

**CITY OF PALM COAST
CDBG HOUSING REHABILITATION PROGRAM
SCOPE OF SERVICES/BID WRITE UP**

OWNER: Jill Arney-Dempsey

ADDRESS: 29 Whittington Dr, Palm Coast, Fl

PHONE #: _____

DATE: July 11th 2012

The work write-up/bid form is a general outline of the work to be performed. Please refer to the project specification booklet product and/or NOA recommendations included in scope of work for detailed instructions for each item noted below. Take Notice of any attachment pertaining to any Regulated Asbestos Containing Material (RACM) and follow all recommended actions for prevention and/or Disposal. If there are not attachments pertaining to RACM it is reasonable to assume that the RACM was found during testing.
Home Built in 1999. LBP action NOT required.

Note	System	Description of Work	Location	Price	Contractor Initials
A.	REHABILITATION	Special attention should be directed to the attached reports regarding Lead Base Paint and Asbestos. Any recommendations included in the reports regarding such material shall become part of the Work.	Unit	\$ ___	
B.	SITWORK	Rehabilitation of unit shall include removal of all construction and replacement debris. Re-connects to all existing TV & Phone Jacks. Install 911 addressing as required per local code. Disconnect and re-connect existing system or to community water/sewer systems if available.	All	\$	

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

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

Work must be completed and approved within 45 days of the issuance of the Notice to Proceed.

This unit may or may not require the homeowner to vacate the premises during the construction period.

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

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

Contractor's Name (Print Name): _____

Contractor's Business Name: _____

Contractor's Address: _____

Contractor's Phone Number: _____

Contractor's E-Mail Address: _____

EXHIBIT "A"
SCOPE OF WORK
(Work Listed Below)

NOTICE TO BIDDING CONTRACTORS:

The bidding contractor must consider the following when estimating the value of each line item: measurements, sizes, materials, labor, permits, plans, all fees, surveys, engineering/architecture, regulations, demolition and clean up.

All material, components and labor that will be needed to complete each task thoroughly and to each items primary operational function.

ALL work must be in compliance with all applicable Federal, State and Local Codes.
Please fill in every line item in each section of this bid. Thanks for your Cooperation!!!

Contractor Signature _____

1. General Construction and Operational:

Rehabilitation of Structure:

1a. to include all: Plans, Fees and permitting _____ \$ _____

1b. Inspect and test the housing unit electrical systems network and the service panel box to ensure that the housing unit circuitry is wired for optimal operation and is in compliance with the current NEC.

Electrical System and Panel Box (existing unit) _____ \$ _____

1c. Inspect and test the housing unit plumbing and septic system(s) to ensure that they 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.

Septic/Sewer System (existing unit) _____ \$ _____

Plumbing network (existing unit) _____ \$ _____

1d. Inspect and test the housing unit existing hot water system to ensure that they are in optimal operating order and are able to service the housing unit in the most efficient manner in accordance with the current code.

Hot Water Heating System (existing unit) Inspect _____ \$ _____

2. Exterior Rehabilitation:

2a. Pressure Wash Exterior:

Pressure wash exterior walls of home including fascia and soffit, driveway and walkway as well rear patio floor using City of Palm Coast green procedures.

Exterior _____ \$ _____

2b. Exterior Painting:

Remove any existing nails, tacks, screws, etc... that are embedded in the exterior walls of the home. Repair any cracking, peeling, flaking, or damaged stucco on exterior walls. Prepare, Prime, Kilz as needed and repaint exterior walls using elastometric paint or equivalent. (Recommended Product: BEHR or equal in value and quality)

All Exterior Walls/Trim/Door _____ \$ _____

2c. Replace all damaged, torn and/or missing screens on the exterior of the rear patio covering the pool. Exact number of screens and dimension to be determined by contracting firm. (Recommended Product: Anderson insect screens or equal in value and quality)

Screens (Approx. 2 Units) _____ \$ _____

2d. Remove existing roof shingles including all deteriorated material and replace with new 30 year, fiberglass, architectural shingles. Replace roof decking and roof vents and damaged fascia and soffits as needed. Inspect entire roofing system and truss network to ensure the roofing system is compliant with the current code. Homeowner must be given a minimum of three color/style choices. Exact dimensions and number of squares will be determined by the contracting firm. (Recommended Product: Owens Corning or equal in quality and value)

Roof Replacement _____ \$ _____

3. General Interior Rehabilitation:

3a. HVAC

Remove existing heat and air conditioning system and install new, 14 Seer air compressor and air handler. Tonnage of unit will be determined by state mandated energy calculations. Installation should be to manufacturer's specifications to ensure proper operational order of entire system. Inspect or Install and attach all necessary new/existing plenums and ductwork, to provide for a total system with service to all habitable rooms. (Recommended Product: Carrier or equal in value and quality)

Mastic all duct/ vent connections _____ \$ _____

14 Seer A/C System and New Filters _____ \$ _____

3b. Interior Painting:

Remove any existing nails, tacks, screws, etc... that are embedded in the interior walls of the home, including garage walls. Repair all damaged portions of the unit's interior walls; Repair to include all boarding, drywall, fittings, tape and sealants. Prepare, prime and paint all interior walls and doors using a low VOC interior paint. (Eggshell/Satin Finish) Homeowner must be given a minimum of three color choices. Repair any cracking, peeling, flaking, or damaged drywall on interior walls. (Recommended Product: BEHR or equal in value and quality)

All Interior Walls/Doors/Trim _____ \$ _____

3c. Flooring:

Remove all existing carpet and replace with new vinyl plank wood laminate flooring. Installation shall include all required components, including underlayment /glue for complete installation. Install throughout the footprint of removed carpeted areas of the housing unit. Homeowner must be given a minimum of three color/style selection choices. Exact dimensions and square footage to be determined by contracting firm. (Recommended Product: Johnsonite or equal in quality and value)

Wood Laminate(entire house) _____ \$ _____

3d. Smoke/Carbon Monoxide Detectors:

Install new hardwired with battery back-up, combined smoke and carbon monoxide detector and replace with new hardwired with battery back-up, combined smoke and carbon monoxide detector. Installation shall include all required circuitry and hardware. (Recommended Product: Firex or equal in quality and value)

Master Bedroom and Hall (2 units) _____ \$ _____

Bedrooms #2, #3 and Hall _____ \$ _____

4. Kitchen:

4a. Remove existing and install new minimum 21 cubic Ft. Energy Star rated, (White, Black or Bone) Frost Free Top Freezer/Refrigerator with internal icemaker and all required hardware and components for complete installation. Exact refrigerator dimensions to be determined by contracting firm. (Recommended Product type: Whirlpool or equal in value and quality)

Kitchen (1 Unit) _____ \$ _____

4b. Remove existing and install new minimum 30" four (4) burner free standing, (White, Black or Bone) electric cook top range with self cleaning oven. Installation to include all required hardware and components for complete installation. Exact range dimensions to be determined by contracting firm. (Recommended Product type: Whirlpool or equal in value and quality)

Kitchen (1 Unit) _____ \$ _____

4c. Remove and replace existing dishwasher with a new energy star rated unit with the following minimums:

- CEE Tier 2
- Minimum energy factor of 0.68 or greater
- Maximum annual energy use of 325 kilowatt hours or less.

Install to manufacturers specifications. Exact dishwashing unit dimensions to be determined by contracting firm. **(Recommended Product type: Whirlpool or equal in value and quality)**

Kitchen (1 Unit) _____ \$ _____

4d. Remove existing range hood and replace with new range hood. Installation shall include all required components, and/or electrical portal installation (where required). **Unit to be installed to manufacturers specifications. Exact dimensions are to be determined by the contracting firm. (Recommended Product type: G.E. or equal in value and quality)**

Kitchen (1 Unit) _____ \$ _____

4e. Clean and repair all kitchen countertops. Maintenance to include re-securing any loose laminate countertops (bubbling), and re-caulking the base where countertops and the backsplash meet as well as adjustment of cupboard doors to ensure proper operation.

Cabinets and Countertops _____ \$ _____

5. Bedrooms:

5a. Remove existing and/or install new ceiling fans with light kit in the bedrooms listed below. Installation shall include all required components to ensure complete and proper operation. Units to be installed to manufacturers specifications. **(Recommended Product type: Hampton Bay or equal in value and quality)**

Bedroom #2 (1Unit) _____ \$ _____

Master Bedroom (1 Unit) _____ \$ _____

6. Doors:

6a. Remove existing and install new door(s), frame(s), jamb(s), and trim to manufacturer’s specifications. All doors shall be a minimum 36” handicap accessible unit (where feasible) and include Lever locksets. Exact door dimensions to be determined by contracting firm. **(Recommended Product: Jeld- Wen or equal in quality and value); (Schlage Door lock Product or equal in quality and value)**

- Master Bathroom Entry/Exit Door (1Unit) _____ \$ _____
- Master Bedroom Entry/exit Door (1 Unit) _____ \$ _____
- Front Entry/Exit Door (1 Unit) _____ \$ _____

6b. Remove existing sliding glass door leading from dining area to patio and replace with new French style double doors. Door shall serve as secondary emergency fire exit for wheelchair accessibility. All doors shall be a minimum 36” handicap accessible unit (where feasible) and include Lever locksets. Exact door dimensions to be determined by contracting firm. **(Recommended Product: Jeld- Wen or equal in quality and value); (Schlage Door lock Product or equal in quality and value)**

- Door Assembly / Locks (1 Unit) _____ \$ _____

Ramps:

6c. Install new concrete wheelchair accessibility ramp at the exterior of the kitchen entry/exit door. The ramp slope should be a maximum of 1:12 (not to exceed a six inch rise) and be approximately: 36x36. Installation is to include all required hardware and components to ensure that the ramp is stable, secure, free from movement, and fully operational and is suitable to serve the intended purpose to allow easy and full access for a person or person in a wheelchair safe passage into and out of the housing unit.

- Rear Entry/Exit Ramp _____ \$ _____
- Front Entry/Exit Ramp _____ \$ _____

Master Bathroom/Hall Bath:

7a. Remove existing toilet and install new handicap accessible comfort height white 1.6gpf toilet, including all required hardware and components to ensure complete installation and operational order. (Recommended Product American Standard or equal in value and quality)

Master Bath Toilet (1 Unit) _____ \$ _____

7b. Remove existing receptacle closest to vanity mirrors and install new GFCI receptacle and circuitry closest to vanity mirror in master bath and hall bath. Installation shall include all required hardware and circuitry for complete and proper operation and shall be in compliant with current NEC code. . (Recommended Product type: GE or equal in value and quality)

GFCI Receptacle Hall Bath(1 Unit) _____ \$ _____

GFCI Receptacle master bath (1 Unit) _____ \$ _____

8. Miscellaneous Rehabilitation:

8a. Remove existing garage door opener and replace with new garage door opener. Installation shall include all required components to ensure complete and proper operation. Units to be installed to manufacturers specifications. (Recommended Product type: Hampton Bay or equal in value and quality)

Garage Door Opener _____ \$ _____

8b. Install partially recycled Blown Insulation to bring the existing R-factor to a minimum R-30 rating in all accessible areas in unit attic to absorb for sound absorption and aid in the prevention of loss of heated and/or cooled conditioned air.

Attic _____ \$ _____

8e.Repair/repaint to match existing, all damaged (plaster, stucco, tile, drywall or any other material), walls, ceilings, etc... affected by construction.

Interior/Exterior _____ \$ _____

IMPORTANT: Please note that the sum of the line items will be checked for accuracy. In the event there is a discrepancy between the written total and the actual total, the actual total shall be used.

Total bid amount of Labor and Material cost above _____ \$ _____

(Minus) HOMEOWNER AGREED upon out-of-pocket cost _____ \$ _____

(Minus) Contractors Discount _____ \$ _____

Adjusted value of This Agreement _____ \$ _____

****Special Notes****

If applicable, contractor will attempt to match existing items that are being used or provided by the Homeowner as close as possible. Please note it will be impossible to exact match any items that are of a certain date or discontinued. Any and all products included in this scope of work or used in the rehabilitation of corresponding Housing unit(s) shall be installed to the manufactures specifications and all other applicable codes outlined in the Program rehabilitation Specifications.

All products included in this scope of work shall be installed to the manufactures specifications.

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

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

All product brands specified in this scope of work should be used whenever possible, however it is not mandatory to use the specified product brands set forth in this scope of work if the contracting firm can provide reasonable documentation that a product of equal value and quality was responsibly substituted when and/or where necessary.

HOMEOWNER SIGNATURE: _____ DATE: _____

CO-OWNER SIGNATURE: _____ DATE: _____

My signature above reflects my understanding and acceptance of the total initial labor and material cost of \$ _____ associated with the aforementioned scope of work. I also understand and accept the possibility that this initial cost can change in unanticipated additional labor or material must be provided by the **CONTRACTOR** for the aforementioned scope of work.

CONTRACTOR Signature: _____ DATE: _____

County Representative Signature: _____ DATE: _____

OFFICIAL USE ONLY

DATE SUBMITTED: _____ DATE ACCEPTED: _____ DATE OPENED: _____

BID OPENED BY: _____ WITNESSED BY: _____

TIME: _____ WORK WRITE-UP PREPARED BY: Gregory Lakhan Date: 7/5/2012