

Community Assisted & Supported Living, Inc.

Contractor Bid Proposal Form

For Collier County Owner Occupied Rehabilitation Program

Company Submitting Bid: _____

Homeowner Name: _____

Chacon Household

Address: 708 Habitat Circle

City & Zip Code: Immokalee, FL 34142

Phone #: 239-228-3807

Project #: _____

The work bid form defines the scope of work at this residence to be performed as defined by the COLLIER COUNTY, FLORIDA CONTRUCTION & REHAB STANDARDS. Bids shall be submitted in a sealed envelope and marked "DO NOT OPEN, CASL SHIP REHAB PROGRAM" to Attention: Geoffrey Magon, Community Assisted & Supported Living, Inc. 5263 Golden Gate Pkwy Naples, FL 34108

Item #	Option	Description of Work	QTY	Quoted Price
1	2.5 ton 13 SEER Packaged Unit w/ heat	Purchase and Install Packaged Unit AC system will all necessary duct work.	1	
1	2.5 ton 16 SEER Packaged Unit w/ heat	Purchase and Install Packaged Unit AC system will all necessary duct work.	1	
1	2.5 ton 13 SEER Split System w/ heat	Purchase and Install Split System AC system will all necessary duct work.	1	
1	2.5 Ton 16 SEER Split System w/ heat	Purchase and Install Split System AC system will all necessary duct work.	1	
2	Electrical	Run 220 line for AC system	1	
3	AC Calculations to confirm 2.5 ton is minimum required.	AC Calculation	1	

Total Bid Amount (Higher Cost Option Alternatives): _____

Total Bid Amount (Lower Cost Option Alternatives): _____

Work to be performed in a workmanlike manner, in accordance with the Standard Rehabilitation Specifications, local codes and manufacture'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 Administered by CASL. As necessary, I will purchase, install, replace and or repair and deliver ALL items references within this bid document.

Company Name _____
Company Representative's _____
Representative's Signature _____

Mailing Address: _____

Representative's Phone Number _____

E-mail address _____

Date Submitted _____ Date Accepted _____

By my signature I certify that CCFC has verified license, liability insurance and proof of workman's comp. as required by our contract.

Geoffrey Magon, Director of Grants

Date