

**Indian River County SHIP
HOUSING REHABILITATION PROGRAM
WORK WRITE-UP/BID/CONTRACT FORM**

ROOFING (Sloped and/or Flat) - HVAC - WINDOWS - OTHER

OWNER: _____

ADDRESS: _____

PHONE: _____

DATE OF BID: _____

If this unit was constructed prior to 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 no attachments pertaining to RACM, LBP, or Mold it is not reasonable to assume that no actions are required.

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

All work is to be performed in a workmanlike manner consistent with Indian River County’s Local Housing Assistance Program minimum standards for rehabilitation of residential properties, in accordance with the SHIP 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.

This Bid/Contract will be accepted on the TOTAL BID submitted. This Bid/Contract may or may not require the homeowner to vacate the premises during the construction period. All rehabilitation activities must be completed within 30 days from the date the permit is issued (an extension may be granted upon submission of an approved written change order request).

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 Indian River County and/or its official representatives by way of approved change order. There are no contingencies set-aside for this Bid/Contract.

I hereby certify that I am licensed by the State of Florida, Department of Business and Professional Regulation, registered with the Indian River County Building Division, and I am eligible to participate in the SHIP program.

Contractor’s Name (Print): _____

Contractor’s Signature: _____

Contractor’s Address: _____

Contractor’s Phone Number: _____ Email Address: _____

**SCOPE OF WORK
("SOW")
(Work Listed Below)**

NOTICE TO BIDDING CONTRACTOR

No contractor shall, without prior written approval from the SHIP Program Manager, deviate from any product recommendations listed within this Scope of Work (SOW). A notice of "or equal" exchange shall be provided to SHIP program staff 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 specification.
2. Comparable manufacturer specifications list, included but not limited to price, warranty information, consumer review reports.
3. Any additional information requested by the SHIP Program or its agents.
4. All bids to include the repair/repaint to match existing, all damaged (plaster, stucco, tile, or any other material), walls, ceilings, etc., affected by construction.
5. The contractor will provide all material and shall be responsible for covering all homeowner belongings, including flooring that cannot be moved during work activity: this is not the owner's responsibility: daily clean-up within and around the home is required.
6. All measurements and material will be the responsibility of the contracting firm.
7. All change orders must be approved through the SHIP office prior to any change order work beginning.
8. The contractor shall include all material, labor, profit, and overhead costs for each applicable section. Profit and overhead shall be inclusive of all costs not directly related to material and labor (i.e. travel, supervision, sub/supplier meetings, etc.)

NOTE: Signature required for acknowledgment of Notice to Bidding Contractor.

Contractor Printed Name

Contractor Signature

Date

ROOFING (Sloped and/or Flat) – HVAC – WINDOWS - OTHER

1. **Roofing:** Part of this Bid/Contract? [] Yes [] No

Sloped Roofing: [] Yes [] No [] N/A

Sloped Roofing: *The SHIP Program requires in-progress inspections by the IRC Building Department prior to final roof cover installation. The Florida Building Code requires a re-roof permit prior to commencing work.*

- Removing existing roofing shingles (Total Unit) including all underlayment material. Replace sheathing and/or decking, and rafter/trusses top chords not to exceed (10%): any replacement above 10% will be addressed by change order with appropriate back-up. One 36" layer of self-adhering modified underlayment shall be utilized over the roof decking surface and in accordance with per note 1 below.
- Replace all boots and vent/stacks with like code compliant products and material. The new boots and vent/stacks shall be flashed per the most stringent requirements of the manufacturer’s specifications or FBC.
- Connect roof sheathing to the roof framing with eight-penny weight ring shank nails. Space them four inches apart along the edges, and six inches’ o/c in the middle, of the plywood sheathing. Use wood adhesive underneath the sheathing along the connecting joint with the roof trusses where applicable (see note 3 below). Installation to include new 3"x 3" metal drip edge (with 1/4inch offset from fascia) and flashing shall be installed throughout the entire roof system. All metal to be nailed per FBC requirements.
- Install new, 30-year asphalt, dimensional, architectural shingles. The entire new roof system shall conform to building code of jurisdiction. Homeowner must be given a minimum of three color/style selection choices; No fasteners shall penetrate into the fascia or 1x2 wood drip edge nailer; (5 year warranty required). (Recommended Product: Gibraltar Building Products or equal in value and quality)

NOTE 1: An additional 36" layer of self-adhering modified underlayment shall be placed above the seams in all valleys. The underlayment shall extend a minimum of 2" over each seam.

NOTE 2: As applicable, where fastener type and requirements are not code compliant, the entire roof is to be re-fastened using fastener type and spacing distances that in accordance with the current Florida Building Code requirements. The SHIP Department will require a re-roof permit and an in-progress visual inspection be performed and approved by the IRC Building Department Inspector.

NOTE 3: Contractor shall submit an affidavit to the Building Department Inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met. This item will have a mandatory inspection by the Building Department.

NOTE 4: Bid to include all seam sealing and other minor wood-trim repairs (not to exceed \$500) to existing soffit and carport ceiling (if applicable).

➤ **Sloped Roofing**

Material and Labor Cost _____ \$

Profit and Overhead _____ \$

Flat Roofing: Part of this Bid/Contract? [] Yes [] No [] N/A

Flat Roofing: The SHIP program requires that a permit and in-progress visual inspections be completed by the IRC Building Department prior to final roof cover installation.

- Removing existing _____ elevation flat roof covering including all deteriorated material and replace with new, 30-year low sloped roof modified bitumen membrane covering. Replace sheathing and/or decking not to exceed 25%. Connect roof decking to the roof framing with code compliant materials and in accordance with the FBC (5 year warranty required). (Recommended Product Tamko Algae resistant or equal in value and quality).
- Work to include removing and replacing approx. _____ sq. ft. of damaged ceiling surface area/panels located under the flat roof. Repairs should be made in a manner to match the removed material with minimal seaming and painted to match as closely as possible (an exact match is likely not possible).

NOTE 1: Line item cost to include removal and reinstall of the ceiling fans _____ units (or N/A) located under the flat roof and a cap-off of the electrical service.

NOTE 2: Contractor shall submit an affidavit to the SHIP/Building Inspector to the affect that the sheathing/decking nail fastening specification described in this line item has been met.

NOTE 3: Flat roof color shall be the standard black or grey/white.

NOTE 4: An additional 36" layer of self-adhering modified underlayment shall be placed above the seams in all valleys. The underlayment shall extend a minimum of 2" over each seam.

NOTE 5: The entire roof is to be re-fastened using fastener type and spacing distances that are in accordance with the current Florida Building Code requirements. The SHIP Department will require a permit and an in-progress visual inspection be performed and approved by the IRC Building Department Inspector.

NOTE 6: Where existing gutters are required to be removed to allow for roofing replacement, the condition of each section to be removed and reinstalled shall be documented IN WRITING with the homeowner. Reinstallation should meet or exceed the documented operation order as applicable.

➤ **Flat Roofing**

Material and Labor Cost _____ \$

Profit and Overhead _____ \$

2. HVAC (Complete Unit): Part of this Bid/Contract? [] Yes [] No

- Remove the existing HVAC system and all non-operational components. Install new complete HVAC unit (tonnage to be calculated based on required energy calcs), **minimum 14 SEER** central heating and air conditioning system. **Rheem (RA14) Classic Series or approved equal in value and quality.**
- The system is to include infrastructure to ensure service to all habitable rooms, including cleaning, and adjusting the ducts/plenums to ensure maximum air flow. Installation shall also include new return grill, air handler, piping electrical service connects/disconnects, programmable thermostat, and all other infrastructure and components necessary for a complete working system. Exterior compressor must be installed on a minimum 3X3 concrete pad and bolted to the pad. The contractor must provide a written statement from the HVAC firm performing the duct/plenum cleaning that the ducts have been cleaned in accordance with all governing regulations.

NOTE 1: Contractor shall provide drawings, energy calculations, and documents as required to perform the SOW.

NOTE 2: HVAC installation shall include: A/C Add in duct ultra violet bacterial & mold protection/sterilization light.

NOTE 3: Electrical inspection report as required from the preface above should note the delay between switch operation and hallway overhead light illumination.

NOTE 4: A mechanical permit is required from the Building Department when replacing any AC system, ductwork, or equipment.

➤ HVAC

Material and Labor Cost _____ \$

Profit and Overhead _____ \$

3. Windows: Part of this Bid/Contract? [] Yes [] No

- Remove _____ (total) existing windows (Front____; Right____; Rear____; Left____). Replace windows with new Miami Dade NOA or Florida Product Approval system approved Hurricane rated Impact dual pane, single hung energy efficient rated windows with aluminum framed screen. Bathrooms shall have obscure glass. Bid to include all code required modifications to openings (anchor framing, buck, sealing, etc.) necessary to accommodate the new windows. Windows must be energy efficiency rating for the Southern Region (Florida climate zone-2A) of the United States: (Exact window size & dimensions to be determined by contracting firm); Installation to include all required permits, additional anchor framing, hardware, components, and tap cons (TAP CONS MUST BE WHITE) to ensure proper and complete installation to current Florida Building Code. (Recommended Product: PGT Win-Guard or equal in value and quality)

NOTE 1: Existing window sills are to be re-used if possible.

NOTE 2: Contractor shall submit Dade County or Florida Product Approval hurricane impact product approval stamped by the Building Department of jurisdiction, with this projects close-out package.

➤ **Windows**

Material and Labor Cost _____ \$

Profit and Overhead _____ \$

4. Other: Part of this Bid/Contract? [] Yes [] No

- Detailed description of the nature of the work or attach a separate sheet: _____

➤ **Other as Described Above**

Material and Labor Cost _____ \$

Profit and Overhead _____ \$

Any and all products or services included in this scope of work shall be installed to the manufactures specifications and in compliance with all applicable Indian River 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.

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.

READ CAREFULLY-WHEN THIS BID ESTIMATE/CONTRACT IS SIGNED

YOU ARE LEGALLY RESPONSIBLE.

NOTE:

- The County is not a party to the contract between the homeowner and contractor.
- 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 as additional insured) is required to be on file with the Indian River County Building Division or 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 this work write-up provided.
- No work shall begin and no material shall be ordered unless a NOTICE TO PROCEED is issued.
- BUILDING PERMIT MUST BE OBTAINED FOR ALL WORK PERFORMED WHEN REQUIRED BY THE BUILDING DIVISION.
- NO advance payment will be made to the contractor on behalf of the homeowner.
- Contractor is to provide to the county: a current W9 (dated in the last 12 months), proof of liability insurance listing IRC as certificate holder and additional insured, proof of auto insurance coverage (if available) listing IRC as certificate holder and additional insured, and proof of workers' compensation or exemption.
- SHIP Funds will be paid directly to the contractor upon submittal of a final invoice, a notarized Final Release of Lien from the contractor and sub-contractor(s), a notarized Contractor's Final Affidavit, and a Final Building Department inspection. For a partial draw leaving a minimum of \$5,000.00 due to the contractor, a final building department inspection on partial work, a notarized Contractor's Partial Affidavit and Partial Waiver of Lien, plus other additional items identified above are required.
- No SHIP funds shall be paid to the property owner (applicant).
- Owner/applicant and contractor must discuss and agree on all items related to this bid estimate/contract, including color and type of material to be used (SEE Exhibit "A" to follow).
- All surfaces disturbed by construction shall be repaired and finished to match existing.
- Contractor shall take before pictures and document working condition of all areas, appliances, etc. in the immediate area of construction and provide County with this proposal and pictures (email accepted).
- 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.
- All estimates must indicate if connection to public water or sewer service will be required and include all required utility capacity charges and permit fees for such services as part of this bid estimate/contract.

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

By signature below, I attest that I have read this entire scope and fully understand the requirements.

CONTRACTOR (Print Name): _____ Date: _____

CONTRACTOR Signature: _____

To receive consistent bid estimates, the Indian River County Local Housing Assistance program 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, submittal of required forms/documentation, and approval of the final inspections by the appropriate jurisdiction building inspector, the County on behalf of the homeowner 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 DEGREE, “ 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, required documentation and forms are submitted to the SHIP program, and the corresponding building department has certified the residence for occupancy, including all necessary final inspections. All work 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.

Residential Unit Information:

Unit Address: _____

Owner Name: _____

Owner Phone #: _____

Contractor Information:

Contractor Name: _____ Title: _____

Company Name: _____

Address: _____

Phone #: _____ Email Address: _____

Contractor License Information

State of Florida License Number: _____ Indian River County License Number: _____

(Signatures on Next Page)

Applicant (Owner) and Contractor Contract

This contract is solely for the benefit of the parties named below, and no enforceable right or cause of action shall accrue hereunder to or for the benefit of any entity or individual not a named party hereto.

CONTRACTOR:

I, (the contractor) have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents and hold harmless the County.

Contractor's Name (Print): _____ Title: _____

Contractor's Name (Signature): _____ Date: _____

Company Name: _____ Phone: _____

Position/title/relation to Contractor (if not the Contractor): _____

ENTER FINAL TOTAL BID IN THE PRICE BOX BELOW

Total Building Permit Fee(s):	_____	\$
Total Aggregate Labor and Material Cost:	_____	\$
Total Profit and Overhead:	_____	\$
Grand BID Total:	_____	\$

**Indemnification of Indian River County by Contractors Working on
Rehabilitation of Homes Owned by SHIP Program Applicants**

_____(name of contractor), its officers, members, and employees shall, through the signing of this document by an authorized party or agent, indemnify, save and hold harmless Indian River County, its agents, commissioners and employees from any claim, demand, suit, loss, cost of, expense, or damage which may be asserted, claimed or recovered against or from the County or County's agents or employees, by reason of any damage to property or person, including death, sustained by any person whomsoever, which damage is incidental to, occurs as a result of, or arises out of the negligent, reckless, willful or wanton act(s) or omissions of contractor and his or her sub-contractors.

Signature of Authorized Party (Contractor)

Title of Party Signing

Printed Name of Party Signing

Date of Signature

OWNER:

I/we, the listed owner(s)/applicant(s), have read in its entirety, and understood and agree with all of the terms, and conditions contained within this contract and SOW documents, and intend to select this contractor to complete the work identified in this estimate.

My/our signature below reflects my/our understanding and acceptance of the aforementioned scope of work with a total project cost of \$_____ (hand written by owner/applicant).

I/we, understand and agree that the selected contractor is solely responsible for their action/errors, etc. and the county is only the funding source for this rehabilitation work. I/we indemnify, save and hold harmless the Indian River County, its agents, commissioners, and employees from any claim, demand, suit, loss, cost of, expense, or damage which may be asserted, claimed, or recovered, which damage is incidental to, occurs as a result of, or arise out of the negligent, reckless, willful, or wonton act(s) or omissions of the contractor and his or her sub-contractors.

Applicant Name (Print): _____

Applicant Name (Signature): _____ Date: _____

Co-Applciant Name (Print): _____

Co-Applciant Name (Signature): _____ Date: _____

