SANTA ROSA COUNTY
PROCUREMENT DEPARTMENT
6495 Caroline Street, Suite J | Milton, Florida 32570

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BID OPENING
June 21, 2016

Santa Rosa County Procurement Conference Room
Milton, Florida

Present: For Santa Rosa County:
Dave King - Procurement Officer; Henry Brewton - Sr. Budget Manager; Tom Collins – Fleet & Facility Manager
Others in attendance:
Buster Slay – Empire Truck Sales
Dewayne Walther – Bill Walther Construction

The meeting took place at 10:00 a.m.

The purpose of the meeting was to receive bids for Tandem Dump Truck Lease, Housing Rehabilitation at 5246 San Miguel St and King Middle/Glover Ln Sidewalk Design projects.

The following were received:

Tandem Dump Truck Lease — **Bid # 2016-039:**

1. Empire Truck Sales — $133,774.00 each
   Lease Options per yr: 3 Years - $93,942.39 4 Years - $71,408.80
2. Gulf Coast Truck and Equipment — No Bid

Housing Rehab @ 5246 San Miguel Ave — **Bid # 2016-041:**

1. Wolfe Construction — $18,535.00
   Addendums #1 - $1,785.00 #2 - $0.00
2. Bill Walther Construction — $22,620.00
   Addendums #1 - $3,300.00 #2 - $900.00

King Middle/Glover Ln Sidewalk Design — **Bid # 2016-044:**

1. DRMP — Received
2. Volkert — Received

NOTICE TO BIDDERS
HOUSING REHABILITATION

The Board of County Commissioners of Santa Rosa County, Florida will receive bids from qualified licensed contractors for the rehabilitation of the residence located at 5246 San Miguel St., Milton, Florida 32583.

All bids must be original and delivered by hand, Fed EX, or mail to the Santa Rosa County Procurement Department at 6495 Caroline Street Suite J, Milton, Florida 32570; and must be received by 10:00 a.m. local time, on Tuesday, June 21, 2016, at which time bids will be publicly opened and read aloud. Bids are to be sealed and clearly labeled "**BID# 16-041 – Rehab San Miguel St**". Bids received after the time set for the bid opening will be rejected and returned unopened to the bidder. All interested parties are invited to attend.

Questions concerning this project should be directed to Erin Malbeck of the Santa Rosa County Development Service Center at (850) 981-7092.

Project documents may be viewed at the Santa Rosa County Procurement Department at 6495 Caroline Street, Milton, Florida. Specifications may be secured from the Santa Rosa County Procurement Department or online. Telephone (850) 983-1870

A **MANDATORY** pre-bid conference will be held on June 2, 2016, at 8:30 a.m., local time, at 5246 San Miguel St., Milton, Florida 32583. All interested parties are invited to attend. Only those businesses represented may participate in the bid.

The Board of County Commissioners reserves the right to waive informalities in bids, to reject any or all bids with or without cause, and to accept the bid that in its judgment is in the best interest of Santa Rosa County, Florida.

Santa Rosa County Board of County Commissioners encourages all segments of the business community to participate in its procurement opportunities, including small businesses, minority/women owned businesses, and disadvantaged business enterprises. The Board does not discriminate on the basis of race, color, religion, national origin, disability, sex, or age in the administration of contracts.

By order of the Board of County Commissioners of Santa Rosa County, Florida

SANTA ROSA COUNTY

COMMUNITY PLANNING, ZONING, AND DEVELOPMENT DIVISION

Housing Program Rehabilitation Project

Address: 5246 San Miguel Street
Milton, FL 32583

Owner: Gina M. Germann

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Introduction

This manual contains both general requirements and specifications describing different areas of work, extent and quality of materials and labor. When rehabilitation work is being done in any area contained in the manual, these general specifications shall be binding and strictly adhered to.

Instructions to Bidders

- Each bid shall be accompanied by a Certified Check or bid Bond in the amount of five percent (5%) of the Base Bid, and copies of appropriate licenses. Such Bid Bond or Check is given with the understanding and agreement that it guarantees: (1) that the bidder will not withdraw his bid for a period of 60 days after the bids have been opened; and, (2) that if his bid is accepted, the Bidder will enter into the written Contract with Santa Rosa County within 10 days after receipt of Notice of Award of his bid. In the event the bidder fails to comply with any of these conditions and requirements in whole or in part, the full amount of the bond or check shall be automatically forfeited to Santa Rosa County as damages on account of the default of the bidder.

- Attendance at the pre-bid conference is mandatory.

- Submit all pages of the rehabilitation specifications with itemized prices and signature of Contractor in ink. Specifications submitted in pencil will be rejected by the bid committee.

- Labor, overhead, permits, insurance and profit must be included into each itemized price and not listed as a separate itemized price or listed under miscellaneous. Non-compliance will result in rejection of the bid.

- Itemized pricing may be used for negotiation, in the event of a change in the extent or scope of work, as described in the Specifications.

- All rehabilitation work performed must be inspected (rough-in and final) and conform to County Ordinances, State Laws, and Southern Building Code.

- Contractor will be allowed 45 days to complete all repairs.

- **Contractor must be a *CERTIFIED RENOVATOR* in compliance with HUD 24 CFR PART 745.225.**

Directions to Rehabilitation Location

Start at Highway 90, Milton, FL (Public Services Building)

1. Start out going south onto Avalon Blvd/FL-281/County Hwy-191A
4.24 mi

2. Turn right onto Del Monte Street
0.80 mi

3. Turn right onto 14th Avenue.

4. Turn left onto San Miguel (5246 is on the corner of San Miguel and 14th Ave)

Bid Form

CONTRACTOR'S SUBSTANTIAL REHABILITATION
SPECIFICATIONS BID SUBMISSION SHEET
SHIP/HOME PROGRAM

APPLICANT/OWNER: Gina M. Germann	
ADDRESS: 5246 San Miguel Street, Milton, FL 32583 **PHONE NO.** 850-712-5542	
BID NO: 016-041	**DATE PREPARED:** 5/10/2016
BID OPENING DATE: June 21, 2016 **TIME:** 10 AM	**MANDATORY PREBID MEETING** **DATE:** June 2, 2016 **TIME:** 8:30 am

Contractor's Certification:
I (we) certify that I (we) have carefully examined the ***Housing Program Rehabilitation Project document including the Contractor Section,*** for the above referenced job, and submit the following **TOTAL** bid to complete the project to construction industry standards for repairs, and that there will be **NO CHANGE ORDERS OR ADDITIONAL FUNDING** on this project. On the basis of these examinations, I(We) propose to furnish all materials, tools, machinery and labor necessary to complete the work in a professional manner and to complete the rehabilitation work at the prices listed opposite each item.

Pre-bid meeting mandatory:

Location: 5246 San Miguel Street, Milton, FL 32583
Date/Time: Thursday, June 2, 2016 @ 8:30 am

Bids submitted by contractors who do not attend the mandatory meeting will be disqualified.

Itemized bid required. Complete the following form and enter total bid price below. Submission sheet must be prepared in ink and signed by the Contractor or authorized employee. Submission sheets are to be delivered to the Santa Rosa County Office of Procurement in a sealed envelope that designates the job name.

TOTAL BID PRICE (including all addendums): $ _____

CONTRACTING FIRM: _____ PHONE: _____

SIGNATURE: _____

TITLE: _____ # OF ADDENDUMS RECEIVED _____

BID SUBMITTAL REQUIREMENTS:

1. **Must** include all **itemized costs. ITEMIZED COSTS MUST EQUAL TOTAL BID.**
2. **Must** be **typed** or written in ink.
3. **Must** be **signed** by submitting contractor.
4. **Must** include **Total Bid Price.**

Note: **Bids that do not meet the above four requirements will not be considered.**

**The lack of a specific notation for work that is necessary to accomplish those tasks that are specifically identified does not relieve the bidder of the responsibility to include as part of the overall bid. *

AREA	DESCRIPTION	COST
Exterior	• Replace any existing siding missing • Replace the front two living room windows and master bedroom window	_____ _____
Roof	• Replace existing roof. Replace any damaged wood on fascia and soffits, cover with vinyl • Replace any rotten wood decking as needed • Replace any missing soffit vent covers • Replace the existing front porch overhang • Replace all existing plumbing boots and seal properly to prevent water intrusion	_____ _____ _____ _____ _____
Interior	• Replace sheetrock in ceiling of living room and front left bedroom (master) to a finished state, texture, and paint • Several areas in living room are missing sheetrock on walls, replace, texture and paint • Insulation will need to be installed in exterior walls where sheetrock is to be replaced • Insulation will also need to be installed in attic	_____ _____ _____ _____
Addendum #1 If applicable	If there is an addendum #1 for this project, be sure to include the price you list here on the addendum #1 page	_____
Addendum #2 If applicable	If there is an addendum #2 for this project, be sure to include the price you list here on the addendum #2 page	_____
Addendum #3 If Applicable	If there is an addendum #3 for this project, be sure to include the price you list here on the addendum #3 page	_____
Addendum #4 If Applicable	If there is an addendum #4 for this project, be sure to include the price you list here on the addendum #4 page	_____
	TOTAL (this total price will include the cost of the scope of work plus all addendums received. This figure will be the same as the figure you list on the 1st page of Bid Form	$_____

CONTRACTOR'S STATEMENT OF QUALIFICATIONS

(Contents of this statement will be confidential.)

NAME OF CONTRACTING FIRM:	
ADDRESS OF FIRM:	
SOCIAL SECURITY NUMBER:	PHONE: FAX: CELL:
DATE FIRM ORGANIZED/HOW LONG IN BUSINESS:	WHERE INCORPORATED AND WHEN:
HOW LONG IN CONTRACTING BUSINESS UNDER PRESENT FIRM NAME:	HAVE YOU ENGAGED IN BUSINESS UNDER ANY OTHER NAME?
GENERAL NATURE OF WORK PERFORMED BY YOUR FIRM:	HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU OR YOUR FIRM? (Yes or No) (If Yes, attach statement explaining where and why.)
HAVE YOU EVER DEFAULTED ON A CONTRACT? (Yes or No) (If Yes, attach statement explaining where and why.)	CAN YOUR FIRM FURNISH A LETTER OF CREDIT FROM YOUR SOURCE OF FINANCING?
LIST RECENT REMODELING JOBS:	
CLIENT NAME:	CLIENT PHONE NUMBER:
ADDRESS:	
CLIENT NAME:	CLIENT PHONE NUMBER:
ADDRESS:	
CLIENT NAME:	CLIENT PHONE NUMBER:
ADDRESS:	

LIST OF SUBCONTRACTORS

PLUMBER:	PHONE NUMBER:
ADDRESS:	
ELECTRICIAN:	PHONE NUMBER:
ADDRESS:	
ROOFER:	PHONE NUMBER:
ADDRESS:	

CARPENTER:	PHONE NUMBER:
ADDRESS:	
SEPTIC TANK:	PHONE NUMBER:
ADDRESS:	
LIST YOUR USUAL MATERIAL SUPPLIERS AND ACCOUNTS:	

ATTACH CURRENT COPIES OF THE FOLLOWING:

* State of Florida, Dept. of Professional Regulation Registration
* County Contractors Certificate
* Contractor's Liability Insurance Certificate
* W-9 Form
* Workman's Compensation Insurance Certificate or Waiver issued by the State of Florida
* Certified Renovator/Painter Certification

TYPED OR PRINTED NAME AND TITLE OF CONTRACTOR: SIGNATURE:
STATE OF FLORIDA COUNTY OF _____ Sworn to and subscribed before me this _____ Day of _____, 200___. _____ (Signature of Notary Public - State of Florida) Personally Known _____ or produced the following as Identification:

SWORN STATEMENT UNDER SECTION 287.133 (3) (A),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. *This sworn statement is submitted to* _____

   by _____
   (print individual's name and title)

   for _____
   (print name of entity submitting sworn statement)

   whose business address is _____

   _____

   and (if applicable) its Federal Employer Identification Number (FEIN) is _____. *If the entity has no FEIN, include the Social Security Number of the individual signing this Sworn Statement:* _____.

2. *I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods of services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.*

3. *I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contrendre.*

4. *I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:*
   1. *A predecessor or successor of a person convicted of a public entity crime; or*
   2. *An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima faca case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of public entity crime.*

5. *I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with legal power to enter into a binding contract and which bids or appeals to bid on contracts for the provision of goods and services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.*

6. *Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)*

   _____ *Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.*

   _____ *The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.*

   _____ *The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officers determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (ATTACH A COPY OF THE FINAL ORDER.)*

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____
(Signature)

Sworn to and subscribed before me this _____ *day of* _____, 2_____.

Personally known _____ _____

or Produced identification _____ *Notary Public – State of* _____

_____ *My commission expires* _____
(Type of identification)

_____ (Printed, typed, or stamped commissioned name of notary public.)

General Requirements

1. **Workmanship: Industry Standard**

   Workmanship will be judged as to industry standard.

2. **Testing/Grading Criteria: ASTM**

   If necessary, any testing or grading criteria will be in accordance with the appropriate ASTM.

3. **Qualifications of Persons/Firms on the Job**

   Persons or firms on the project shall be actively engaged in the line of work required by the specifications and shall be able to refer to work of similar character performed by them. They shall be fully conversant with the general technical phraseology of the line of work covered by the drawings and specifications.

4. **Bid Only on Items Indicated**

   Contractors are cautioned to bid only on indicated items. Neglect to do so will result in a bid rejection.

5. **Work Deviating from Specifications**

   When rehabilitation work is in progress contractors will not be paid for any work deviating from specifications unless the change is approved in writing by the property owner and Santa Rosa County housing program administrator. Change requests must be submitted within 3-days from contractor request and owner approval.

6. **Substitutions**

   No substitutions for any item listed in the specifications will be accepted unless approved in writing by Santa Rosa County.

7. **Omissions/Discrepancies in Project Bid**

   The contractor shall bring to the attention of Santa Rosa County omissions and discrepancies in the project bid items. Failure to do so is an indication of the contractor's willingness to accept the original intent within the scope of standard practice to complete the renovation not leaving any unfinished or incomplete work in part or whole. No qualification of a bid item is acceptable. Including a bid qualification is grounds for rejection.

8. **Equal Substitutions**

   The phrase equal means equal in quality and integral properties and similar in design. All materials and workmanship shall comply with applicable codes.

9. **Inspection of Work**

   The contractor shall permit Santa Rosa County to inspect the work at any time.

10. Work Performance

All work performed must comply with the Florida Building Code and the Project Bid Specifications Handbook. Work must conform to project bid specifications. Materials, procedures and workmanship must also comply. All work shall be completed in an acceptable workmanlike manner. Items omitted in the specification that are discovered during a site investigation by the contractor should be brought to the attention of Santa Rosa County before the bid opening date.

11. Dimensions and Measurements

Dimensions and measurements stated in the specifications are for guidance only. The bidder is responsible to investigate the site and to verify dimensions and measurements. Santa Rosa County will not adjust the contract amount in the event stated specification measurements or dimensions are found to be inaccurate. Measurements noted in the specifications are rounded up to the closest foot.

12. Addenda or Corrections

Addenda or corrections issued during the time of tendering are to be covered in the proposal and shall become part of the contract documents.

13. Detailed Cost Breakdown

The contractor selected for the project must provide a detailed breakdown relative to cost. The cost breakdown establishes a basis to work from if any changes or deletions are made to the scope of work during the construction. In the absence of a detailed cost breakdown, the County estimate figures will become binding in the event of any changes.

14. Orderly Work Site and Debris Removal

The contractor is responsible for maintaining an orderly work site and will not allow debris to accumulate. All hazardous conditions will be corrected and debris removed prior to final payment.

15. Work Left Open Until Inspected

No framing, mechanical or electrical work is to be closed-in until inspected by the County Inspections Officer.

16. OSHA Guidelines/Standards Enforced

OSHA guidelines and standards shall be strictly enforced.

17. Safety/Security of Dwelling

If a resident relocates, the safety and security of the dwelling becomes the sole responsibility of the contractor. Utilities that are removed or relocated will be replaced prior to final inspection.

18. Lead-Based Paint Prohibited

Use of all lead-based paint (any paint containing more than .06% lead by weight in the total non-volatile contents of liquid paint or in the dried film of paint already applied) is strictly prohibited.

19. Building Permits

All rehabilitation projects will require a building permit and any sub permits should be obtained as required by code. Work shall not commence until the Building Permit Card has been posted in a conspicuous place on the front of the premises. It is the responsibility of the contractor to request the appropriate inspection from the County Inspections Office at each inspection level required under the scope of the rehabilitation work. If a permit is not required by the county, a letter documenting the determination, including the name and contact information for the person making the determination, is required.

20. Replacement of Materials

Unless otherwise indicated, any material being replaced shall be replaced with material of the same type, dimension and initial quality.

21. Installation and Associated Items

Installation or repair of items includes all accessory items associated with that installation.

22. Repair of Non-Specified Areas

While repairing specified items, any damage done to other adjoining areas shall be repaired or replaced.

23. Definition of Replace

Replace is defined as removing existing materials and installing new. All work associated is included. The finished area is to be in a new rehabbed state.

24. Removal of Material from Job Site

Unless otherwise authorized, all material removed from the job becomes the responsibility of the contractor. Any material removed from the dwelling may remain in the custody of the owner at their request.

25. New Items Installed to Finished State

New items must be installed to a finished state (i.e. doors to be hinged, locked, trimmed, painted and threshold installed.)

26. Roof Inspections

24 hours prior to roof removal, the contractor shall notify Santa Rosa County Housing Office. Unless otherwise advised, the contractor should not cover the roof until an inspection is complete.

27. Handicap Accessibility

Handicap accessibility requirements will be addressed on an individual case basis. Requirements for a specific project will be detailed per the Americans with Disabilities Act (A.D.A.) and all other applicable federal and state laws.

28. Code Compliance

All work performed on a rehabilitation project must comply with local, state and federal codes and guidelines.

29. Change Orders

Any change request to the general specifications or job specification must be submitted in writing. No work is authorized until a change order is approved. A change order request must be submitted to the County within three days of the issuance by the contractor and approval by the owner.

30. Personal Items

Removal and relocating of all personal items in the dwelling is the sole responsibility of the owner.

Specifications

ITEM	SPECIFICATION
Insulation	Wall: 3 ½" Kraft back fiberglass (R11) Ceiling: Minimum R-30; Owens Corning or equal.
Windows	Single hung; double glazed insulated units. Screens included. Croft, Keller or equal. All must comply with 140 mph criteria or county code.
Wood Framing	Sole plates and/or framing next to concrete or masonry shall be pressure treated. Framing for wall to be 16" o.c., with single bottom plate, double top plate.
Roofing	Shingles shall be 235#, 35-year fiberglass. Owens Corning, GAF or equal. All roofs will include shingles, 15# felt, factory baked on enameled finish eave metal, new roof jacks and hubs and a minimum of 30 feet of ridge vent. All roofing must comply with Rule 9B-3.0475 Hurricane Mitigation
Metal Roofing	Corrugated roofing shall be 29 gauge galvanized.
Exterior Finish Wood Work	Wood to be "B" & better pine, No. 1 fir or redwood. Plywood to be A/C grade exterior glue per CS-45-60
Interior Finish Wood Work	Wood to be "B" & better pine, No. 1 fir or redwood, or "B" & better hardwood. Finger joint millwork is acceptable for paint grade only. Hardwood to be #1 oak, birch or maple.
Trusses	Produced only by an approved truss manufacturer. Approved anchoring devices will be installed per manufacturer's instructions.
Cabinets	Kitchen cabinets shall be constructed of ¾" birch plywood or better. Front frames shall be of basswood or hardwood. Shelves shall be of solid pine or A/C exterior grade plywood. No particle board shall be used. Concealed cabinet sides may be of ¾" fir plywood. All surfaces shall be sanded and finished. All cabinets shall have a plywood or paneling backing. The interior surfaces (doors, sides, backs and shelves) shall be sealed and varnished. Cabinets shall be mounted with wood screws (NO NAILING). Base cabinets shall have 12" wide shelves. Drawers shall have side mounted drawer guides. Must meet AWI economy grade or better. All plywood shelves must have a ¼" hardwood nosing. Cabinets can be primed and

ITEM	SPECIFICATION
	painted or stained, sealed and varnished.
Kitchen Sink	Stainless steel, 22 gauge or equal.
Fixtures	All brass, chrome plated. Standard or equal.
Counter Tops	Post-formed or custom-built by an approved manufacturer. Wilson Art, Formica or equal.
Handicap Requirements **Non-ADA Unit**	When required (2) 36" handicap bars, Model CS-1; stainless steel H series or equal will be installed at the tub and toilet areas. Blocking will be installed from stud to stud, adequate to support the appropriate weight. Also one (1) handicap toilet with supply and wax seal will be installed.
Hot Water Heater **Central Heating Closet**	Hot water heater/central heat closet shall be 2X4 walls, sheetrock on side, corner base and crown trim if necessary, luan door with vent or return as required. Central heat platform to be 2X4 framed with 1" plywood floor.
Concrete Slab	2500 psi concrete cured 7 days with sand or burlap. Minimum 4" thick, 6 mil poly, 10 X 10 wwm. Deviation ¼" in 10 foot. Steel trowel finish.
Sidewalks	2500 psi. Minimum 3 ½" thick. Deviation ¼" in 10 foot. Light broom finish.
Gypsum Wallboard	Walls: ½" wallboard, nailed 8" on the edge, 12" in field. Ceilings: 5/8" wallboard nailed 8" on the edge, 8" in the field. (1/2" ceiling board is acceptable.) Bathroom Walls & Ceilings: moisture resistant wallboard is required. Drywall shall be taped, bedded, floated, sanded and touched-up.
Doors	**Exterior:** 1 ¾" wood core, hardwood edge band, wood veneer. **Steel Insulated:** Stanley or equal. **Interior:** 1 3/8" luan hollow-core. All doors to include jambs, headers, interior and exterior trim, hinges, applicable lockset and strike. Exterior door to be equipped with code compliant dead bolt lock. Door thresholds shall be supported by either a brick rowlocks or concrete sill.
Painting	A. All new wood shall have one primary coat and 2 finish coats. All defects shall be filled and sanded before finish coat. Paint

ITEM	SPECIFICATION
	is to be oil or latex; Pratt Lambert, Devoe, Pittsburg or equal. B. All finish nails shall be set, filled and sanded before finish coat. C. Caulking of all woodwork, cracks, defaults or voids is considered part of the painting. D. Bath/kitchen wall paint shall be enamel. E. All work shall be sanded, primed if necessary and filled before finish coat. F. All floor covering and personal items not removed shall be protected while painting.
Floor Covering	Replacement of floor covering includes removal and replacement if necessary of all base or shoe mold. All seaming shall be in accord with manufacturing recommendations. Finished vinyl product shall be cleaned, sealed and waxed (3 applications where applicable). Vinyl shall be Armstrong or equal.
Septic Tanks	When required, each residence shall have the existing tank pumped out. If required, a new tank and/or field lines will be installed per local health department regulations. All work performed will be done in accordance with all applicable state and county regulations and ordinances.
Gas	Contractors are to examine existing system, pressure test and certify compliance of system or replace as necessary to meet code. Contractor must disconnect all gas appliances prior to moving and storage of furniture. It is recommended that the Contractor secure the gas meter at the start of work. Existing gas lines may be utilized, however they must be brought to code and operational. Any new gas line installed must be galvanized or black iron. All systems must be tested at rough-in inspection and must hold 40 psi. All gas appliances must have new gas ball shut-off valves and flex lines installed from gas line. Contractor must reconnect all gas appliances stored during rehabilitation (stove, oven, cook top, etc.). Provide combustion-air for both heater and water heater.
Appliances	**Refrigerator** Energy Star Rating: Model comparable to Lowe's Frigidaire 20.6 Cu.Ft. Top Mount Refrigerator Model: FRT21IL6JW **Range** Model comparable to Lowe's Frigidaire FFEF3015LW

ITEM	SPECIFICATION
	Built-in Dishwasher Energy Star Rating Model comparable to Lowe's Frigidaire 24 inch built-in Model #FDB520RHS **Microwave** Over the Range Microwave (white). Model comparable to Lowe's Frigidaire 1.6 Cu.Ft. unit, Model # FFMV162 LW
Smoke Detectors	Each residence shall have smoke detectors installed per code.
Carbon Monoxide Detectors	Each residence will have carbon monoxide detectors installed per code.
Termites	When required, each housing unit must be treated for termites with a one-time certified treatment that is guaranteed for one year.
Data Sheets	When required Contractor will supply catalog data sheets, detail sheets, cut sheets, manufacturer's data sheets, MSDS sheets, and/or product sheets for any and all items furnished on the project.
Electrical	1. Check and evaluate. Check entire system and provide written report of all requirements to bring to code. 2. Bring to code. Bring all existing devices and wiring to code. Include all lights on switches, GFI's in kitchen and bath, HWH wired correctly and replacement of all defective devices and fixtures. It does not include new circuits, CB panels or service devices unless otherwise noted. 3. Rewire. Replace weatherhead, mast, meter can, power-pac, CB panel, wiring not to code, fixtures, devices and trim. It does include all circuits and upgrades to bring entire dwelling to current codes.
Bath Accessories	When specified, accessories will include (1) towel bar, (1) soap dish, (1) toilet paper dispenser, (1) mirror or medicine cabinet. Tubs will include (1) soap dish and (1) handle or grab bar. Tubs that are to be replaced should be replaced with a 3 piece fiberglass tub/shower unit.
Reattachment/Hook-ups	The Contractor is responsible for proper reattachment and hook-up of appliances, existing co-axial cable, telephone and interface, electric, water and sewage.

Owner Selections

Item	Limits
Exterior Trim Paint	One Color
Exterior Siding Paint	One Color
Interior Wall Paint	One Color
Interior Trim Paint	One Color
Interior Stain Color	One Color
Ceiling Tile	One type
Roof	35-year Fiberglas/one color
Ceramic Tile	None
Carpet	$16 square yard installed/one color. Pad included. Meets FHA/VA specs.
Vinyl or Composite Tile	$16 square yard installed/one color. Meets FHA/VA specs.
Stove	$500 limit includes tax, delivered and installed. Model comparable to Lowe's Frigidaire 30 inch Freestanding Electric Range: White, Model #: FFEF3015LW
Refrigerator	$750 limit includes tax, delivered and installed. ENERGY STAR qualified; Model comparable to Lowe's Frigidaire 20.6 Cu. Ft. Top Mount Refrigerator Model #FRT21IL6JW, Item #: 293505 Automatic Defrost; No Through the Door Ice Service
Built-in Dishwasher	$325 limit includes tax, delivered and installed. ENERGY STAR qualified; Model comparable to Lowe's Frigidaire 24 inch built-in Model # FDB520RHS
Microwave	Over-the Range Microwave (color White): $250 limit includes tax, delivered and installed. Model comparable to Lowe's Frigidaire 1.6 Cu.Ft. unit, Model # FFMV162LW

Vent Hood	$125
Vinyl Siding	One Color
Bath Fixtures	White only
Cabinet Finish	Painted, stained, antiqued or natural finish

Owner Responsibilities and Obligations

1. The property owner responsibilities/notices:

    a. The Owner is responsible for maintaining existing utilities for the Contractor's use during the rehabilitation period and will permit the contractor to use, at no cost, existing utilities such as electricity, heat and water necessary to complete the subject work.

    b. Cooperate with the County, Housing Program Staff and the Contractor to facilitate the performance of the rehabilitation work.

    c. The premises will be vacant during the course of the construction work.

    d. Final payment of the contract amount will be made after acceptance of work and final inspection by the Housing Program Inspector and the County Inspections Division along with the State Health Department. The Housing Program Staff will make the final decision in regard to disputes between the owner and the contractor. These decisions will be binding upon all parties involved.

    e. Failure to sign the Final Release and Warranty will nullify all warranties, written or implied. Once the final release and warranty is signed, the contractor will provide a 365-day surety on all work performed. Should any defects arise during that period, the owner should notify the contractor by phone and follow-up with a letter describing the problem. If the contractor fails to respond, a formal complaint should be filed with the local inspection department, State Construction Industry Licensing Board and the local Better Business Bureau. Mediation services are provided at no cost to the owner.

2. Items left within the home which are to be removed or replaced by the Contractor become the property of the Contractor and must be removed from the site by the Contractor.

Payment Schedule

Contracts of $10,000 or less will be paid in a lump sum upon completion.

For projects greater than $10,000, the Contractor will be eligible for a 40% draw when work is 50% completed as determined by the itemized cost for the job.

The Contractor will be eligible for final payment after all conditions of the ***Operations Manual*** have been met.

Payment will be made within thirty (30) days of the date of approval by the County.

Contractor Section

The following major provisions must be observed in bidding for and completion of all rehabilitation work performed under the Santa Rosa County SHIP/HOME Program.

This section sets forth requirements and procedures with respect to construction contracts for rehabilitation and related activities. Construction will be undertaken only after a written contract between the Contractor and the homeowner/recipient of the individual loan or grant has been executed.

Form of Contract

The construction contract will consist of a single agreement signed by the Contractor and the recipient following approval of the loan/grant by Santa Rosa County. It shall include the Contractor's bid, general conditions, and the specifications for the work to be performed. The Contract form shall be provided by Santa Rosa County Attorney.

Contract Procedure

The following major provisions must be observed in contracting for and completion of all rehabilitation work performed under the Santa Rosa County SHIP/HOME Program.

1. Bid proposals must specify the name of the owner and the address to which the Contractor's bid pertains. Proposals must be submitted on behalf of the homeowner to the appropriate County office identified in the public notice before the closing time and date.

2. Appropriate notice will be given as to the date and time by which a bid will be received or accepted.

3. A pre-bid conference will be held prior to each bid opening. The purpose of this meeting is for contractors to bring any omission, alterations, and recommendations concerning the work write-up to the attention of County staff. This is an opportunity to make suggestions prior to bidding and failure to do so will demonstrate the contractor's acceptance of the work as defined, and therefore any obvious omissions will become the responsibility of the contractor. No obvious omissions type of change order, resulting in additional cost, will be considered after the subject pre-bid conference. The contractor or appropriate representative is required to attend the pre-bid conference.

4. When identical dollar amounts are bid on a specific project, the County reserves the right to make a determination as to award of the contract. The basis of this decision will be the work schedule and work capacity of the contractors involved.

5. Contractors' bid for work shall be accepted or rejected within thirty (30) days from the established receipt date.

6. County staff will notify the successful bidder of the award of the contract immediately upon approval of the required documents, or within 45 days of acceptance of bid, whichever occurs first.

7. Following an award, the appropriate binding contract documents will be approved and signed by all parties. No work is to be undertaken without such contract or prior to issuance of a written notice to proceed. Contractor shall commence with active field construction of the project within seven (7) days of receipt of the notice to proceed. After 30 days the job will be passed to the next eligible bidder.

8. The contractor to whom any bid is awarded shall provide the County with a cost breakout of each aspect of the job prior to commencement of the work. If this is not followed, the County estimate will be used to evaluate the cost of any deletion in the scope of work.

9. A notice of commencement will be filed on each job in conjunction with the issuance of the notice to proceed.

10. The contractor must satisfactorily complete all the work within the contract period from the date of "notice to proceed." No allowance or extension will be given for inclement weather or other events. The only exception to this policy would be in the event of a natural disaster such as a hurricane or major flood. For each day in excess of the contract period, the contractor may be assessed liquid damages in the amount of $250 per day. Should a contractor's completion date fall on a weekend or holiday, the job must be 100% complete and ready for inspection on the morning of the next working day in order to avoid the assessment of a damage charge.

11. In order to qualify for payments beyond the contract amount, all work must be substantiated by a written change order approved by the County, the contractor and the homeowner.

12. All invoices will be approved by the homeowner. The following must be complete in order for the contractor to qualify for the final draw.

    - County Building Inspection Certificate of Occupancy and final approval of electrical, plumbing, gas and building and State Health Department inspection of septic system. If a permit is not required written verification must be provided.

    - Final walk through and acceptance of homeowner and approval by Housing Program Inspector.

    - List of all sub-contractors, permit numbers and phone numbers.

    - Keys and warranty papers (stove, refrigerator, roof, siding, flooring, vent hood, central heating and air conditioner, tubs, sinks, faucets and any other warranted item) provided to the homeowner.

    - Final invoice from contractor for work completed.

    - Contractor's affidavit (release of liens).

    - Punch list items must be complete.

- Color selection sheet signed by homeowner and contractor.

13. The contractor must not assign the contract or any part thereof without the written permission and sanction of the Housing Program staff.

14. The contractor is required to:

    - Provide Certificate of Insurance for the following insurance requirements:

(1) THE CONTRACTOR SHALL OBTAIN AND MAINTAIN SUCH INSURANCE AS WILL PROTECT IT FROM: (1) CLAIMS UNDER WORKER'S COMPENSATION LAWS; (2) CLAIMS FOR DAMAGES BECAUSE OF BODILY INJURY, OCCUPATIONAL SICKNESS OR DISEASE OR DEATH OF HIS EMPLOYEES INCLUDING CLAIMS INSURED BY USUAL PERSONAL INJURY LIABILITY COVERAGE; (3) CLAIMS FOR DAMAGES BECAUSE OF BODILY INJURY, SICKNESS OR DISEASE, OR DEATH OF ANY PERSON OTHER THAN HIS EMPLOYEES INCLUDING CLAIMS INSURED BY USUAL PERSONAL INJURY LIABILITY COVERAGE; AND (4) FROM CLAIMS FOR INJURY TO OR DESTRUCTION OF TANGIBLE PROPERTY INCLUDING LOSS OR USE RESULTING THEREFROM—ANY OR ALL OF WHICH CLAIMS MAY ARISE OUT OF, OR RESULT FROM, THE SERVICES, WORK AND OPERATIONS CARRIED OUT PURSUANT TO AND UNDER THE REQUIREMENTS OF THE CONTRACT DOCUMENTS, WHETHER SUCH SERVICES, WORK AND OPERATIONS BE BY THE CONTRACTOR, ITS EMPLOYEES, OR BY SUBCONTRACTOR(S), OR ANYONE EMPLOYED BY OR UNDER THE SUPERVISION OF ANY OF THEM, OR FOR WHOSE ACTS ANY OF THEM MAY BE LEGALLY LIABLE.

(2) THIS INSURANCE SHALL BE OBTAINED AND WRITTEN FOR NOT LESS THAN THE LIMITS OF LIABILITY SPECIFIED HEREINAFTER, OR AS REQUIRED BY LAW, WHICHEVER IS GREATER.

(3) THE CONTRACTOR SHALL REQUIRE, AND SHALL BE RESPONSIBLE FOR ASSURING THROUGHOUT THE TIME THE AGREEMENT IS IN EFFECT, THAT ANY AND ALL OF ITS SUBCONTRACTORS OBTAIN AND MAINTAIN UNTIL THE COMPLETION OF THAT SUBCONTRACTOR'S WORK, SUCH OF THE INSURANCE COVERAGE'S DESCRIBED HEREIN OR AS ARE REQUIRED BY LAW TO BE PROVIDED ON BEHALF OF THEIR EMPLOYEES AND OTHERS.

(4) THE CONTRACTOR SHALL REQUIRE THE INSURANCE AGENT/BROKER TO PROVIDE REPLACEMENT CERTIFICATES OF INSURANCE ON A TIMELY BASIS, PREFERABLE NO LATER THAN FIVE (5) DAYS PRIOR TO POLICY TERMINATION.

(5) IF COUNTY HAS ANY OBJECTION TO THE COVERAGE AFFORDED BY OTHER PROVISIONS OF THE INSURANCE REQUIRED TO BE PURCHASED AND MAINTAINED BY CONTRACTOR IN ACCORDANCE WITH THE REQUIREMENTS OF THE CONTRACT DOCUMENTS ON THE BASIS OF ITS NOT COMPLYING WITH THE CONTRACT DOCUMENTS, COUNTY SHALL NOTIFY CONTRACTOR IN WRITING THEREOF WITHIN THIRTY (30) DAYS OF THE DELIVERY OF SUCH CERTIFICATES TO COUNTY. CONTRACTOR SHALL PROVIDE TO THE COUNTY SUCH ADDITIONAL INFORMATION WITH RESPECT TO ITS INSURANCE AS MAY BE REQUESTED.

(6) THE CONTRACTOR SHALL OBTAIN AND MAINTAIN THE FOLLOWING INSURANCE COVERAGE'S AS PROVIDED HEREIN BEFORE, AND IN THE TYPE, AMOUNTS AND IN CONFORMANCE WITH THE FOLLOWING MINIMUM REQUIREMENTS:

A. FLORIDA STATUTORY WORKER'S COMPENSATION AND EMPLOYERS LIABILITY WITH LIMITS REQUIRED BY CHAPTER 440. FLORIDA STATUTES IN ADDITION, COVERAGE UNDER THE U.S. LONGSHOREMEN & HARBOR WORKERS' AND JONES ACT, MAY BE REQUIRED COVERAGE'S BY LAW OR REGULATION FOR THE WORK SPECIFIED IN THE CONTRACT. CONTRACTOR AND SUBCONTRACTORS MAY PROVIDE A VALID CERTIFICATE OF EXEMPTION ISSUED BY THE STATE OF FLORIDA IN LIEU OF WORKERS' COMPENSATION INSURANCE COVERAGE. (THIS EXEMPTION APPLIES TO SOLE PROPRIETORS AND CORPORATE OFFICES ONLY. STATUTORY WORKERS' COMPENSATION COVERAGE MUST BE PURCHASED FOR 1 OR MORE EMPLOYEES.)

B. COMMERCIAL GENERAL LIABILITY WITH MINIMUM COMBINED SINGLE LIMITS OF $1,000,000, INCLUDING COVERAGE PARTS OF BODILY INJURY, BROAD FORM PROPERTY DAMAGE, PERSONAL INJURY, INDEPENDENT CONTRACTORS, BLANKET CONTRACTUAL LIABILITY AND PRODUCTS AND COMPLETED OPERATIONS. THE COVERAGE FOR UNDERGROUND DAMAGE, EXPLOSION AND COLLAPSE SHALL NOT BE REMOVED BY EXCLUSION.

C. AUTOMOBILE LIABILITY WITH MINIMUM COMBINED SINGLE LIMITS OF $500,000 FOR ALL HIRED, OWNED AND NON-OWNED VEHICLES.

D. EXCESS OR UMBRELLA LIABILITY WITH MINIMUM LIMITS OF $2,000,000 WHICH ARE NO MORE RESTRICTIVE THAN THE UNDERLYING LIMITS. UMBRELLA COVERAGE SHALL DROP DOWN TO PROVIDE COVERAGE WHERE THE UNDERLYING LIMITS ARE EXHAUSTED.

E. PROFESSIONAL LIABILITY INSURANCE WITH MINIMUM LIMITS OF $500,000 FOR ENGINEERS, ARCHITECTS OR OTHER PROFESSIONALS EMPLOYED BY THE CONTRACTOR, IF ANY.

F. BUILDERS RISK INSURANCE UNDERWRITTEN ON THE "ALL RISKS OF PHYSICAL LOSS" BASIS FOR REPLACEMENT COST FOR THE FULL VALUE OF THE COMPLETED PROJECT TO COVER THE OWNER AND CONTRACTOR AS THEIR INTEREST MAY APPEAR. AN INSTALLATION FLOATER MAY BE AN ALTERNATIVE IF APPROPRIATE TO THIS SPECIFIC CONTRACT.

- Obtain and pay for all permits and licenses necessary for the completion and execution of the work and labor to be performed.

- Perform all work in conformance with applicable state and/or local codes, whether or not specifically referred to by the specification and drawings for the work.

- Keep the premises clean and orderly during the course of the work and remove all debris upon completion of the work. Materials and equipment that have been removed and replaced as part of the work shall belong to the contractor.

- Guarantee the work performed for a period of one year from the date of final acceptance of all work required under the contract. Furnish completed manufacturers and suppliers

guarantees and warranties covering materials and equipment replaced under the contract. This information must be furnished to the homeowner.

- Allow representatives of the state or county government to inspect the rehabilitation work at reasonable times during the progress of the work.

- Complete all warranty items and subsequently return the required form signed by the homeowner within ten (10) days of final. In the event a contractor fails to complete warranty work within the time frame, the homeowner should then file a formal complaint with the local Building Inspection Department, State Construction Industry Licensing Board and the local Better Business Bureau. Mediation services are provided at no cost for members of the Better Business Bureau.

Miscellaneous Provisions

1. The County may add other provisions to the general conditions as required to meet various federal, state and local laws and regulations governing equal employment opportunity, wage rates, contracting procedures, etc.

2. Upon entering the program, each qualified contractor will be provided a copy of the ***Operations Manual and General Specifications and Rehabilitation Standards.*** Each contractor will sign a statement indicating receipt of the information.

3. Job specifications detailed in the work write-up and illustrative sketches (if any), will be completed by the County Property Inspector for each property to be rehabilitated. Drawings shall be prepared only when essential to show the scope and detail of the work involved so that a fair bid for the work can be obtained and to avoid misunderstandings. The specifications and drawings shall result from an inspection of the property and interviews with the owner. The specifications shall clearly establish the nature of the work to be done and the materials and equipment to be installed. Known acceptable brands shall be identified by reference to manufacturers or associations specifications and provision shall be made for acceptance of equal substitutions. Each page of the specifications and drawings shall be numbered and shall contain proper identification and the date.

4. Contractors shall be of good reputation, financially sound, have adequate financial resources and be qualified to carry out the work.

5. The procedure for inviting and obtaining bids is dependent upon the estimated cost of the work to be performed.

    a. Less than $10,000. The construction contract may be negotiated with one or more prospective bidders.

    b. $10,000 or more. Invitation for bids shall be publicly advertised. The period of time between the request for bids and the bid opening shall not be less than seven (7) days.

6. If a bid other than the low bid is selected, a statement of the reasons for the selection will be provided. The owner's preference alone is not an acceptable reason for selecting a higher bid.

7. If two bids are not submitted and the bid received is acceptable, the bid may be awarded to the single bidder.

8. A standard specification and bid form shall be used for submission of all bids.

9. No member, officer or employee of the County or members of the governing body or other public official of the County who exercises any function or responsibility with respect to the Rehabilitation Program during their tenure or for one year thereafter shall have any interest, direct or indirect in any contract or sub-contract or proceeds thereof for work to be performed in connection with the SHIP/HOME Program.

10. The Contractor shall not discriminate against any employee or applicant for employment because of race, creed, religion, color, age, sex, familial status, national origin or handicap

BID SUBMISSION CHECKLIST

Project Address: 5246 San Miguel St, Milton, FL 32583

Contractor: _____

____ Bid Form (scope of work)

____ Contractors Statement of Qualifications (Notarized)

____ **Certified Renovator ID in accordance with HUD 40 CFR PART 745.225**

____ Business License

____ Insurance Document

- ____ General Liability 300,000
- ____ Auto Insurance 300,000 combined single limit
- ____ Workman's Comp

____ Sworn Statement (Notarized)

____ W-9

ATTACH THIS PAGE TO THE TOP OF YOUR BID SUBMISSION

Santa Rosa County

Housing Program Rehabilitation Project

Address: **5246 San Miguel St, Milton, FL 32583**

PROJECT BID ADDENDUM #1
**Include this ADDENDUM in your bid.

The following additions/clarifications are to be incorporated into the project scope of work

1. Engineered drawings will need to be submitted with your permit for porch replacement (the existing porch structure was not built or secured to the home properly, which is why it was ripped off during recent tornado event)
2. Include wind borne debris protection for all windows of the home (minimum code requirement is plywood)
3. Clarification "Interior": replace **all** sheetrock within master bedroom, texture and paint
4. Clarification "Interior": Living room south wall, patch area with missing sheetrock, texture, and paint
5. Clarification: When installing insulation in the home, the homeowner has purchased "Radiant Guard", this is a type of foil barrier that goes over the R30 insulation, please install R30 insulation as stated in initial bid packet, also install this "Radiant Guard"

Total Cost for Addendum #1: _____

End of ADDENDUM #1.

BID SUBMISSION CHECKLIST

Project Address: 5246 San Miguel St, Milton, FL 32583

Contractor: Wolfe Construction Inc

- ✓ Bid Form (scope of work)
- ✓ Contractors Statement of Qualifications (Notarized)
- ✓ **Certified Renovator ID in accordance with HUD 40 CFR PART 745.225**
- ✓ Business License
- ✓ Insurance Document
  - ___ General Liability 300,000
  - ___ Auto Insurance 300,000 combined single limit
  - ___ Workman's Comp
- ✓ Sworn Statement (Notarized)
- ✓ W-9

ATTACH THIS PAGE TO THE TOP OF YOUR BID SUBMISSION

Bid Form

CONTRACTOR'S SUBSTANTIAL REHABILITATION
SPECIFICATIONS BID SUBMISSION SHEET
SHIP/HOME PROGRAM

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APPLICANT/OWNER: **Gina M. Germann**	
ADDRESS: **5246 San Miguel Street, Milton, FL 32583** PHONE NO. **850-712-5542**	
BID NO: **016-041**	DATE PREPARED: **5/10/2016**
BID OPENING DATE: **June 21, 2016** TIME: **10 AM**	MANDATORY PREBID MEETING DATE: **June 2, 2016** TIME: **8:30 am**

Contractor's Certification:
I (we) certify that I (we) have carefully examined the ***Housing Program Rehabilitation Project document including the Contractor Section,*** for the above referenced job, and submit the following **TOTAL** bid to complete the project to construction industry standards for repairs, and that there will be **NO CHANGE ORDERS OR ADDITIONAL FUNDING** on this project. On the basis of these examinations, I(We) propose to furnish all materials, tools, machinery and labor necessary to complete the work in a professional manner and to complete the rehabilitation work at the prices listed opposite each item.

Pre-bid meeting mandatory:

Location: **5246 San Miguel Street, Milton, FL 32583**
Date/Time: **Thursday, June 2, 2016 @ 8:30 am**

Bids submitted by contractors who do not attend the mandatory meeting will be disqualified.

Itemized bid required. Complete the following form and enter total bid price below. Submission sheet must be prepared in ink and signed by the Contractor or authorized employee. Submission sheets are to be delivered to the Santa Rosa County Office of Procurement in a sealed envelope that designates the job name.

TOTAL BID PRICE (including all addendums): $ 18,535.00

CONTRACTING FIRM: Wolfe Construction INC PHONE: 8505570648

SIGNATURE: Phil Wolfe

TITLE: Pres # OF ADDENDUMS RECEIVED 2

BID SUBMITTAL REQUIREMENTS:

1. **Must** include all **itemized costs**. **ITEMIZED COSTS MUST EQUAL TOTAL BID.**
2. **Must** be **typed** or written in ink.
3. **Must** be **signed** by submitting contractor.
4. **Must** include **Total Bid Price.**

Note: **Bids that do not meet the above four requirements will not be considered.**

**The lack of a specific notation for work that is necessary to accomplish those tasks that are specifically identified does not relieve the bidder of the responsibility to include as part of the overall bid. *

AREA	DESCRIPTION	COST
Exterior	• Replace any existing siding missing • Replace the front two living room windows and master bedroom window	900.00 950.00
Roof	• Replace existing roof. Replace any damaged wood on fascia and soffits, cover with vinyl • Replace any rotten wood decking as needed • Replace any missing soffit vent covers • Replace the existing front porch overhang • Replace all existing plumbing boots and seal properly to prevent water intrusion	7775.00 300.00 125.00 2875.00 200.00
Interior	• Replace sheetrock in ceiling of living room and front left bedroom (master) to a finished state, texture, and paint • Several areas in living room are missing sheetrock on walls, replace, texture and paint • Insulation will need to be installed in exterior walls where sheetrock is to be replaced • Insulation will also need to be installed in attic	2150.00 325.00 325.00 825.00
Addendum #1 If applicable	If there is an addendum #1 for this project, be sure to include the price you list here on the addendum #1 page	1785.00
Addendum #2 If applicable	If there is an addendum #2 for this project, be sure to include the price you list here on the addendum #2 page	0
Addendum #3 If Applicable	If there is an addendum #3 for this project, be sure to include the price you list here on the addendum #3 page	
Addendum #4 If Applicable	If there is an addendum #4 for this project, be sure to include the price you list here on the addendum #4 page	
	TOTAL (this total price will include the cost of the scope of work plus all addendums received. This figure will be the same as the figure you list on the 1st page of Bid Form	$18,535.00

Santa Rosa County

Housing Program Rehabilitation Project

Address: **5246 San Miguel St, Milton, FL 32583**

PROJECT BID ADDENDUM #1
**Include this ADDENDUM in your bid.

The following additions/clarifications are to be incorporated into the project scope of work

1. Engineered drawings will need to be submitted with your permit for porch replacement (the existing porch structure was not built or secured to the home properly, which is why it was ripped off during recent tornado event)
2. Include wind borne debris protection for all windows of the home (minimum code requirement is plywood)
3. Clarification "Interior": replace **all** sheetrock within master bedroom, texture and paint
4. Clarification "Interior": Living room south wall, patch area with missing sheetrock, texture, and paint
5. Clarification: When installing insulation in the home, the homeowner has purchased "Radiant Guard", this is a type of foil barrier that goes over the R30 insulation, please install R30 insulation as stated in initial bid packet, also install this "Radiant Guard"

Total Cost for Addendum #1: 1785.00

End of ADDENDUM #1.

Santa Rosa County

Housing Program Rehabilitation Project

Address: **5246 San Miguel St, Milton, FL 32583**

PROJECT BID ADDENDUM #2
**Include this ADDENDUM in your bid.

The following additions/clarifications are to be incorporated into the project scope of work

1. Clarification "Interior": replace **all ceiling** sheetrock within master bedroom, texture and paint

Total Cost for Addendum #2: Ø

End of ADDENDUM #2.

SWORN STATEMENT UNDER SECTION 287.133 (3) (A),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. *This sworn statement is submitted to* _____

by Paul McCue
(print individual's name and title)

for McCue Construction Inc
(print name of entity submitting sworn statement)

whose business address is 6316 Old Bagdad Hwy Milton FL 32583

and (if applicable) its Federal Employer Identification Number (FEIN) is 59-32 3223. *If the entity has no FEIN, include the Social Security Number of the individual signing this Sworn Statement:* _____

2. *I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods of services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.*

3. *I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contrendre.*

4. *I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:*
   a) *A predecessor or successor of a person convicted of a public entity crime: or*
   b) *An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facia case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of public entity crime.*

5. *I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with legal power to enter into a binding contract and which bids or appeals to bid on contracts for the provision of goods and services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.*

6. *Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)*
   ___✓___ *Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.*
   _____ *The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.*
   _____ *The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officers determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (ATTACH A COPY OF THE FINAL ORDER.)*

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Paul McCue
(Signature)

Sworn to and subscribed before me this 2ND *day of* May *2016*

Personally known ✓ _____

or Produced identification _____

(Type of identification)

Notary Public – State of Florida

My commission expires 9-17-2018

(Printed, typed, or stamped commissioned name of notary public.)

JESSICA DENISE PALMER
COMMISSION # FF 137638
EXPIRES: Sept. 17, 2018

CONTRACTOR'S STATEMENT OF QUALIFICATIONS

(Contents of this statement will be confidential.)

NAME OF CONTRACTING FIRM: Wolfe Construction Inc	
ADDRESS OF FIRM: 6816 Old Bagdad Hwy Milton, Fl 32583	
FEDERAL EMPLOYEE IDENTIFICATION NUMBER: 59-3615633	PHONE: FAX: CELL: 850-554-0648 / 850-564-1597
DATE FIRM ORGANIZED/HOW LONG IN BUSINESS: 08/1998 18yrs	WHERE INCORPORATED AND WHEN: FL 2001
HOW LONG IN CONTRACTING BUSINESS UNDER PRESENT FIRM NAME: 18 yrs	HAVE YOU ENGAGED IN BUSINESS UNDER ANY OTHER NAME? NO
GENERAL NATURE OF WORK PERFORMED BY YOUR FIRM: New construction Renovation Additions Consulting	HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU OR YOUR FIRM? (Yes or No) (If Yes, attach statement explaining where and why.) NO
HAVE YOU EVER DEFAULTED ON A CONTRACT? (Yes or No) (If Yes, attach statement explaining where and why.)	CAN YOUR FIRM FURNISH A LETTER OF CREDIT FROM YOUR SOURCE OF FINANCING?
BONDING CAPACITY: $	
BONDING COMPANY NAME AND ADDRESS:	
LIST RECENT REMODELING JOBS:	
CLIENT NAME: Lloyd Tetraut	CLIENT PHONE NUMBER:
ADDRESS: 1217 Raintree Ln Arab, Al 1-256-931-5505	
CLIENT NAME: Dave Dagen	CLIENT PHONE NUMBER:
ADDRESS: 6217 Wolfe Rd Milton, Fl 850-982-5878	
CLIENT NAME: Carol McGhee	CLIENT PHONE NUMBER:
ADDRESS: 6608 Chicago Ave Pensacola Fl 850-293-9335	

LIST OF SUBCONTRACTORS

PLUMBER: Crews Plumbing	PHONE NUMBER: 850-554-0563
ADDRESS: 6061 Oglesby Rd Milton, Fl	
ELECTRICIAN: CG Electric	PHONE NUMBER:
ADDRESS: 5881 Cedartree Dr Milton, Fl 850-686-1871	

ROOFER: Quality Roofing	PHONE NUMBER:
ADDRESS: 5275 Willard Norris Rd Milton 34 304-4620	
CARPENTER: Pillard construction	PHONE NUMBER: 449-4110
ADDRESS: ~~6061 Oglesby Rd Milton Fl 32526~~ 4771 Hwy 178 Milton Fln	
SEPTIC TANK: Crews Plumbing	PHONE NUMBER: 554-0563
ADDRESS: 6061 Oglesby Rd Milton Fl	
LIST YOUR USUAL MATERIAL SUPPLIERS AND ACCOUNTS	
Pittmans Lumber	Andrews cabinets
American concrete	Home Depot
Coastal Insulation	

ATTACH CURRENT COPIES OF THE FOLLOWING:

- State of Florida, Dept. of Professional Regulation Registration
- County Contractors Certificate
- Contractor's Liability Insurance Certificate
- W-9 Form
- Workman's Compensation Insurance Certificate or Waiver issued by the State of Florida
- Certified Renovator/Painter Certification

TYPED OR PRINTED NAME AND TITLE OF CONTRACTOR

SIGNATURE: [signature]

STATE OF FLORIDA
COUNTY OF Santa Rosa

Sworn to and subscribed before me this 25 Day of July, 2014

(Signature of Notary Public - State of Florida)

JESSICA DENISE PALMER
COMMISSION # FF 137838
EXPIRES: Sept. 17, 2018

Personally Known _____ or produced the following as Identification: ✓

FL DL W410-671-65-381-0

2015 2016

RECEIPT NUMBER INT-15-00094447

7324

9007 CONTRACTOR

EXPIRES SEPTEMBER 30, 2016

RENEWAL

6816 OLD BAGDAD HWY
MILTON, FL 32583

AMOUNT 11.25
PENALTY 0.00

WOLFE CONSTRUCTION INC
WOLFE PHIL

TOTAL 11.25

WOLFE CONSTRUCTION INC
6816 OLD BAGDAD HWY
MILTON, FL 32583

FOLD INFORMATION BELOW BEHIND RECEIPT OR DETACH AND KEEP FOR YOUR RECORDS.

Stan Colie Nichols, Tax Collector
6495 Caroline Street, Suite E
Milton, Florida 32570
(850) 983-1800

BEFORE POSTING YOUR BUSINESS TAX RECEIPT READ ALL INFORMATION CAREFULLY.
IT IS THE OWNERS RESPONSIBILITY TO ENSURE COMPLIANCE.

THIS B.T.R. IS FURNISHED PURSUANT TO FLORIDA STATUTES, SANTA ROSA COUNTY ORDINANCE AND AMENDMENTS

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county.

Pursuant to state law, all business tax receipts shall expire on September 30th of the succeeding year. Those business tax receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the business tax for the delinquent establishment.

This business tax receipt is an occupational tax only. It does not permit the B.T.R. holder to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the B.T.R. holder from any other business tax receipts or permits that may be required by law or municipal ordinance. **IT IS YOUR RESPONSIBILITY TO NOTIFY THE TAX COLLECTOR'S OFFICE IF YOUR BUSINESS HAS CLOSED.**

If you intend to do any business in Santa Rosa County that is regulated by the state of Florida such as construction, roofing, plumbing, electrical, demolition, etc. it is your responsibility to contact the Building Inspection Department as to the necessary licensing requirements of both Santa Rosa County and the state of Florida. You can receive a citation and/or be arrested for performing a job for which additional qualifications are required. All B.T.R. holders are held to be responsible for complying with all applicable Worker's Compensation laws. All licensees are also held responsible for understanding and complying with all "price gouging" laws and understanding the severe penalties. Other areas which you need to investigate include zoning laws, city licenses when applicable, Department of Revenue and sales tax requirements, IRS and federal I.D. numbers, the Property Appraiser and personal property tax, County Building Inspector for information on construction permits, competency testing, contractors, etc., and filing for a Florida tax lien if applicable.

STATE OF FLORID,
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

WOLFE, PHIL
WOLFE CONSTRUCTION, INC
6091 HIALEAH ST
PACE FL 32571

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CRC1330788 ISSUED: 06/23/2014

CERTIFIED RESIDENTIAL CONTRACTOR
WOLFE, PHIL
WOLFE CONSTRUCTION, INC.

IS CERTIFIED under the provisions of Ch 489 FS
Expiration date : AUG 31, 2016 L1406230000735

DETACH HERE

RICK SCOTT, GOVERNOR KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CRC1330788	

The RESIDENTIAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2016

WOLFE, PHIL
WOLFE CONSTRUCTION, INC.
6091 HIALEAH ST
PACE FL 32571

United States Environmental Protection Agency

This is to certify that

Wolfe Construction Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

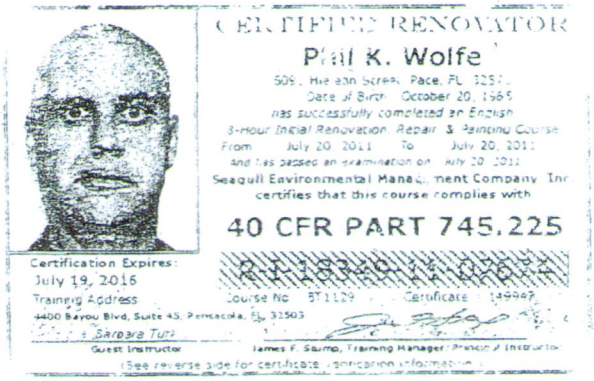
All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires February 20, 2017

NAT-121259-1
Certification #

February 7, 2012
Issued On

Michelle Price, Chief
Lead, Heavy Metals, and Inorganics Branch



CERTIFIED RENOVATOR

Phil K. Wolfe

505 [illegible] Pace, FL 32571

Date of Birth: October 20, 1965

has successfully completed an English 8-Hour Initial Renovation, Repair & Painting Course

From: July 20, 2011 To: July 20, 2011

And has passed an examination on: July 20, 2011

Seagull Environmental Management Company, Inc certifies that this course complies with

40 CFR PART 745.225

Certification Expires:
July 19, 2016

Training Address:
4400 Bayou Blvd, Suite 43, Pensacola, FL 32503

Course No: ST1129 Certificate: 149947

Barbara Tutt
Guest Instructor

James F. Saumo, Training Manager/Principal Instructor

(See reverse side for certificate comparison information.)

GEICO GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

PHILIP KEVIN AND LINDA DIANE
WOLFE
6816 OLD BAGDAD HWY
MILTON, FL 32583-7682

Policy Number: 4158420390
Effective Date: 03-13-16
Expiration Date: 09-13-16
Registered State: FLORIDA

To whom it may concern:
This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2010
Make: MAZDA
Model: MAZDA3 I
VIN: JM1BL1SF9A1152040

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	$250,000/$500,000	
PROPERTY DAMAGE LIABILITY	$100,000	
PERSONAL INJURY PROTECTION	BASIC	$1000 DED/INSD&REL
UNINSURED MOTORIST/NONSTACKED	$250,000/$500,000	
COMPREHENSIVE		$500 DED
COLLISION		$500 DED
EMERGENCY ROAD SERVICE	FULL	NON-DED
RENTAL REIMBURSEMENT	$50/DAY-$1500 MAX	

____ Lienholder ____ Additional Insured ____ Interested Party

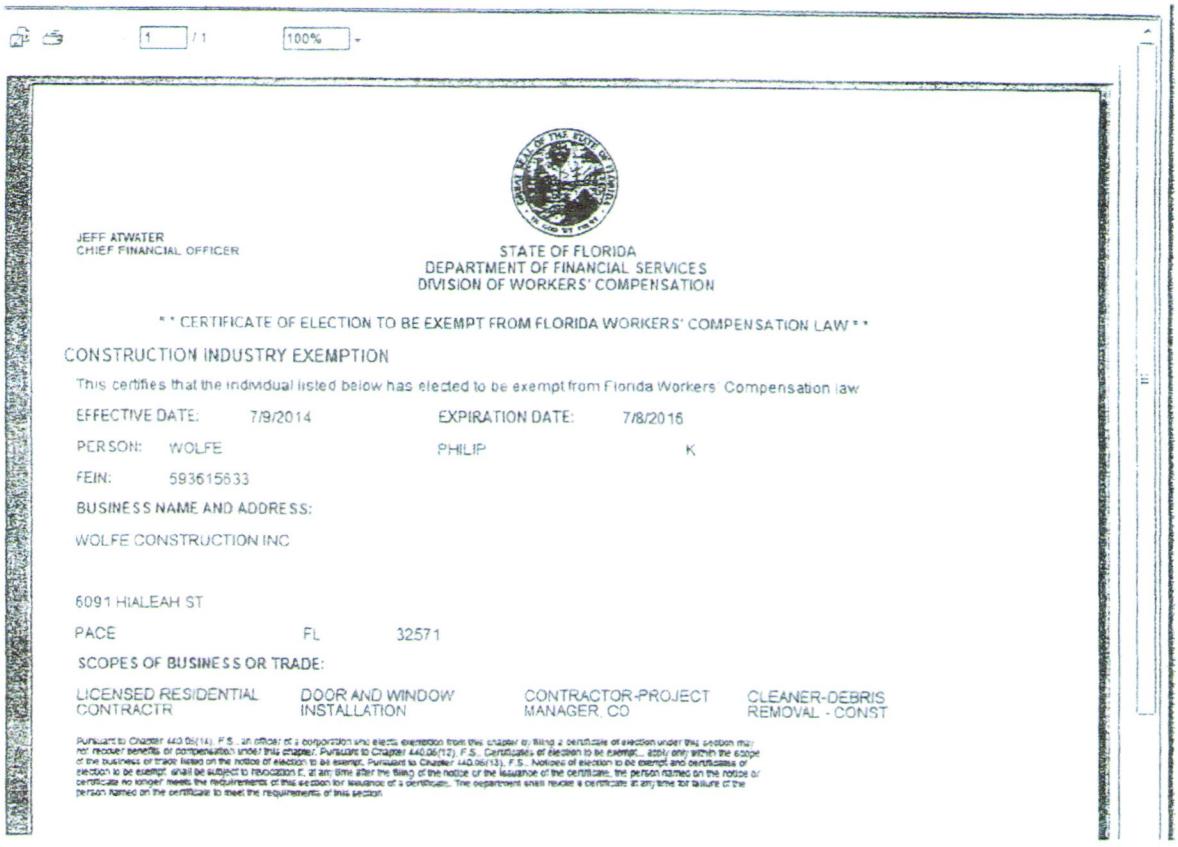
Additional Information:

Issued 05/03/2016

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.

U-33 10-07



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW **

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 7/9/2014 EXPIRATION DATE: 7/8/2016

PERSON: WOLFE PHILIP K

FEIN: 593615633

BUSINESS NAME AND ADDRESS:

WOLFE CONSTRUCTION INC

6091 HIALEAH ST

PACE FL 32571

SCOPES OF BUSINESS OR TRADE:

LICENSED RESIDENTIAL CONTRACTR	DOOR AND WINDOW INSTALLATION	CONTRACTOR-PROJECT MANAGER, CO	CLEANER-DEBRIS REMOVAL - CONST

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Phil Wolfe

2 Business name/disregarded entity name, if different from above
Wolfe Construction Inc.

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
6816 Old Bagdad Hwy

Requester's name and address (optional)

6 City, state, and ZIP code
Milton, Fl 32583

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
5 9 - 3 6 1 5 6 3 3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ [date]

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.