



Department of City Development
 City Plan Commission
 Neighborhood Improvement
 Development Corporation
 Redevelopment Authority

Rocky Marcoux
 Commissioner

Martha L. Brown
 Deputy Commissioner



Bid Package Cover Sheet

The following project is open for bidding by contractors possessing a Milwaukee Home Improvement Contractor License.

Please contact the owner for an appointment to inspect the property. Return bids to the owner.

Note that all activities disturbing lead (PB) based surface coatings require State certified personnel and, as noted, a Milwaukee Health Department Lead Permit.

Project Address	2751 N CARLTON PL
Summary Of Work	
Technical Specialist	Alexander Walker, Phone: (414) 286-5194

Bid packages are available from the owners:

Owner	Robert Blackshire and Darlean Blackshire
Home address	2751 N CARLTON PL
Phone	(h) (414) 449-8682 (w)
Bid due date	APRIL 2, 2015
Approximate starting date	
Approximate completion date	

Note: Please contact **Alexander Walker** at **(414) 286-5194** for the most recent NIDC Rehab Specifications.

A Bid Package includes this cover sheet and:

A) General Bid Conditions and Instructions, B) Bid Document C) Scope of Work dated:	1) Bid Submission Form 2) Materials List, 3) Contractor References 4) Subcontractor List
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Only one copy per contractor.

SCOPE OF WORK		Date: 3/5/2015	
2751 N Carlton Pl			
Rehab Specialist: Alexander Walker 414-286-5194			
First inspection date: 3/5/2015	Prior version dates:	Strong Home	
Both the "Rehabilitation and Technical Specifications and Performance Standard for the City of Milwaukee - February, 2006" and the "NIDC Addendum to Specifications," dated 8/23/07 & 5/13/08, are incorporated into this scope by reference. These items provide an outline of materials requirements & performance expectations. Updated copies can be obtained from NIDC @ 809 N Broadway-3rd Flr.			
Lead Related Work: Any task that disturbs previously painted surface shall be performed by properly certified personnel and follow the State of Wisconsin Department of Health Services Administrative Code Chapter DHS 163 regarding the certification for the identification, removal and reduction of lead-based paint hazards (Pb).			
And, if applicable: <input type="radio"/> YES <input checked="" type="radio"/> NO			
Any task that disturbs a previously painted surface requires Milwaukee Health Department notification (Pb-N). Window replacement shall be performed by properly certified personnel and requires a Milwaukee Health Department Permit (Pb-A).			
Miscellaneous: The contractor is responsible to field verify all measurements, the amount of materials needed, and the number of windows in the building. If any item in this scope calls for a certain manufacturer, model number, or approved equivalent of a particular item, and that item is to be substituted, both NIDC and the owner must approve the substitution in writing as a part of the contract.			
Line #	Scope of Work Item	Code	Estimate
1			
2	GARAGE		
3	Tear off & replace entire roof: Replace all rotten and inadequate decking as needed. Provide ice and water shield at the edges and #15 felt. Provide all necessary flashing and dimensional shingles with min. 25 year manufacturer warranty.	PR	
4			
5			
6			
7			
8			
9			
10			
11			
12			
13	HOUSE		
14	Tear off & replace entire roof: Replace all rotten and inadequate decking as needed. Provide ice and water shield at the edges and valleys, provide aluminum valley flashing at valleys, and #15 felt. Provide all necessary flashing and dimensional shingles with min. 25 year manufacturer warranty. Re-install or replace attic vents at existing locations.	PR	
15	Tuck point and flash chimney, east elevation above door and 2nd story window.	PR	
16			
17			
18			
19			
20			
21			
28			
29	<i>Total Scope Estimate</i>		
30			
31			
32			
33			
34			
35			
36			
37			
33	Prepared by:		Date:
34			
35			
36	Owner Approval:		Date:

Bid Submission Form

This bid document consists of five (5) pages. They are the Bid Submission Form, the Materials List, the Contractor's References, Contractor Ownership Information, and the Subcontractor List.

All pages must be completed and submitted as your bid. Bid forms must be received no later than . CONTRACTOR agrees this bid shall remain in effect for a period of sixty (60) days. If the OWNER takes no action during the 60 days, the bid shall become void without recourse by either party.

START AND COMPLETION OF WORK

The work presented in this project is to be started within 5 days after Contractor's receipt of a Notice to Proceed and is to be satisfactorily completed within 30 days thereafter. Interior/Exterior Completion and/or Weather-Affected repairs, if any, must be completed as further outlined and incorporated in Bid Attachments A and/or B respectively. (Strike if not applicable.)

BIDDING

Contractors should submit bids to do EXACTLY the work AS DESCRIBED. Any desired changes must be proposed on a separate, "Alternate Bid" page. Any proposed changes are subject to the owner's approval, after consultation with the lender.

MAIL OR DELIVER BIDS TO THE OWNER AT CURRENT ADDRESS

Owner: **Robert Blackshire**
Project Address: **2751 N CARLTON PL**
Current Address: **2751 N CARLTON PL**
Phone: **(414) 449-8682**

The contractor accepts and agrees to all of the terms and conditions stated in the General Bid Conditions and instructions which are incorporated herein by reference. The contractor hereby further agrees to execute a contract for performance of work as outlined in the "Scope of Work" dated and to furnish labor and materials in accordance with the "Technical Specifications and addenda

for the lump sum BASE BID price of: \$ _____.

Company name _____

Address: _____

City/State/Zip _____

Phone _____

City License # _____

Lead License No _____

Contractor Insurance

Expiration. Date _____

By: _____

Signature

Date: _____

Title _____

Witness _____

Federal contractor tax id #or social sec # _____

Note: one of these numbers is required to validate this bid.

If other than sole proprietor, complete the following:

I certify that I am the _____ (Officer or Title) of the corporation named as contractor herein; that _____ (Name of bidder) who signed this bid form on behalf of the contractor was the authorized representative, of said corporation; that said bid form was duly signed for and in behalf of said corporation by authority of its governing body, and is within the scope of its corporate powers.

(Corporate Seal) BY: _____

Acceptance By Contractor

I have reviewed all bids and hereby accept this bid. I understand that this acceptance is final and may not be revoked subsequent to approval by the NIDC Administrative Review Committee.

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Contractor Reference Form

(for project at: 2751 N CARLTON PL

CONTRACTOR: List below three references.

Refer only jobs you have successfully completed and jobs of comparable size and scope to this job. The customer for whom you are submitting this bid may be contacting your references. Be sure to obtain permission from the owners whose names you provide.

REFERENCES

1. Name: _____
Address: _____
Telephone: _____

SIZE OF JOB: _____ under \$10,000 _____ over \$10,000

BRIEFLY DESCRIBE THE WORK YOU COMPLETED:

2. Name: _____
Address: _____
Telephone: _____

SIZE OF JOB: _____ under \$10,000 _____ over \$10,000

BRIEFLY DESCRIBE THE WORK YOU COMPLETED:

3. Name: _____
Address: _____
Telephone: _____

SIZE OF JOB: _____ under \$10,000 _____ over \$10,000

BRIEFLY DESCRIBE THE WORK YOU COMPLETED:

Contractor Ownership Information

Thank you for submitting a bid for a NIDC-sponsored rehabilitation. If you have not been awarded a contract through NIDC in the past 12 months, you must complete this form.

I (we) certify that this information is true, accurate, and complete. I (we) understand that incomplete or inaccurate information may mean my (our) bid will not be accepted by NIDC.

Failure to complete the form may disqualify your bid. Please print clearly.

Full, legal name of your contracting business (no abbreviations):

Address of business: _____

List all owners & partners of this business:

First _____ Middle _____ Last _____ Date of Birth _____
Address _____

First _____ Middle _____ Last _____ Date of Birth _____
Address _____

List addresses of all properties located in the City of Milwaukee that are owned in whole, or in part, by any owner or partner of the contracting business. Include properties under all forms of ownership including LLC's, incorporated businesses, partnerships, etc.

- | | | | |
|------------------|-------------------------|------------------------------|-----------------------------|
| 1. Address _____ | Property taxes current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Open code orders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Address _____ | Property taxes current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Open code orders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Address _____ | Property taxes current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Open code orders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Address _____ | Property taxes current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Open code orders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Address _____ | Property taxes current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Open code orders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Address _____ | Property taxes current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Open code orders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Attach additional sheets if necessary.

Sub-Contractor List

I (we) certify that this information is true, accurate, and complete. I (we) understand that incomplete or inaccurate information may mean my (our) bid will not be accepted by NIDC. Attach additional sheets for other sub-contractors or material suppliers.

The total of EBE sub-contracts, including material suppliers is: \$ _____

The total of Section 3 sub-contracts including material suppliers is: \$ _____

ELECTRICAL		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No
PLUMBING		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No
HVAC		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No
CARPENTRY		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No
CONCRETE & MASONRY		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No
LEAD ABATEMENT		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No
INSULATION		Amount of Subcontract	\$
Company Name		EBE Status	Yes
Address			No
Contact Name		Section 3 Status	Yes
Contact Phone			No