

## Contractor Bid Form For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Project #: 24-015R

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](mailto:dottiecook@ruralneighborhoods.org).

Description	Estimated Cost
<p><b>Roof</b> Replace roof.</p> <ol style="list-style-type: none"> <li>1. Remove existing roof, underlayment, and damaged sheathing and properly dispose of all roofing debris.</li> <li>2. Replace underlayment and any damaged sheathing.</li> <li>3. Repair fascia as needed.</li> <li>4. Replace all flashing.</li> <li>5. Install new shingle roof system over the <u>underlayment including a ridge vent</u>. Use architectural grade, 30-year fiberglass asphalt shingles in accordance with Florida Building Code and that are <b>wind rated at 130 mph</b>.</li> <li>6. Specify length of workmanship warranty: _____ years (min 2 yrs)</li> <li>7. <b>Fix leak occurring at roof/lanai connection.</b></li> </ol> <p>Provide quote per sheet of plywood (or attach price sheet for wood) replacement – to be replaced as needed \$ _____ /4'x8' sheet</p>	<p>\$ _____</p>
<p><b>Doors/Windows</b></p> <ol style="list-style-type: none"> <li>1. Replace front and back doors (include frames) with fiberglass doors that swing out. Include new hardware.</li> <li>2. Fix 2 window locks.</li> </ol>	<p>\$ _____</p>
<p><b>Plumbing &amp; Cabinets</b></p> <ol style="list-style-type: none"> <li>1. Replace water heater.</li> <li>2. Replace shower faucet.</li> <li>3. Replace bathroom sink stoppers.</li> <li>4. Repair lower kitchen cabinets by replacing toe-kicks and fixing countertop on cabinet by refrigerator.</li> </ol>	<p>\$ _____</p>

<b>Electrical</b> 1. Replace/add 2 exterior security lights and power source. 2. Replace bedroom light switch. 3. Replace ceiling fan (with light) in bedroom	\$ _____
<b>Other</b> 1. Fix torn screens on back porch. 2. Replace flooring in housing with LVT or similar. 3. Add baseboards where new flooring is installed.	\$ _____
<b>TOTAL</b>	\$ _____

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.

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