

Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: Foster

Address: _____ City & Zip Code: Naples

Phone #: _____ Project #: 24-021R

The work bid form defines the scope of work at this residence to be performed as defined by the COLLIER COUNTY, FLORIDA CONSTRUCTION & REHAB STANDARDS. Contractors are responsible for securing and paying for any permits required by the County to perform the work outlined in the scope below. Bids shall be submitted as soon as possible to Dottie Cook at 2449 Sanders Pines Circle, FL 34142 or at dottiecook@ruralneighborhoods.org.

Description	Estimated Cost
Doors/Sliders 1. Replace side garage door with impact door with window. 2. Replace rear sliders with impact sliders.	\$ _____
Electrical 1. Correct exposed wires in closet in back bedroom and in attic.	\$ _____
Interior 1. Replace carpet with LVT in three bedrooms. 2. Install exhaust fans in both bathrooms.	\$ _____
TOTAL	\$ _____

Revised 10.2.2024

Work to be performed in a workmanlike manner, in accordance with the Standard Rehabilitation Specifications, local codes and manufacturer's specifications. The contractor shall be responsible for repairs and/or reinstallations of materials/equipment/fixtures damaged or removed due to any error or omission. Contractors shall properly dispose of all fixtures, materials and other items removed from the dwelling unless otherwise specified herein. **There must be a quoted price for each line item in the space provided or the bid will be ineligible for consideration.**

I hereby certify that I am a licensed contractor and am eligible to participate in the Collier County Owner Occupied Rehabilitation Program. I will provide copies of my company's license, liability insurance, and proof of worker's compensation. As necessary, I will purchase, install, replace and/or repair and deliver ALL items referenced within this bid document.

Company Name _____
Company Representative (printed) _____
Representative's Signature _____
Mailing Address _____

Representative's Phone Number _____
Email Address _____
Date Submitted _____ Date Accepted _____

By my signature, I certify that I have verified license, liability insurance and proof of worker's compensation as required by our contract.

Dorothy Cook, Revitalization Manager

Date