

Work Write-Up

Mary C Palmore

* EXHIBIT 1 *

Dated: 10/20/2011

Printed: Friday, October 21, 2011 01:50 PM

Arranged By: Location (All Locations)

Priorities: All Priorities

Cost: No Text: Yes Subtotals: No Summary: No Notes: Yes OP Method: At End

CUSTOMER INFORMATION

Mary C Palmore

Project Address

269 Oakview

Tallahassee, Fl 32305

Customer Address

269 Oakview Dr.

Tallahassee, Fl 32305

Home Phone:

Work Phone:

PREPARED BY

Lon Twyman

HOUSING & HUMAN SERVICES, LEON COUNTY

918 Railroad Ave.

Tallahassee, Florida 32310

850-606-1900

* NOTE *

THE CUSTOMER AND CONTRACTOR MUST SIGN THE BOTTOM OF EACH PAGE ONLY IF

- 1) THIS WORK WRITE-UP BECOMES PART OF A CONSTRUCTION CONTRACT
- 2) THE UNDERSIGNED CUSTOMER AND CONTRACTOR HAVE REVIEWED, APPROVED, AND AGREED TO THE WORK AND PRICES DESCRIBED IN THIS WORK WRITE-UP

Customer: _____ Contractor: _____

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

| Location / Work Description | Quantity | UOM | Cost |
|---|----------|-----|------|
| GENERAL REQUIREMENTS | | | |
| 01.0025 P1 PERMITS AND LICENSES Contractor shall obtain, pay for and post on site all permits and licenses necessary to complete this project. Contractor and subcontractors must have current licenses require by the State, County and City. | 1 | | |
| 01.0050 P1 CODE COMPLIANCE All materials and methods of construction related to work performed on this project must comply with locally adopted code requirements. | 1 | | |
| 01.0075 P1 INSURANCE REQUIREMENTS The Contractor shall maintain such insurance as will protect him from claims for damages for personal injury, including death, which may arise from work performed on this project, whether such work be by himself or by any subcontractor or anyone directly or indirectly employed by either of them. Contractor shall present Program Administrator with certificate of insurance evidencing comprehensive public liability insurance coverage of not less than \$100,000/\$300,000 in the event of bodily injury including death, and \$50,000/\$100,000 in the event of property damage arising out to the work performed by the Contractor. Contractor shall also carry Worker's Compensation insurance if required by State law, Program Administrator or homeowner. | 1 | | |
| 01.0100 P1 JOB SITE WORK WRITE-UP A Job Site Work Write-Up shall be posted near the front door. This Work Write-Up shall be used by all code enforcement officials and other interested parties to review scope of work and work being performed on project. | 1 | | |
| 01.0125 P1 PLACE A JOB SIGN IN FRONT YARD Contractor must securely position a project sign in the front yard and within view of the street. It is the Contractor's responsibility to pick a sign up from, and return it to, the Program Administrator. Signs to be returned in good condition. | 1 | | |
| 01.0150 P1 CONTRACTOR TO VERIFY MEASUREMENTS, SIZES & QUANTITIES All measurements, sizes and quantities in this Work Write-Up are APPROXIMATE. The Contractor is responsible for verifying exact measurements, sizes and quantities prior to submitting a quote. | 1 | | |
| 01.0175 P1 COST ALLOWANCES When specifications in this Work Write-Up refer to a cost "allowance", the Contractor is to permit the Homeowner to select the product to be installed, providing the pre-tax cost of the product does not exceed the allowance. The product selected must meet the quality standards specified in this Work Write-Up. | 1 | | |
| 01.0200 P1 WORKMANSHIP & MATERIAL STANDARDS Contractor to perform work specified in Work Write- Up in a high-quality | 1 | | |

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

| Location / Work Description | Quantity | UOM | Cost |
|--|--|---|---|
| <p>good-workmanlike manner using specified materials or approved equals. Materials must also 1) be high quality, 2) be installed in accordance with manufacturer's specs, and 3) be Leon County approved.</p> <p>01.0225 P1 GENERAL WARRANTY Materials installed and work performed shall have a one year Contractor warranty from the date of final acceptance of the work by the Homeowner and Program Administrator. Refer to project Contract for specific requirements concerning warranty.</p> <p>01.0250 P1 SCHEDULING WORK Contractor to schedule work between 8:00am and 6:00pm Monday through Friday. Requests to work before or after these hours and on weekends must be approved by the Homeowner. Work requiring a Compliance Inspection by the Program Administrator can ONLY be performed between 8:00am and 5:00pm Monday through Friday. The Contractor responsible for scheduling and coordinating subcontractor work.</p> <p>01.0275 P1 COMPLIANCE INSPECTIONS Contractor to call Program Administrator for inspection of all work that will be concealed from view following completion of work on that item. For example, these inspections frequently include, but are not limited to, 1) inspection of footings, 2) inspection of roof sheathing prior to installation of new felt and shingles and 3) inspection of repaired floors prior to installation of new sub-floor, underlayment and floor coverings. Check each spec to see if a Compliance Inspection is required. Work that has been concealed without a Compliance Inspection may result in payment delays or denials!</p> <p>01.0300 P1 PROGRESS AND FINAL PAYMENT INSPECTIONS Contractor must submit to Program Administrator a payment request signed by the Homeowner approving payment. This request must be submitted in person to Program Administrator at least one day ahead of desired inspection date. Inspections will not be scheduled by phone. Payment inspections will be scheduled on a first-requested first-scheduled basis.</p> <p>01.0325 P1 PROTECT HOUSE CONTENTS FROM DAMAGE DURING WORK Contractor shall take steps to protect house and contents from damage during project. Contractor is advised to use drop cloths to protect furniture, appliances, entertainment systems and other house contents and components. Contractor shall move furniture and appliances out of and back into work areas once work is complete. Contractor not to leave furniture, appliances, clothing or other house contents unprotected outside house during job.</p> <p>01.0350 P1 REPAIR DAMAGE CAUSED TO PROPERTY DURING WORK Contractor responsible for professionally repairing or replacing building and site components damaged as a result of construction activity.</p> | <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> | <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> | <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> |

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

| Location / Work Description | Quantity | UOM | Cost |
|--|----------|-----|------|
| 01.0375 P1 PRIME BARE WOOD The exposed face of all newly installed wood and all wood scraped down to bare wood must be primed with appropriate primer. | 1 | | |
| 01.0400 P1 CAULKING WOOD Caulking, if any, must occur only after primer has been applied to the area being caulked and prior to the installation of any paint. | 1 | | |
| 01.0425 P1 CONCEAL ANY NEW WIRING & PLUMBING LINES FROM VIEW All new electrical wiring and plumbing lines are to be installed concealed from view inside stud walls, under floors and in attics. Unless otherwise approved by Homeowner and Program Administrator, surface mounted wire mold and conduit are not permitted. | 1 | | |
| 01.0450 P1 INSULATE EXPOSED WALL CAVITIES All exterior 3 1/2" wall cavities that are to be enclosed by a new wall surface material are to have R-13 insulation installed in the cavity before the new wall surface material is installed. | 1 | | |
| 01.0475 P1 REDUCE AIRBORNE DUST DURING CONSTRUCTION Contractor to take steps necessary to reduce and contain airborne dust created during construction, demolition and removal of defective paint. Wet scrape if removing defective paint. Do NOT use electric sanders or torches if removing paint. Contractor and workers encouraged to wear protective clothing and respirators and to follow hygiene procedures approved by OSHA. | 1 | | |
| 01.0500 P1 GENERAL CLEAN-UP Contractor to provide clear and safe passage ways in and around structure during project. Contractor to remove debris and building materials from in and around structure being repaired to legal dump site regularly and at the end of the project. In progress and final clean-up to include--but is not limited to--damp wiping, sweeping, mopping and vacuuming. | 1 | | |
| HOMEOWNER WORK | | | |
| 05.0005 P1 ATTEND CLASS OR WORKSHOP Homeowner to attend Leon County provided class or workshop. Subjects include but are not limited to homeowner maintenance, energy conservation, and finance/budget. Classes will be held on designated Saturdays. The County will notify the homeowner when and where the required classes will be scheduled. | 1 | | |
| | | | |
| | | | |

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

| Location / Work Description | Quantity | UOM | Cost |
|---|----------|-----|------|
| EXTERIOR WALLS | | | |
| 30.0250 P1 REMOVE SEVERELY DAMAGED SIDING, SHEATHING & FRAMING Remove all severely damaged, rotten and warped siding. This does not include replacing materials removed. | 256 | SF | |
| 30.0325 P1 INSTALL CEMENTICIOUS SIDING Install cementicious (Hardie or equal) siding similar in style and dimension to siding th remains on house. Fasten siding according to manufacturer's instructions with manufacturer approved fasteners. | 256 | SF | |
| 30.1025 P1 PREPARE AND PAINT EXTERIOR Wet scrape loose paint from wood siding and related wood components, including but not limited to, trim, casing, window sashes, doors, roof overhangs, cornice, etc. Renail loose material and caulk all cracks prior to applying primer. Apply appropriate primer on bare wood and as required elsewhere prior to applying two coats of acrylic latex pai to all non-pressure treated wood surfaces and doors. Primer and paint to be applied according to manufacturer's instructions. Call Program Administrator for compliance inspection between primer and paint coats. Primer and paint to high quality and have a 10 year manufacturer's warranty. Homeowner may select up to two colors. Leave unused paint with Owner. | 1,592 | SF | |
| ROOF & ATTIC | | | |
| 35.0000 P1 GENERAL ROOF WORK Remove low slope roof and associated framing from rear of house over entrance to BR 4. Remove existing remains of flat roof over kitchen sliding glass door. Extend rafter tails at BR 4 wall so that new fascia is level, meets in corner at kitchen wall, and ties in to existing fascia. Install decking, soffit, and fascia to match existing. | 28 | LF | |
| 35.0350 P1 REMOVE ALL ROOF COVERING MATERIAL DOWN TO SHEATHING Remove all roof covering material down to roof sheathing or furring strips. Remove all debris to legal dump site. Take precautions to protect plants, shrubs, trees and fences from damage during removal. | 1,691 | SF | |
| 35.0375 P1 REPLACE UP TO 10% OF ROOF DECKING Replace any rotten, badly warped or broken roof decking and nailers. Material shall match remaining material as closely as possible. Roofs requiring more than 10% decking replacement shall be covered through a Change Order. Call Program Administrator for Compliance Inspection after installing new decking and nailers, and before replacing additional decking and nailers. | 192 | SF | |

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

| Location / Work Description | Quantity | UOM | Cost |
|--|----------|-----|------|
| 35.0925 P1 INSTALL NEW SHINGLES ON ROOF DECKING Install 15 lb asphalt saturated felt and new 220 lb or heavier class "A" three tab fiberglass self sealing strip shingles on top of roof decking according to manufacturer's instructions. Install starter course at edges of roof. Shingles to have a 20 year limited manufacturer's warranty. Install FHA approved drip edge with a white baked on enamel finish at all fascia boards and barge rafters. Install metal flashing tucked behind siding at intersections of roof and walls. Install galvanized metal flashing tucked securely and at least 1/2" into masonry units of chimneys. Shingle color to be selected by Owner from standard inventory colors, no special order or upgrade colors included. | 1,691 | SF | |
| 35.1075 P1 INSTALL RIDGE VENT Install continuous shingle-over type ridge vent along ridge lines of roof according to manufacturer's instructions. Stop vents 18" from end of ridge line or from intersections of ridge lines. Make sure decking at ridge line is cut back at least 1" from edge of ridge pole so that a ventilation opening exists below vent. | 64 | LF | |
| 35.1400 P1 INSTALL NEW GUTTER SYSTEM MOUNTED TO FASCIA BOARD Install a new fascia mounted aluminum gutter system to protect rear entrance to kitchen, BR 4 entrance, and propane tank. Sizing of gutter system and locations of downspouts to permit proper drainage and to meet manufacturer's suggestions and building code requirements. New gutter system to have at least 5" 27 gauge seamless aluminum gutters, downspouts, leaders, drops and accessories including a splash block at each downspout. Gutter system to have a baked on enamel finish. Owner to select color from standard inventory colors. | 40 | LF | |
| BATHROOM | | | |
| 80.0575 P1 REPLACE EXHAUST FAN Remove existing and install a new 70 CFM exhaust fan unit in ceiling. Inspect switch and wiring and repair as necessary. Remove any attic insulation from around fixture and duct to roof outlet vent according to current code. | 1 | EA | |
| KITCHEN | | | |
| 70.0125 P1 INSTALL NEW BASE CABINET AND COUNTER TOP Remove existing cabinets, countertops, and plumbing fixtures. Field measure and install high quality kitchen base cabinet built by a professional cabinet maker or cabinet manufacturer meeting ANSI A161.1 standards. Cabinet to have 3/4" hardwood frames, 3/4" hardwood plywood end panels, hardwood doors and drawer faces. Shelves to be 1/2" finish grade wood with smooth edges. Particleboard is not permitted. Cabinets, other than sink base cabinets, to have one drawer. All visible wood surfaces to be protected with water resistant coating. Install a post formed rolled edge plastic | 11 | LF | |

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

| Location / Work Description | Quantity | UOM | Cost |
|---|----------|-----|------|
| laminated counter top with back and end splashes. Apply a bead of mildew resistant caulk where top of splashes meet wall surfaces. Owner to select color of cabinet stain and/or paint and style of cabinet and cabinet hardware using a \$77 per foot allowance. Owner to select counter top using a \$14.00 per foot allowance. | | | |
| 70.0225 P1 INSTALL NEW WALL CABINET Field measure and install high quality kitchen wall cabinets built by a professional cabinet maker or cabinet manufacturer meeting ANSI A161.1 standards. Cabinet face and door frames to be 3/4" solid hardwood. End panels to be 3/4" hardwood plywood. Back panels to be 1/4" lauan and shelves to be 1/2" plywood with finished edges. Install trim to conceal cracks between cabinet and wall surfaces. Particleboard is not permitted. All visible wood surfaces to be protected with water resistant coating. Top edge of cabinet to be placed 7' above floor level. Cabinets over counter tops to be 30" in height. Cabinets over sinks and refrigerators to be 18" in height. Cabinets over range tops to be 15" in height. Owner to select color of cabinet stain and/or paint and hardware using a \$55 per foot cabinet allowance. | 11 | LF | |
| 75.0125 P1 INSTALL A NEW 2-BOWL KITCHEN SINK AND FAUCET Install a new 8" deep double bowl stainless steel self rimming kitchen sink with two basket strainers. Install a new single control washerless kitchen sink faucet with spray. Faucet to have a maximum flow rate of 2.5 gallons per minute. Install new stop valves and supply lines from stop valves to faucet. Install new P-traps and waste lines. Use Delta Model #400 or approved equal. Owner to select faucet using a \$90 allowance. | 1 | EA | |
| 95.0125 P1 INSTALL A VENTED RANGE HOOD Install a new 2 speed 30" range hood with light vented to atmosphere. Install a vent collar where duct passes through cabinet and flashing where duct exhausts through roof. Construct duct enclosure in cabinet and between cabinet and ceiling. Duct enclosure to match cabinets. Owner may select range hood using a \$119 allowance. | 1 | EA | |
| ELECTRICAL SYSTEM | | | |
| 80.1175 P1 INSTALL SMOKE AND CARBON MONOXIDE DETECTORS Install a UL listed electric hard wired smoke/CO detector with a battery backup in each sleeping area, common area, and other code required locations. Detectors are also to have test buttons, hush buttons, and flashing LED indicator. All detectors to be interconnected. Use materials and methods of installation that comply with electric code requirements. | 7 | EA | |
| HALLWAY | | | |
| 80.0225 P1 REPLACE CEILING LIGHT FIXTURE | 1 | EA | |

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY

Work Write-Up

Mary C Palmore
 WWU: Mary C Palmore
 Site: 269 Oakview

Dated: 10/20/2011
 * EXHIBIT 1 *

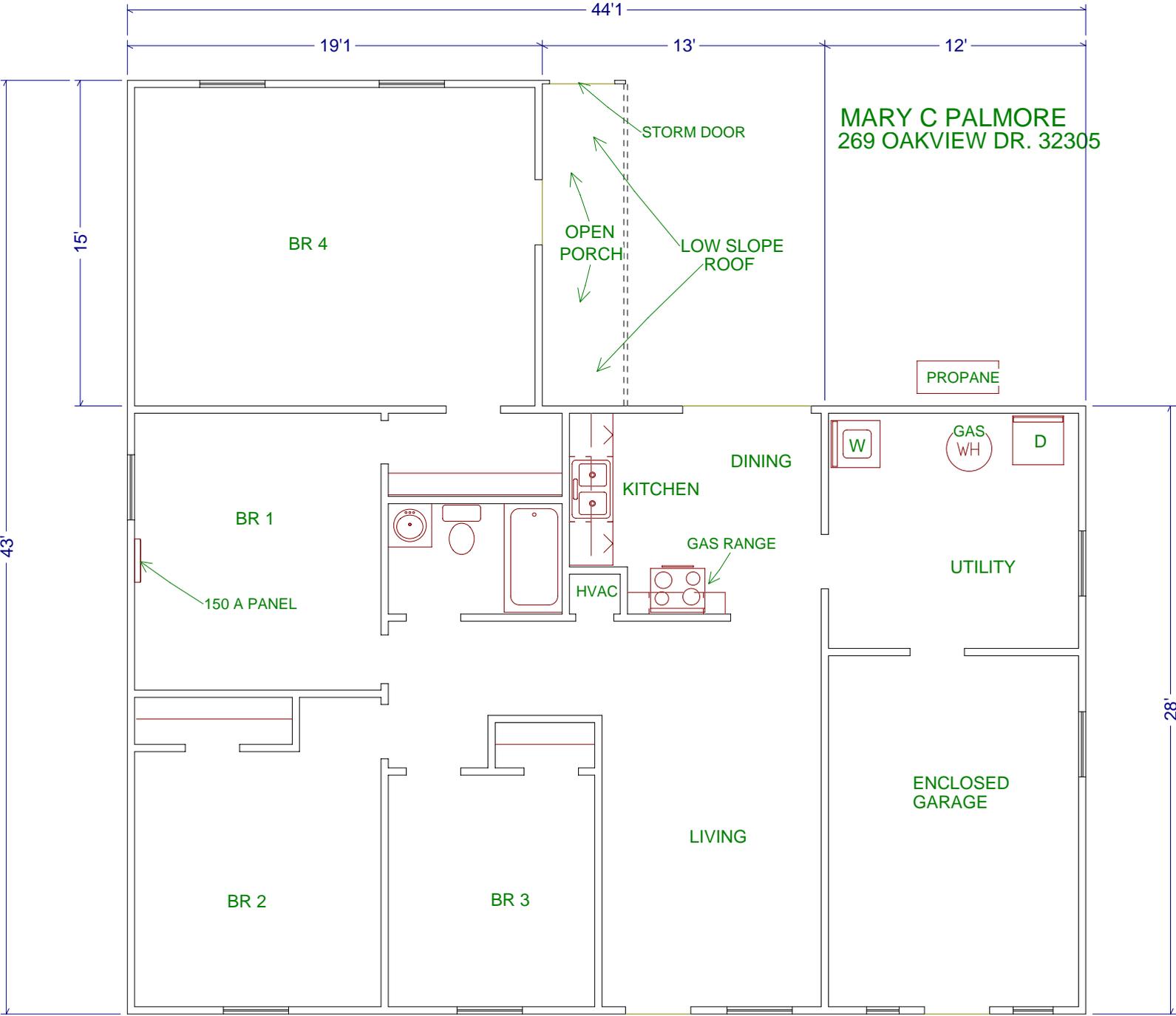
| Location / Work Description | Quantity | UOM | Cost |
|--|----------|-----|------|
| Remove existing ceiling light fixture. Install a new ceiling light fixture with globe and bulbs. Inspect switch and wire and repair as necessary. Owner to select light fixture using a \$20 allowance. | | | |
| <hr/> | | | |
| ENCLOSED GARAGE 65.0225 P1 REPAIR AND PATCH HOLES IN SHEETROCK CEILING Replace missing portion of sheetrock ceiling. Texture and color to match surrounding area as closely as possible. | 40 | SF | |
| <hr/> | | | |
| BEDROOM #1 60.0625 P1 REPAIR AND PATCH HOLES IN SHEETROCK WALL SURFACES Patch hole in wallboard around outlet. Repaired surfaces to be finished to match surrounding area as closely as possible. | 1 | EA | |

Cost Summary

Total Cost

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY



MINORITY AND WOMEN BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN FORM

Respondent: _____

All respondents, including Minority Business Enterprises (MBEs) and Women Business Enterprises (WBEs), shall complete and submit this M/WBE Participation Plan with their proposal. Through submission of its bid/proposal, Respondent certifies, acknowledges and agrees that the Participation Level and the Good Faith Efforts herein designated are accurate and true; and, that the individual whose manual signature is on this submission is duly authorized on behalf of the respondent to make such certification.

For the purposes of MWBE participation on Leon County projects, the following definition applies:

“Certified Minority Business Enterprise (MBE) and Women Business Enterprise (WBE)” are firms certified by Leon County or the City of Tallahassee. Some firms with MBE or WBE certification by the State of Florida may be accepted under a reciprocal agreement but, those from other governmental organizations are not accepted by Leon County”

**SECTION
1 -
ASPIRATIONAL
TARGET
FOR
M/WBE
PARTICIPATION**

DIRECTIONS: Each respondent must designate in Section 1 its level of MWBE participation. If the aspirational targets are not met or exceeded, Section 2 must be completed if the respondent does not meet the aspirational targets. All Respondents are to list subcontractors as appropriate in Sections 3 and 4.

The aspirational target for this project is:

Aspirational Target for Construction

| M/WBE Classification | Aspirational Target(s) |
|---|---|
| Certified Minority Business Enterprises (MBE) | 17% of the total anticipated contract value |
| Certified Women Business Enterprises (WBE) | 9% of the total anticipated contract value |

SECTION 2 - GOOD FAITH EFFORT

The following list of the good faith efforts criteria complies with Leon County’s Purchasing and Minority, Women, and Small Business Enterprise Policy. This criteria is used in the determination of whether a contractor has performed and documented good faith efforts. Also, the basis for rejecting a MWBE deemed unqualified or unacceptable by the Prime Contractor shall be documented and included in the respondent’s Good Faith Effort documentation.

1. Please identify **all** of the following activities that your firm has done as Good Faith Effort in order to secure MWBE participation and submit documentation of such. Failure to designate those actions you have done as “Good Faith” and provide documentation of **all** Good Faith Efforts completed by your firm will deem your proposal as non-responsive. Please check the appropriate boxes that apply to your good faith activities:
 - a. Advertised for participation by M/WBEs in non-minority and minority publications within the Market area, including a copy of the advertisement and proof of the date(s) it appeared – or by sending correspondence, no less than ten (10) days prior to the submission deadline, to all

M/WBEs referred to the respondent by the MWSBE Division for the goods and services to be subcontracted and/or supplied

- b. Documented that the bidding Prime Contractor provided ample time for potential MBE and/or WBE subcontractors to respond to bid opportunities, including a chart outlining the schedule/time frame used to obtain bids from MBE and WBE Vendors as applicable to the aspirational Target.
- c. Contacted the MWSBE Division for a listing of available M/WBEs who provide the services needed for the bid or proposal.
- d. Contacted MBEs and/or WBEs who provide the services needed for the bid or proposal.
- e. Documented follow-up telephone calls with potential M/WBE subcontractors seeking participation.
- f. Allowed potential M/WBE Subcontractors to review bid specifications, blueprints and all other Bid/RFP related items at no charge to the M/WBEs.
- g. Contacted the MWSBE Division, no less than five (5) business days prior to the Bid/RFP deadline, regarding problems the with respondent is having in achieving and/or reaching the aspirational targets.
- h. Other documentation indicating their Good Faith Efforts to meet the aspirational targets. Please provide details below.

2. Prime contractors will negotiate in good faith with interested MWSBE's, not rejecting a MWSBE as unqualified or unacceptable without sound business reasons based on a through investigation of their capabilities. **The basis for rejecting any MWBE deemed unqualified or unacceptable by the Prime Contractor shall be included in the Good Faith Effort documentation.** The Prime Contractor shall not impose unrealistic conditions of performance on MWSBE's seeking subcontracting opportunities.
3. Leon County reserves the right to request supporting documentation as evidence of good faith efforts indicated above at any time. Failure to provide supporting documentation when requested shall deem your bid/proposal as non-responsive.

PARTICIPATION PLAN FORM continued on following pages.

SECTION 3 - RESPONDENT'S PROPOSED MBE PARTICIPATION

Respondent shall complete the following Table identifying each certified MBE firm they intend to use on this project. Attach additional sheets as necessary.

MBE and WBE Intended Utilization

| Firm's Name (Requires Leon County or City of Tallahassee MWBE certification) ¹ | Firm's Location Address (Must be in Leon, Gadsden, Jefferson or Wakulla Counties, FL to be certified) | Firm's Telephone Number | Ethnic Group² (B, A, H, N, F) | Total Dollar Amount of MWBE Participation | Type of Service to Provide |
|---|---|--------------------------------|--|--|-----------------------------------|
| Minority and Women Business Enterprise(s) | | | | | |
| a. | | | | | |
| b. | | | | | |
| c. | | | | | |
| d. | | | | | |
| e. | | | | | |

¹**Certification** – Attach and submit a copy of each MBE and WBE certification with the proposal.

²**Ethnic Group** – Use of the following abbreviations: (a) MBE's include: African American (B), Asian American (A), Hispanic American (H) and Native American (N) owned firms; (b) WBEs include Non-Minority Female (F) owned firms.

SECTION 4 - NON-MWBE SUBCONTRACTORS

Respondent shall complete the following Table identifying non-MBE's or WBE's subcontractors it anticipates utilizing on the project.

| Non-MBE and WBE Intended Utilization | | | | |
|---|-----------------------|-----------------------|----------------------------|-----------------------------------|
| Firm's Name | Firm's Address | Firm's Phone # | Total Dollar Amount | Type of Service to Provide |
| a. | | | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |
| f. | | | | |
| g. | | | | |
| h. | | | | |
| i. | | | | |