

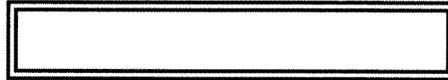


Department of City Development

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	<b>140-142 E CONCORDIA AV</b>
Summary Of Work	
Technical Specialist	<b>Jeff Keen, Phone: (414) 286-8604</b>

Bid packages are available from the owners:

Owner	<b>Andrew D Stefanich</b>
Home address	<b>2050 N Commerce St Unit 202</b>
Phone	<b>(h) (414) 315-3599 (w)</b>
Bid due date	<b>6/29/2012</b>
Approximate starting date	
Approximate completion date	

Note: Please contact **Jeff Keen** at **(414) 286-8604** 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.**

# 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 15 days after Contractor's receipt of a Notice to Proceed and is to be satisfactorily completed within 45 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: **Andrew D Stefanich**  
Project Address: **140-142 E CONCORDIA AV**  
Current Address: **2050 N Commerce St Unit 202**  
Phone: **(414) 315-3599**

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 **5/15/2012** 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: \_\_\_\_\_

# Materials List

For the project located at: **140-142 E CONCORDIA AV**

I, the contractor, submit the following descriptions and allowances as part of the bid price. Deviations from the materials, quantities or costs as herein specified will result in a change order with cost differences to the contract. The owner will be provided samples for selection in the price ranges or quality levels as shown below.

**SIDING:** Manufacturer \_\_\_\_\_ Gauge \_\_\_\_\_ Style \_\_\_\_\_  
Type of Material \_\_\_\_\_ Exposure \_\_\_\_\_ Color \_\_\_\_\_  
Type of Backerboard \_\_\_\_\_ Warranty Period \_\_\_\_\_

**ALUMINUM TRIM:** Color \_\_\_\_\_ Gauge \_\_\_\_\_

**STORM WINDOWS:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Finish \_\_\_\_\_ Quantity \_\_\_\_\_

**STORM DOORS:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Finish \_\_\_\_\_ Quantity \_\_\_\_\_

**KITCHEN CABINETS:** Linear Feet of Base Cabinets & Countertops: \_\_\_\_\_  
Linear Feet of Wall Cabinets: \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Finish \_\_\_\_\_ Quantity \_\_\_\_\_

**MEDICINE CABINET:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
(Circle One) Lighting: with / without Mounting: Surface Flush

**FLOOR COVERING:** Allowance per square yard for flooring, material only: \_\_\_\_\_  
Allowance per square yard for carpet & pad, material only: \_\_\_\_\_

**VANITY:** Cabinet Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_  
Sink Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
Material \_\_\_\_\_  
Faucet Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

**BATHTUB:** Tub Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Color \_\_\_\_\_ Size \_\_\_\_\_  
Material \_\_\_\_\_  
Faucet Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
Showerhead Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

**TOILET:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

**KITCHEN SINK:** Manufacturer \_\_\_\_\_ Basin (Circle One) 1 2  
Material \_\_\_\_\_ Size \_\_\_\_\_ Spray (Circle One) yes no  
Faucet Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

**LAUNDRY TUB:** Material \_\_\_\_\_ Basin (Circle One) 1 2

**WATER HEATER:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ gallon  
Fuel: (Circle One) Gas Electrical

**HEATING:** Furnace Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
BTUH Input Capacity \_\_\_\_\_ Fuel \_\_\_\_\_

**HUMIDIFIER:** Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

**ELECTRICAL:** Total material allowance for all light fixtures included in bid: \$ \_\_\_\_\_  
Total number of fixtures: \_\_\_\_\_

# Contractor Reference Form

(for project at: **140-142 E CONCORDIA AV**)

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: \$ \_\_\_\_\_

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

**SCOPE OF WORK (Rental Rehab.)**

Andrew Stefanich (Rental Rehab)  
140-142 E. Concordia Av (12-2009)

Rehab Specialist  
Jeff Keen 286-8604

Loan Officer  
Greg Johnson 286-5692

Scope Date: 5/15/12

Revised dates:

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Both the "Rehabilitation and Technical Specifications and Performance Standards for the City of Milwaukee - February, 2006" and the NIDC Addendum to Specifications", dated March 2, 2010, are incorporated into this scope by reference. These items provide an outline of materials requirements and performance expectations. Updated copies can be obtained at [www](http://www.milwaukee.gov).

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Any task that disturbs a previously painted surface shall be performed by properly certified personnel and requires Milwaukee Health Department notification. Standard window treatment and window replacement shall be performed by properly certified personnel and requires a Milwaukee Health Department permit.

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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.

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CV: Required to resolve a code violation. Pb-N: The Milwaukee Health Department must be notified prior to starting this activity. Pb-A The Milwaukee Health Department must issue a permit prior to starting this activity. Permit: This item requires a building permit. PR: Program requirement.

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1 EXTERIOR	Code	Estimate
2 Tear off and replace the roofing.	CV	
3 Install 28 double hung vinyl replacement windows	Pb-A	
4 Install 12 glass block windows for the basement. A minimum of two shall be vented. Install dryer venting for each unit.	PR	
5 Install glass block window with vent for the 2nd floor bathroom.	Pb-A	
6 Install 6 attic windows and storm windows. Eliminate window venting.	Pb-N	
7 Paint basement window sills.	Pb-N	
8 Replace both front porch steps and handrails to code. Use treated wood. Do not paint or stain.	CV	
9 Replace the front porch skirting including sides of steps. Use treated wood. Do not paint or stain.	PR	
10 Replace the front porch guardrail to 36" height. Use treated lumber. Do not paint or stain.	PR	
11 Secure loose deck boards and replace defective deck boards for front porch. Previously painted deck requires a new coat of paint or stain.	PR	
12 Replace missing sash and screen for the side storm door.	PR	
13 Replace the west front service stairs. Replace the east service stair approach.	PR	
14 Paint all decorative upper house trim, rafter tails and soffit.	Pb-N	
15 Install aluminum clad trim over all window and door and door trim. Include attic windows. Does not include basement.	Pb-N	
16 Repair the rear jump porch guardrail	PR/Pb	
17 Repair the rear gate where board is missing.	PR	
18 Install pipe handrail set in concrete footing for the rear service steps.	CV	
19 Install dryer vent cover on east side of building.	CV	
20 Replace defective electrical fixture on west side of porch.	CV	
21 Repair/secure front 2nd floor guardrail.	CV	
22		
23		
24		
25		

26

27

28 **INTERIOR**

- 29 Install GFCI for the 1st floor bathroom. CV
- 30 Repair and paint wall above the 1st floor bathroom sink. PR
- 31 Repair and paint wall below 1st floor kitchen windows PR/Pb
- 32 Rehang doors to the mid and front bedrooms. PR
- 33 Eliminate use of extension cord for freezer in the 1st floor kitchen. Install 20 amp circuit and outlet for freezer. PR
- 34 Replace flooring for the rear hall entry and 1st floor landings. PR
- 35 Install weather seal for the side entry door to eliminate gap. PR
- 36 Install handrail for the 1st floor to rear entry stairs. CV
- 37 Install basement stair handrail CV
- 38 Repair loose basement stair tread. PR
- 39 Paint basement stairwell walls. PR
- 40 Install junction covers where missing and light fixtures missing insulator rings PR
- 41 Install east laundry tray, faucet and drain. PR
- 42 Clean out drain for the 2nd floor bathtub. Clean and sanitize tub. PR
- 43 Install new ceramic tile tub surround for the 2nd floor bathtub/shower. PR
- 44 Install GFCI outlets along the 2nd floor kitchen counter. CV
- 45 Replace 2nd floor base cabinets and counter. Reinstall sink and faucet PR
- 46 Repair and paint walls and ceiling in the 2nd floor pantry. Pb-N
- 47 Replace broken outlet in the 2nd floor rear bedroom. PR
- 48 Install shelf for the 2nd floor mid bedroom closet. PR
- 49 Install CO/smoke detector combination units as follows: One in basement, one in each interior hall, one in each rear bedroom. CV
- 50 Install closet doors for each 1st floor bedroom. PR
- 51 Close out furnace permit. Owner. CV
- 52
- 53 Total
- 54
- 55 Owner approval: \_\_\_\_\_ Date: \_\_\_\_\_