

Work Write-Up

Cynthia Mitchell

* EXHIBIT 1 *

Dated: 5/21/2010

Printed: Wednesday, June 09, 2010 11:18 AM

Arranged By: Location (All Locations)

Priorities: All Priorities

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

CUSTOMER INFORMATION

Cynthia Mitchell

Project Address

2132 Little River Ln

Tallahassee, Fl 32311

Customer Address

2132 Little River Ln

Tallahassee, Fl 32311

Home Phone: 656-4542

Work Phone: 339-9063-c

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

Cynthia Mitchell
 WWU: Cynthia Mitchell
 Site: 2132 Little River Ln

Dated: 5/21/2010
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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 required 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		

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<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) meet requirements of current building code .</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>		

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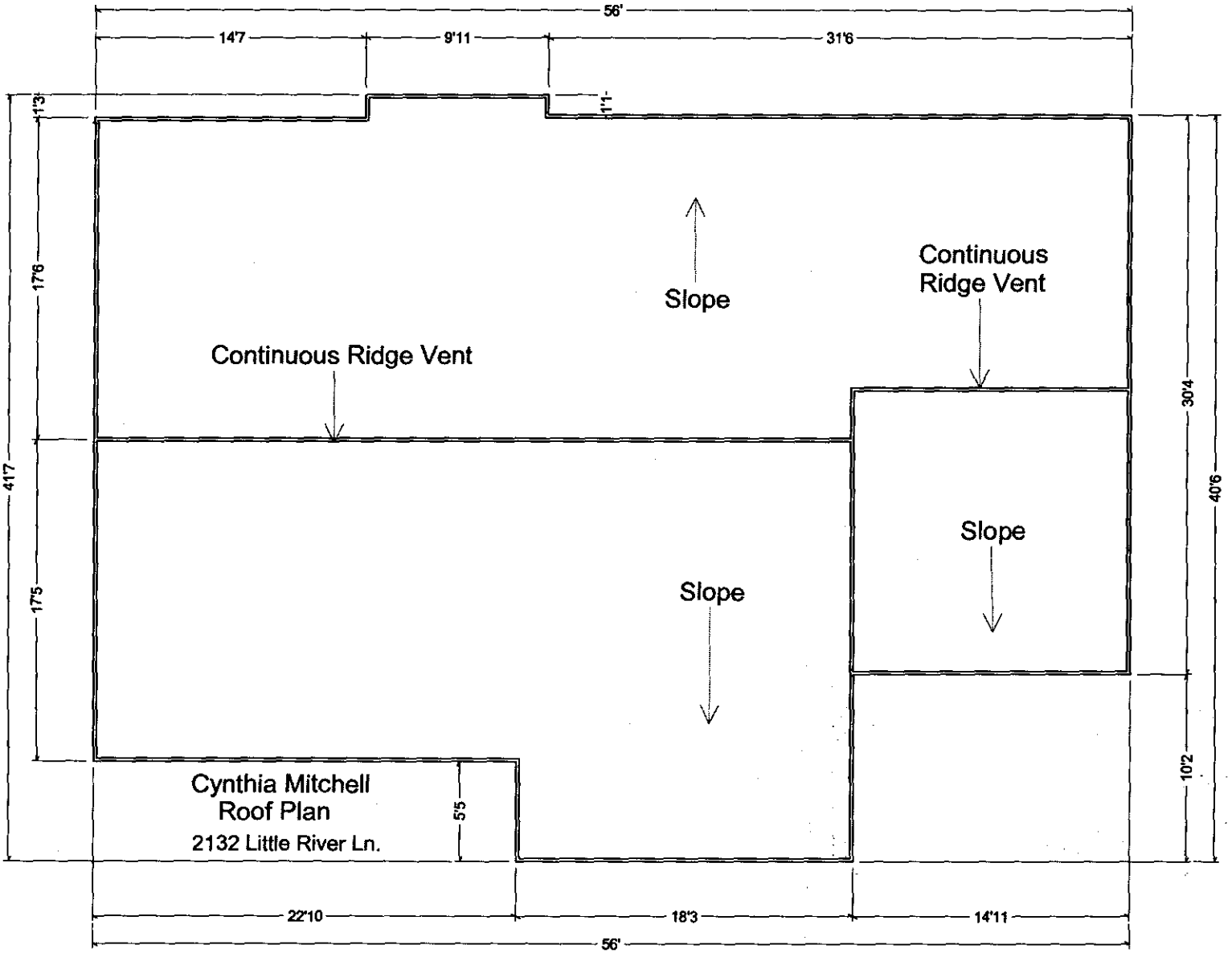
Location / Work Description	Quantity	UOM	Cost
ROOF & ATTIC			
35.0325 P1 REMOVE ALL ROOF COVERING MATERIAL DOWN TO SHEATHING Remove all roof covering material down to roof sheathing or furring strips. Remove all debris to legal dump site. Take precautions to protect plants, shrubs, trees and fences from damage during removal.	1,995	SF	
35.0375 P1 REPLACE UP TO 10% OF ROOF DECKING Replace up to 10% of 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 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	
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. Shingles to have at least a 20 year limited manufacturer's warranty. Install new, 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 allowed.	1,995	SF	
35.1075 P1 INSTALL RIDGE VENT Install continuous shingle-over type ridge vent along ridge lines of roof according to manufacturer's instructions. Make sure decking at ridge line is cut back at least 1" from both edges of ridge pole so that a ventilation opening exists under vent.	56	LF	

Cost Summary

Total Cost

Customer: _____ Contractor: _____

HOUSING & HUMAN SERVICES, LEON COUNTY



MINORITY and WOMEN BUSINESS ENTERPRISE PARTICIPATION PLAN

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. “

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. All Respondents are to list subcontractor as appropriate in Sections 3 and 4.

Section 1 - Aspirational Target for M/WBE Participation 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 96-1 which is used in the determination of whether a contractor has performed and documented good faith efforts.

Please check the appropriate box to designate those actions you have done as “Good Faith” in order to secure MWBE participation for this solicitation “Good Faith Effort” statement that applies to your firm **and attach documentation of such:**

- 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
- 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.
- Contacted the MWSBE Division for a listing of available M/WBEs who provide the services needed for the bid or proposal.
- Contacted MBEs and/or WBEs who provide the services needed for the bid or proposal.
- Documented follow-up telephone calls with potential M/WBE subcontractors seeking participation.
- Allowed potential M/WBE Subcontractors to review bid specifications, blueprints and all other Bid/RFP related items at no charge to the M/WBEs.

- 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.
- Other documentation indicating their Good Faith Efforts to meet the aspirational targets. Please provide details below.

- Respondent is unable to provide a Good Faith Effort due to the structure of the firm. Please identify the reason below. (For Example: A Non-For- Profit Organization)

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.

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 MBE Participation	Type of Service to Provide
Minority and Women Business Enterprise(s)					
a.					
b.					
c.					
d.					
e.					
f.					

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.				