfla.com](mailto:ejones@columbiacountyfla.com) no later than **Thursday, November 6, 2025** at **5:00 PM** local time. Responses to those questions considered material to the solicitation shall be distributed via formal addenda.

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. 2025-V  
**American Rescue Plan Act (ARPA)**  
Senior Citizen  
Housing Rehabilitation Program

The Board of County Commissioners (County) will receive sealed bids in the office of Commissioners, 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055, until 2:00 PM local time on **Thursday, November 13, 2025** for the following:

Bid No. 2025-V  
ARPA Housing Group # 10

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 11:00 AM on Thursday: October 30, 2025** at County Commission Conference Room located at 135 NE Hernando Avenue, Suite 203, Lake City, FL 32055. There are four (4) different homes; Contractors may bid any one or all projects. 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

1155 SW Fairfax Glen. Lake City, FL (Z. Elliott)  
488 NW Dixie Ave. Lake City, FL (G. Demeritte)  
659 NE Broadway Ave. Lake City, FL (E. Adams)  
428 NE Fairview St. Lake City, FL (R. Portee)

### 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>October 15 , 2025</b>	<b>N/A</b>
<b>NON-MANDATORY Pre-Bid Conference</b>	<b>October 30, 2025</b>	<b>11:00 AM</b>
Deadline for Questions	<b>November 6, 2025</b>	<b>3:00 PM</b>
<b>Bid Due Date and Time</b>	<b>November 13, 2025</b>	<b>2:00 PM</b>
Public Opening Date and Time	<b>November 13, 2025</b>	<b>2:01PM</b>

A Non-Mandatory Pre-Bid Conference will be held on Thursday: **October 30, 2025**, at **11:00 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 2:00 P.M. on Thursday: **November 13, 2025**. Only bids received on or before the listed time and date will be considered. Bids should be addressed to Columbia County Purchasing **135 NE Hernando Ave. Suite 203 Lake City, FL 32055**. All bids will be opened publicly and read aloud after 2:00 PM.

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

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

**Persons with disabilities needing assistance to participate in any of the proceedings should contact the Columbia County CDBG Program Consultant at: 888-482-7393 or Dawn Cobb at [grant.administrator@guardiancrm.com](mailto:grant.administrator@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 Dawn Cobb al (888) 482-7393 o [Grant.administrator@guardiancrm.com](mailto:Grant.administrator@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

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

<b>Client:</b>	Zena Elliott	<b>Date:</b>	September 2025
<b>Address:</b>	1155 SW Fairfax Gln. Lake City, FL 32025		

**Home Built: 1994.**

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

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

**Parcel ID:** 06-4S-17-08019-103 (29206)

**Brief Legal Description:** LOT 3 EX BEG SE COR OF LOT 3, RUN W 4.68 FT, N 120.41 FT, E 9.09 FT, S TO SE COR OF LOT 3 & POB. ALSO LOT 4 EX THE W 26.11 FT. ALL OF BLOCK 1 GRANDVIEW VILLAGE S/D UNIT 1. ORB 788-631(NEED CORR DEED), DIV 1187-1325

**PA Appraised Value:** \$136,007.00

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
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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.

<b>1b. STORAGE</b>	<b>All</b>	<b>Project</b>	<b>\$ _____</b>
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The contractor shall be responsible for procuring and providing an onsite Large POD (for a maximum of two months-60 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: HVAC/MECHANICAL	Qty.	Location	Amount
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<b>2. HVAC SERVICE</b>	<b>As Listed</b>	<b>Dwelling</b>	<b>\$ _____</b>
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Inspect and provide a full service of the existing HVAC system and duct network. Work to include adjustments to all internal air vents to ensure maximum air flow.

**Line-item Notes:**

**NOTE 1:** This is a full system service.



Description: General Systems	Qty.	Location	Amount
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<b>3. SITE-DRIVEWAY</b>	<b>All</b>	<b>Site</b>	<b>\$ _____</b>
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Cut/Break existing driveway (includes apron and culvert). In the footprint of the removed material, fill and level existing exposed ground to accept a new concrete driveway, apron (and drain culvert). Once filled, compacted, and leveled, a new form shall be placed, and a new concrete/cement driveway poured.

The new driveway shall be installed in accordance with local requirements, and as is applicable, shall be installed as closely as possible in the footprint of the removed material, shall be constructed to a minimum of 3,000psi, and include all components required to meet the current code and any required local ordinances.

**Line-Item Note:**

**NOTE 1:** Driveway replacement excludes walkways and only expands to the width of the garage door opening (from brick-interior to brick-interior). Final install also includes paint to match the existing color scheme.

**NOTE 2:** The contractor shall be responsible for replacing any damaged grass with new sod (to match existing grass type) in the footprint of any disturbed areas.



Description: Exterior Rehab-General	Qty.	Location	Amount
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<b>4. DOORS</b>	<b>As-Listed</b>	<b>Dwelling</b>	<b>\$ _____</b>
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Remove the existing primary entry/exit doors: **1 units at the Rear elevation** and install new, white, energy efficient (for the southern region) door with smart key door handle and lock (with pre-cut peep hole).

The Door swing to match that of the removed unit at each listed location. The installation shall include jambs and prep for a sufficient door buck to accommodate the new door, frame, wood casing. Patch to match exterior or interior walls affected by installation. (Door size & dimensions to be determined by contracting firm); Installation to include all required permits, additional anchor framing, hardware, and components to ensure proper and complete installation to current Florida Building Code.

Door installation shall include vinyl bubble weather-stripping, and aluminum threshold dead bolt security lock. All doors shall be keyed to like.

**Line-Item Notes:**

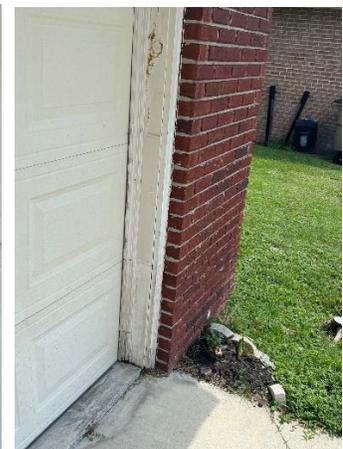
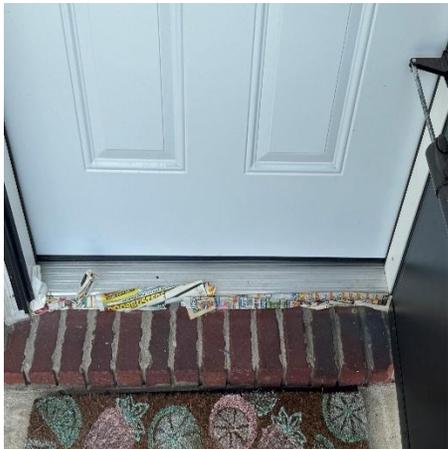
**NOTE 1:** Door locations are as follows:

- Rear E/E Doors (1-Six Panel Unit)

**NOTE 2:** Where a landing is required according to code. In absence of a landing, Contractor shall construct a concrete landing in front of the door as required by code, (or where a landing exists, contractor shall reconstruct/modify the existing landing in order to meet code): *Rear Door #2 will require landing and step(s).*

**NOTE 3:** Line-item to include the cost for securing, sealing, and repairing to the front-primary E/E door threshold.

**NOTE 4:** Line-item to include the cutting and repairs to all damaged garage door framing (post and/or base caps as applicable).



**4a. GARAGE TO EXTERIOR E/E DOOR****1 Unit****As-Listed****\$ \_\_\_\_\_**

Remove existing and install (in existing footprint) new, white, fire rated, pre-hung entry/exit door at: **(1-from kitchen to garage)**. 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-six panel unit**. 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)**.



Description: Hall Bath & Plumbing	Qty.	Location	Amount
<b>5. TOILET</b>	<b>As Listed</b>	<b>Hall Bath</b>	<b>\$ _____</b>

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

**Line-Item Notes**

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

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

Remove existing and install new complete vanity in the wall footprint (vanity base, sink, fixtures, and plumbing components only).

**Vanity height should be at a height accessible to the owner.** The vanity unit must be constructed with solid wood frame on the doors and cabinet face; the box shall be comprised of minimum 1/2" plywood; shelves **ONLY** may be of composite material and finish covering must be wood veneer or plastic laminate; laminate countertop and 4" laminate back splash and under mount or drop-in level set sink cast in the countertop.

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

**Line-Item Notes:**

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



Description: Interior Rehab-Doors	Qty.	Location	Amount
<b>6. INTERIOR DOORS</b>	<b>1-Set</b>	<b>As-Listed</b>	<b>\$ _____</b>

Remove the existing damaged interior doors (in locations as listed below): Install a new white, two-panel, interior E/E and closet doors. The installation shall include all framing, components, and hardware (including handles and as applicable lock mechanisms) to ensure proper and intended operation.

Exact door dimensions to be determined by the contracting firm. Installation to be in compliance with manufacturers recommendation. **(Recommended Product: Reliablit or equal in value and quality).**

**E/E Door Notes:**

**NOTE 1:** Door locations are as follows:

- **Master Bedroom E/E door: 1-two panel unit.** Door to match swing of removed unit.
- **Master Bedroom** closet door
- **Bedroom #3** closet door.

Description-Interior Rehab: Flooring	Qty.	Location	Amount
7. INTERIOR FLOORING-Vinyl Plank	As-Listed	Various	\$ _____

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

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

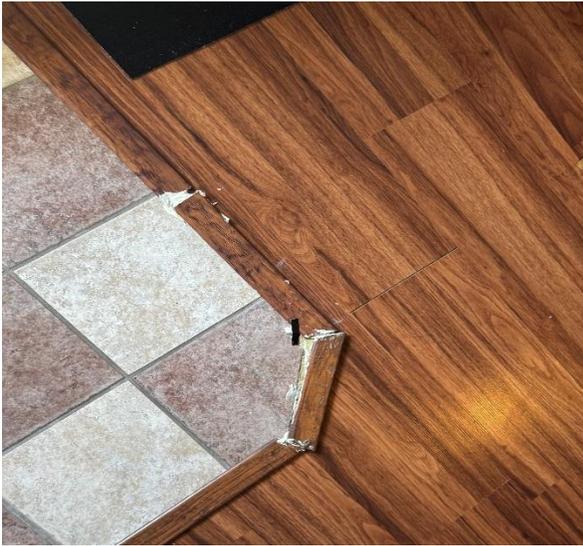
*Exact dimensions and square footage to be determined by contracting firm. Owner to determine color.* Installation to include threshold strips at all exposed joints between rooms and/or at door openings

Flooring Notes:

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

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

**NOTE 3:** LR floor covering replacement excludes the LR tiled entryway/foyer area.



----- 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: September 2025

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: 1155 SW Fairfax Gln. Lake City, FL 32025

Owner Name: Zena Elliott

Owner Phone #: 386-286-3066

**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**

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

<b>Client:</b>	<b>Gloria Demeritte</b>	<b>Date:</b>	September 2025
<b>Address:</b>	488 NW Dixie Ave. Lake City, FL 32055		

<p><b>Home Built: 1935.</b></p> <ul style="list-style-type: none"> <li>➤ *Lead Base Paint Safe Construction Actions: <b>May 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 [X] post [ ] 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> 00-00-00-12173-000 (40743)</p> <p><b>Brief Legal Description:</b> N DIV: 74 FT N &amp; S BY 93 FT E &amp; W IN NE COR BLOCK 123. 516-275, 746-1057, DC 1516-2415, DC 1516-2416</p> <p><b>PA Appraised Value:</b> \$52,738.00</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>	\$ _____

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. ELECTRICAL SYSTEM</b>	<b>All</b>	<b>Dwelling</b>	\$ _____
------------------------------	------------	-----------------	----------

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.*

**Line-item Notes:**

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

<b>1c. PLUMBING SYSTEM</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>
----------------------------	------------	-----------------	-----------------

Inspect and test the housing units plumbing lines (taking care to locate the master shut off valve) system(s) to ensure that they are free of leaks and are in optimal operating order and are able to service the housing unit in the most efficient manner in accordance with the current UPC & Florida Building Code. Work to include inspection of all (accessible) interior water lines and (accessible) components (valves, connection points/joints) at the 2<sup>nd</sup> level and bathroom(s).

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

**Line-Item Notes:**

**NOTE 1:** No plumbing work shall commence prior to the inspection and the inspection report (results) have been submitted to the project manager for review.

**NOTE 2:** Plumbing system inspection to yield a report demonstrating the condition of the system. The report shall be provided to the project manager. Any deficiencies shall be listed in the report and, as applicable and/or needed, will be addressed via an approved change order.

Description: Heating & Cooling	Qty.	Location	Amount
<b>2. HVAC</b>	<b>All</b>	<b>Dwelling</b>	<b>\$ _____</b>

**NONE CURRENTLY EXISITS:** 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 new infrastructure to ensure service to all habitable rooms, including but not limited to new plenum, duct network, AHU housing, etc. to ensure maximum air flow: Installation shall also include new return grills, room duct vents, air handler, piping, electrical service with 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.

----- **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: September 2025**

**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: 488 NW Dixie Ave. Lake City, FL 32055

Owner Name: Gloria Demeritte

Owner Phone #: 386-292-9724

**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: _____

**COLUMBIA COUNTY  
HOUSING REHAB PROGRAM**

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

<b>Client:</b>	<b>Edith Adams</b>	<b>Date:</b>	September 2025
<b>Address:</b>	659 NE Broadway Ave. Lake City, FL 32055		

<p><b>Home Built: 1945.</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 [X] post [ ] 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> 00-00-00-10792-000 (39137)</p> <p><b>Brief Legal Description:</b> NE DIV: LOT 10 BLOCK 4 WASHINGTON PARK S/D. PROB 89-271-CP ORB 698-807, 711-295, QC 1147-412, QC 1251-1309</p> <p><b>PA Appraised Value:</b> \$43,281.00</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.

Description: WEATHERIZATION	Qty.	Location	Amount
-----------------------------	------	----------	--------

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

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

**Skirting Notes:**

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



**2a. EXTERIOR WALL WEATHERIZATION**

**All Ext. Walls**

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

Approx 70% of exterior wall siding panels are water, WDO damaged, or missing: As such, remove exterior wall siding at all exterior wall spans of the home: repair 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 include all required component, insulation, barrier material, corner caps, and all required components (including proper fasteners) to meet all code and other manufacturer installation requirements.



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

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

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

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

*Antonio Jenkins*

*Antonio.jenkins@guardiancrm.com*

*863-899-6695*

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

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

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

**OFFICIAL USE ONLY**

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

Date: September 2025

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: 659 NE Broadway Ave. Lake City, FL 32055

Owner Name: Edith Adams

Owner Phone #: 386-288-9008

**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**

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

<b>Client:</b>	<b>Ruby Portee</b>	<b>Date:</b>	September 2025
<b>Address:</b>	428 NE Fairview St. Lake City, FL 32055		

<p><b>Home Built: 1950.</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 [X] post [ ] 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> 00-00-00-11328-000</p> <p><b>Brief Legal Description:</b> NW DIV: 40 FT N &amp; S BY 80 FT E &amp; W IN SE COR OF LOT 40. WD 1249-399, LE 1424-579</p> <p><b>PA Appraised Value:</b> \$25,621.00</p>

Item	System	Description of Work	Location	Price	Contractor Initials
Project Note	REHABILITATION	Special attention should be directed to all contractor obtained LBP/ ACM/Mold reports regarding Lead Base Paint, Asbestos, and/or Mold. Any recommendations included in the reports regarding such material shall become part of the Work.  <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
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## B. OWNER(S) ACCEPTANCE OF THE SCOPE OF WORK

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

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

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

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

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

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

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

**C. NOTICE TO BIDDING CONTRACTORS**

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

**PREFACE:**

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

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

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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.

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

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

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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

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**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
--------------------------------	------	----------	--------

**Project introduction Note 1:** As it relates explicitly to any-and-all work listed in the SOW, the attached structural repairs report should be consulted and considered in the permitting, cost, material, and rehabilitation of the dwelling.

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

The contractor shall be responsible for procuring and providing an onsite Large POD (for a maximum of two months-60 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: Structural	Qty.	Location	Amount
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<b>2. STRUCTURAL &amp; FOUNDATION LEVELING</b>	<b>As-listed</b>	<b>As-listed</b>	<b>\$ _____</b>
--	------------------	------------------	-----------------

SEE THE ATTACHED REPAIR SERVICE QUOTE: The contractor shall provide and/or procure structural (foundation) support and leveling services.

The work shall include (as needed and only where structural components cannot be accessed via the existing crawl space) removal of any existing floor covering to expose the subflooring. Subfloors shall be removed in all applicable areas of the dwelling where leveling is required. Areas of concern include, but is not limited to the LR, Kitchen, Bedrooms, Bathrooms, Hallways, etc.): All repairs provided shall secure and level the home and eliminate/reduce future (non-geotechnical related) structural shifting.

As required, level the existing structural components and as applicable repair existing joists, beams, and foundational supports via replacement and/or support repairs to the existing material with new code compliant material integrated onto the existing infrastructure.

**Flooring Notes**

**NOTE 1:** On an as needed basis: Floor covering rehabilitation and/or replacement (including new base board) shall be added into the project via change order only after a floor repair plan and updated repair schematic has been submitted and approved by the Program Project Manager.

**NOTE 2:** On an as needed basis: Interior Bathroom and Kitchen rehabilitation and/or replacement (including new base board) shall be added into the project via change order only after a floor repair plan and updated repair schematic has been submitted and approved by the Program Project Manager.



----- 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: September 2025

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: 428 NE Fairview St. Lake City, FL 32055

Owner Name: Ruby Portee

Owner Phone #: 386-344-9898

**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: _____



Toll Free: 800-714-3020  
 Website: www.alphafoundations.com

**Fort Myers**  
 1755 Benchmark Ave  
 Fort Myers, FL 33905  
 239-722-6920

**Miami**  
 3200 W Copans Rd  
 Pompano Beach, FL 33069  
 786-574-5170

**Tampa**  
 1615 118th Ave. N, St.  
 Petersburg, FL 33716  
 813-709-8605

**Tallahassee**  
 66 Industrial Park Rd.  
 Monticello, FL 32344  
 850-558-3044

**Jacksonville**  
 55 Industrial Loop North  
 Orange Park, FL 32073  
 904-478-8370

**Orlando**  
 3723 Hogshead Rd  
 Apopka, FL 32073  
 689-219-3640

Licensed Contractor	Date
CBC1257350	7/2/2024
Customer	Phone (Work or Home)
Lakesia Hendon & Ruby Portee (mother) Hendon	Mobile: (386) 623-2037
Project Location	E-mail
428 Northeast Fairview Street Lake City, FL 32055	hendon12003@yahoo.com

PROPOSED PRODUCTS	QTY
5 Year Annual Service Plan	1.0
Utilities Protection	1.0
Permit Package A	1.0
Engineering A	1.0
Main Beam Replacement	100.0
Band Board & Sill Plate Replacement	23.0

**Contract Price**

This Contract, along with the Terms and Conditions, the Warranties, the Notice of Cancellation, and the Payment Terms form the contract (the "Contract") between the Customer and Alpha Foundation Specialists, LLC (the "Contractor").

- |  |   |
|--|---|
| X _____ Customer is responsible for removing all personal items from the work area.        | X _____ A full perimeter drainage system with sump pump was recommended.        |
| X _____ Customer assumes responsibility for damages to hidden or unmarked utility lines.   | X _____ Customer is aware of warranty and all addenda.                          |
| X _____ Stabilization is warrantied. Contractor can attempt to lift at Customer's request. | X _____ Customer is responsible for providing all necessary electrical outlets. |

Acceptance of Contract - The above prices, specifications, conditions, and separate warranty are satisfactory and hereby accepted. You are authorized to do work as specified. Payment will be made as outlined above or in accordance with the attached addendum. Subject to the Terms and Conditions, Contractor shall endeavor to start work within one hundred fifty (150) days of the date of the Contract and shall endeavor to complete the work within an estimated one hundred twenty (120) days of the start date of the work..

**Customer**

X \_\_\_\_\_  
 X \_\_\_\_\_  
 Date \_\_\_\_\_

**Contractor**

X \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_

**Product Specifications**

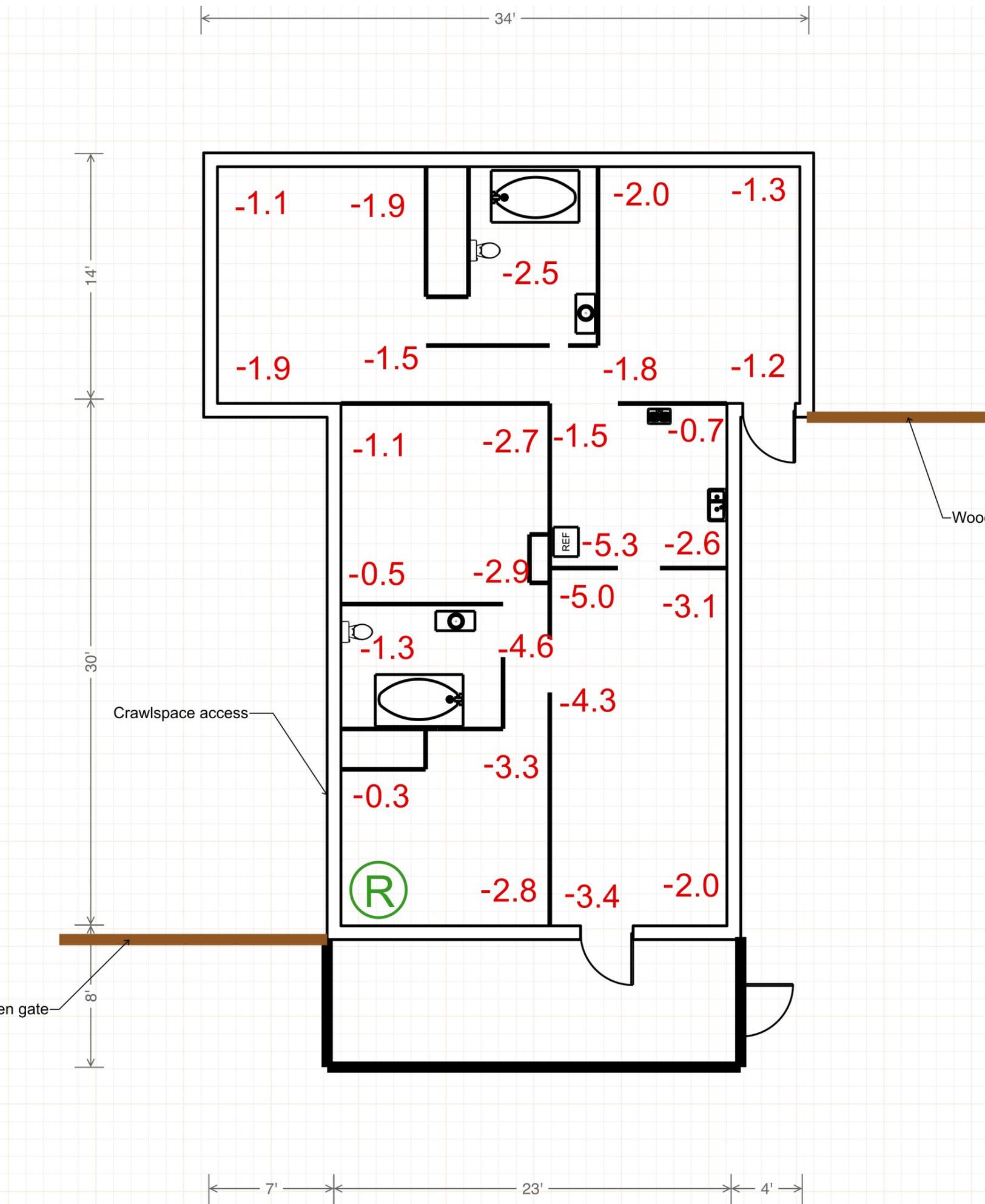
- Permit package includes all administration duties and permit fees associated with project.
- Five years of service is included in this contract. Customer is aware this will be on the anniversary date of install completed. This is not refundable and will transfer to new home owners if house is sold.
- Utilities protection will cover repairs to private utilities damaged during installation (cable, sprinklers, private water lines, private electric lines etc). Repairs limited to damaged area and do not include full line replacement.
- Engineering package includes all administration duties, engineering documentation and fees associated with project.

The products and/or services listed below have been recommended, however Customer has declined to have these products installed and/or services performed.

<b>RECOMMENDED PRODUCTS DECLINED</b>	<b>QTY</b>
SettleStop Floor Support System (1-3')	21.0
AquaStop CrawlSeal	1100.0
AquaStop Drainage Matting	1100.0
AquaStop Air System - Crawlspace	1.0
AquaStop Crawlspace Door Custom	1.0
Site Work/Obstruction	6.0
AquaStop Crawlspace Single	1.0

### **Recommended Specifications**

- Site work and/or obstructions on project.
- Install AquaStop CrawlSeal crawlspace liner. The CrawlSeal encapsulation system comes with a Class A fire rating. Light grade of the crawlspace. All existing liner and debris is to be removed and hauled away. CrawlSeal will be installed with 100% floor coverage. All sections of liner will be overlapped a minimum of 1' and will be seamed together. A dehumidifier is highly recommended. A full perimeter drainage system with sump pump(s) is recommended. The crawlspace liner comes with a 25-year transferable warranty. See warranty section for full details.
- Install a new crawlspace door in the existing opening.
- Install Drainage matting under the CrawlSeal Liner.
- Install AquaStop air system to keep humidity low. Will require installation of a dedicated outlet at CUSTOMER'S EXPENSE unless otherwise specified in this contract. Customer is responsible for any electrical sub panel or panel upgrade if required.
- Install 1/3 HP Sump pump system with liner, cast iron pump, pump stand, and water alarm system. Will require installation of a dedicated outlet at CUSTOMER'S EXPENSE unless otherwise specified in this contract. Customer is responsible for any electrical sub panel or panel upgrade if required. Unless otherwise noted on this contract, buried discharge will be an additional cost. A battery backup system is highly recommended.
- Install SettleStop Floor support system to stabilize floor joist or beams as shown. Floor Jack System is adjustable and installed various footings types to carry the structural load. Lift can be attempted at the customer's request but achievement of any lift or leveling cannot be promised. The customer understands and agrees that attempting lift can cause interior damage and the customer assumes full responsibility for any damage caused by their request for lift. Final location of the Floor Jacks are subject to change. SettleStop Floor Jacks come with a 25-year manufacturer's warranty and a 2-year adjustability warranty. See warranty section for full details



# DRAWINGS

34'

- Existing Wood Beam
- Wood Beam Replacement

