Posted to Website Date: August 3, 2026

Housing Alternatives of Southwest Florida, Inc. (HASWFL) Owner

REQUEST FOR QUOTE (RFQ)
Construction Rehabilitation/Renovations

Solicitation No: HMARP21-03

Solicitation Name: HASWFL - HOME-ARP Rental Rehabilitation

DUE DATE/TIME: **September 22, 2026, at 4:00 pm EST**

Deliver to: 2911 Fruitville Road, Sarasota, FL 34237, CASL* Corporate Office by mail or email to contacts listed below.

CASL Contact: Ken Azar, Director of Maintenance, Angela Hatcher, Director of Building and Community Development

Phone/Email: 941-960-5496, Ken.Azar@CASLinc.org, Angela.Hatcher@CASLinc.org

**** Property Management Company, Community Assisted and Supported Living, Inc. (CASL)***

PRE-BID Conference: August 12, 2026 @ 2:00 pm EST

Virtual: Email Angela.Hatcher@CASLinc.org to be included in the invite. This meeting will discuss dates for when property inspections will take place.

All solicitation documents are available for download at: *Link to CASL website*.

"FINANCED IN PART BY U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), AND COLLIER COUNTY COMMUNITY AND HUMAN SERVICES DIVISION"

EQUAL HOUSING OPPORTUNITY

Collier County

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Request for Quote - Bid Process Overview

Submit Bid no later than: September 22, 2026, 4:00 pm EST

RFQ tabulations will be completed within 3-5 days of receipt.

The notice of Intent to Award will be completed no later than October 16, 2026. Contracts will be awarded based on cost consideration in conjunction with responsible completed documents. Preference will be given to certified women and minority business enterprises and those bidders who have completed federally funded projects incorporating Section 3 requirements.

Final Bid award announcement no later than October 28, 2026.

Checklist of items to include in Bid Submission:

1. Bid Submission Form, completed, signed and notarized.
2. Contractors License
3. Contractors Insurance
4. Written description of affirmative marketing to encourage the use of small, minority and women's business enterprises in connection with the project.
5. SAM.Gov registration and assigned UEI number.
6. E-Verify forms, certification of acknowledgement signed.
7. Women and/or Minority Enterprise certifications if any.
8. Compliance Certification Form completed, signed and notarized.
9. Anti-Human Trafficking Affidavit completed, signed and notarized.
10. Federal Contract Provisions Forms – Exhibit I (last 9 pages)
    a. Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions.
    b. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions. Provide written statement when (a) above cannot be executed.
    c. Conflict of Interest Certification
    d. Anticipated Disadvantaged, Minority, Women or Veteran Participation Statement
    e. Bid Opportunity List for Commodities, Contractual Service or Professional Consultant Services
    f. Certification of Lobbying
    g. Acknowledgement of Religious Organization Requirements
    h. Federal Housing and Urban Development Grant Programs
    i. Flow Down of Terms and Conditions from the Grant Agreement

CONTRACTOR

The selected contractor shall provide goods or services for use of the HOME-ARP funds, tasks to be performed, a schedule for completing the tasks, a budget and term of the contract. Contractors are subject to certain program requirements in accordance with 24 CFR part 92 and the HOME-ARP Notice for the requirements applicable to the activities the contractor shall administer.

Bid Submission Form

C O N T R A C T O R _____(hereinafter called "BIDDER"), organized and existing under the laws of the State of F l o r i d a (or if not Florida then _____**)** doing business as: *_____.
*Insert a corporation, a partnership or an individual as applicable.

TO: Housing Alternatives of Southwest Florida, Inc., (HASWFL), (hereinafter collectively called the "OWNER").

In compliance with 2 CFR 200 Subpart D this formal solicitation and sealed bid invitation, all bid documents including detailed property scope of work and required forms, BIDDER shall perform all WORK for the HASWFL HOME-ARP Rental Rehabilitation Project in Naples, Florida (hereinafter called "THE PROJECT") in strict accordance with this Invitation to Bid within the reasonable timeframe included within this submission and in accordance with the prices stated below.

This BID is subject to the use of the HOME-ARP funds. BIDDER shall respond to tasks to be performed including a budget and all requested documents in this Bid Package. A schedule for completion of work will be required after an award and contract is executed.

The BID provides that the CONTRACTOR is subject to the requirements in 24 CFR part 92 and the HOME-ARP Notice that are applicable, and the contractor shall administer only a portion of the program applicable to the activities the CONTRACTOR administers. Work under the contract will set forth all obligations imposed on the CONTRACTOR in order to meet the VAWA requirements under 24 CFR 92.359 including any notice obligations and any obligations under an emergency transfer plan, as applicable.

By submission of this BID, each BIDDER certifies, and in the case of a joint BID each party thereto certifies as to its own organization, that this BID has been arrived at independently, without consultation, communication or agreement as to any matter relating to this BID with any other BIDDER or with any competitor.

The BIDDER agrees, if this bid is accepted, to contract with the OWNER in the form of a Contract Agreement to furnish all necessary materials, equipment, machinery, tools, apparatus, means of transportation labor, all means, techniques, sequences, procedures and incidentals necessary to construct and complete, within the time specified, the WORK covered by this Bid Form, any specifications and other contract documents.

BIDDER hereby agrees to commence WORK under this contract on or before a date to be specified in the NOTICE TO PROCEED. BIDDER agrees to perform the WORK covered by this Bid Form, Specifications and other Contract Documents including any and all additions or deletions listed in the itemized BID P R I C E DETAIL.

BID PRICE: Bids shall include all applicable permits, taxes, insurance, bid bonds and payment and performance bonds, inspection fees and other fees as described herein. Should the BIDDER

wish to qualify the Bid in any manner as to the contract documents and scope of work, these qualifications must be attached in writing to the Bid at the time of Bid submission. The OWNER may choose to accept or reject any qualified bid in its sole discretion.

BONDS: The Bidder understands and agrees that a 100% Payment and Performance Bond will be required if selected as the Contractor. The surety company must be licensed in Florida and must appear on the U.S. Treasury List (Circular 570).

FINAL CONTRACT SELECTION. A firm-fixed price contract will be awarded in writing to the most cost reasonableness responsible bidder, pursuant to 2 CFR 200 Subpart D Procurement Standards.

BIDDER shall include a copy of a valid License and Insurance with the submission of this BID.

BIDDER shall provide a written description of affirmative marketing to encourage the use of small, minority and women's business enterprises in connection with this project. Preference will be provided for contractors who are SBE or MBE or WBE certified.

BIDDER understands the funding to cover the rehabilitation at the addresses below are federal funds. Reimbursement to the selected Contractor will ONLY be made when work is completed and verified (and inspected if applicable) and photos are provided. The Contractor may request reimbursement monthly for completed work. There will not be any deposits for materials. Further, BIDDER understands there will be 10% retainage withheld from each payment request until completion of the work.

SCOPE OF WORK:

See detailed Scope of Work for this property included in the Attachments and Forms section.

Location of Work: 3401 21st Avenue SW, Naples, Florida, 34117

TOTAL BID PRICE: $_____

Add NOTES here from BIDDER:

_____

_____

_____

_____

Has Bidder incorporated Section 3 federal requirements in any other project?
Yes _____ No _____ Attach a written description of this experience.

Is the Bidder a certified Women and/or Minority Owned Enterprises?
Yes ____ No ____ Attached certificate with submission if yes.

Additional Requirements

1. All work is paid for on a reimbursable basis through monthly draws with 10% retainage held from each reimbursement request.

2. BIDDER shall provide a written description of affirmative marketing to encourage the use of small, minority and women's business enterprises in connection with this project.

3. BIDDER shall comply with Section 3 (24 CFR Part 75 HUD) requirements and provide reports to the Owner in conjunction with reimbursement requests. To the greatest extent feasible, lower-income residents of the project area shall be given opportunities for employment. More information on Section 3 is included in the Compliance Certification.

4. Contractors shall comply with non-discrimination requirements.

5. The contract must comply with all applicable standards, orders or requirements issued under the Clean Air Action and the Federal Water Pollution Control Act as amended.

6. The contractor certifies by submitting an estimate that they are not on the County, State or Federal debarment list.

7. The contractor certifies by submitting an estimate that they are not on the convicted vendor list maintained by the State of Florida Department of Management Services. This notice is required by section 287.133(3)(a), Florida Statutes.

8. The contractor agrees to comply with E-Verify.gov requirements.

9. The contractor agrees to register with SAM.Gov and provide documentation of such with the submission of this bid.

10. The contractor agrees to provide a detailed project schedule after the award and notice to proceed is issued.

Signatures on the next page:

SIGNATURE: _____ Date: _____

PRINT BIDDER NAME: _____

TITLE: _____

COMPANY: _____

TELEPHONE: _____

EMAIL: _____

NOTARY
State of Florida
County of: _____

The foregoing BID document was acknowledged before me by means of ___ personal appearance or____ online notarization, this _____ day of _____, 2026 by _____, as _____ of _____. He/She/They are personally known to me ____or has produced _____ as identification.

_____
Notary Public Signature

NOTARY SEAL

_____
Print Name

Attachments and Forms

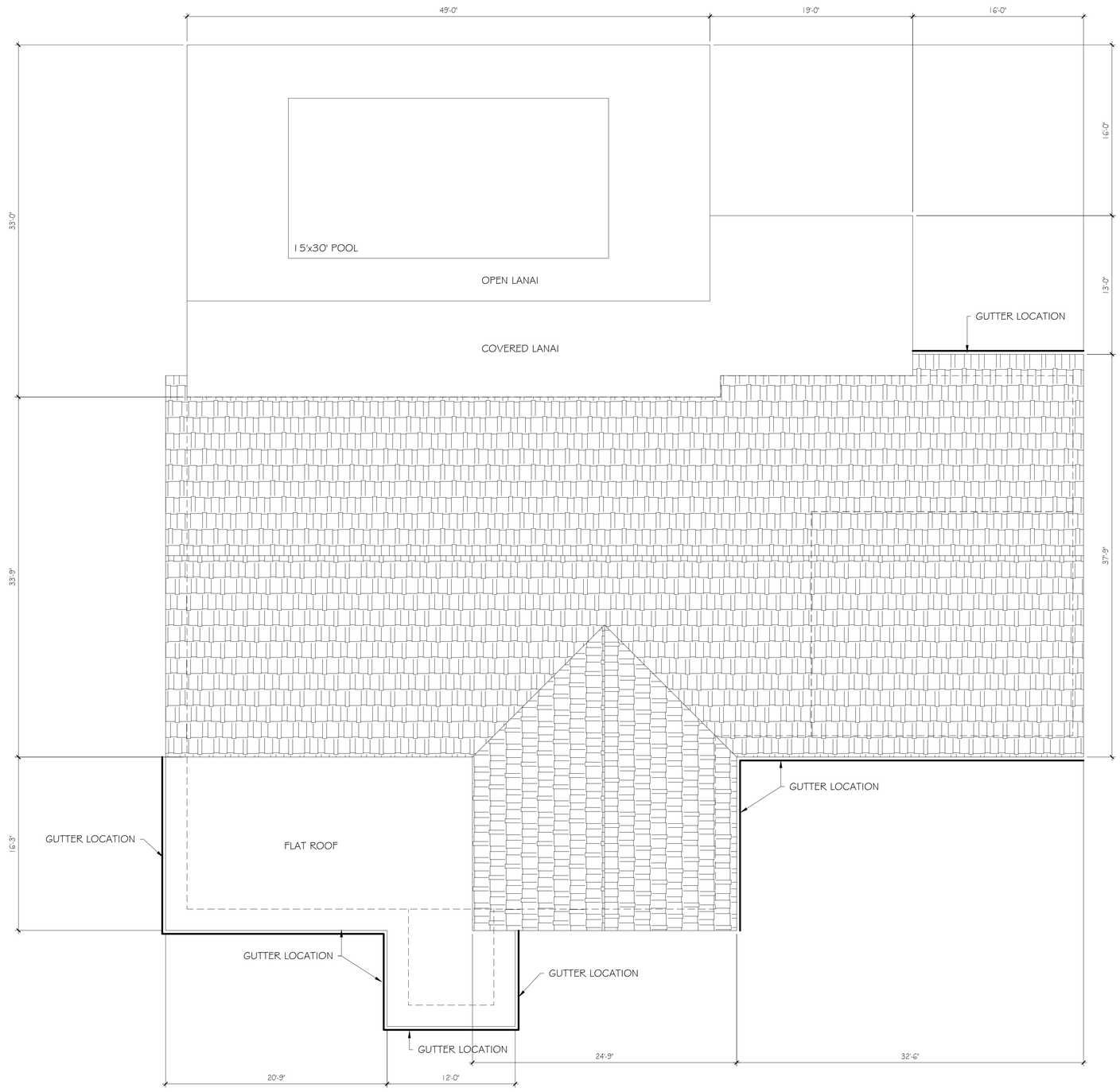
Housing Alternatives Southwest Florida, Inc. - Owner/DLC property

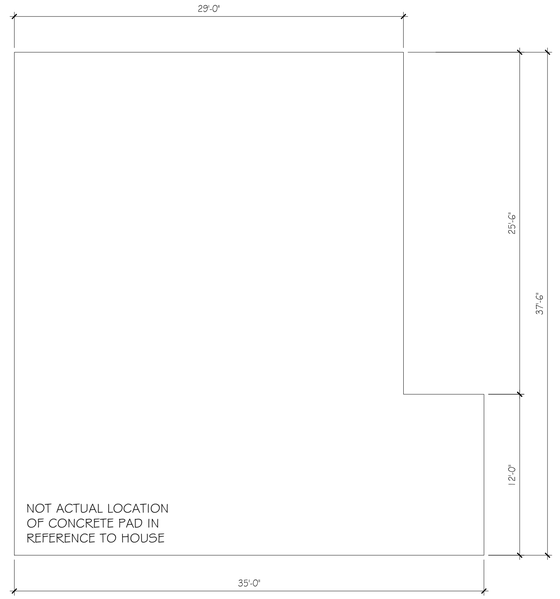
3401 21st Ave SW, Naples, 34117

Single Family Estate Home with 6 units

PARCEL ID	38043880000
Year Built per Collier Co Property Appraiser website	1990
Living Space +/-	3018
Adjusted Area +/-	3393

	Scope of Work	Quantity	Unit of Measurement
1	Install new shingle roof and TPO flat roof (TPO Roof is 575 SF) allow for wood rot	3410	Square footage
2	Supply and Install Fascia (aluminum, white)	350	Linear Foot (LF)
3	Supply and Install Soffits (aluminum, white)	305	Linear Foot (LF)
4	Supply and Install gutters (aluminum, white)	200	Linear Foot (LF)
5	Supply & Install New hurricane rated sliders door - Therma-Tru or Jeld-Wein	1	8'x 6'-8"
6	Supply & Install New hurricane rated Front entry door, Therma-Tru or Jeld-Wein	1	3' x 6' - 8" with 12" sidelite
7	Supply & Install New Utility Door from Garage	1	32" x 6' - 8"
8	Install new Carrier HVAC 2 Ton units with minimum rating of 15 SEER, including replacement of Thermostat	1	each
9	Install new 50 gallon EF Hot Water heater A.O. Smith, 4500 watt, double element, with new aluminum pan	1	each
10	Repairs to cracks in Patio/Pool Deck Area	1	lump sum
11	Coordinate and provide professional scoping report of sanitary lines to identify any deficiencies to units (do not include price for repairs/replacement)	1	lump sum
12	Coordinate and provide professional report for repairs needed for swimming pool, leak? Etc. (do not include price for those repairs/replacement)	1	lump sum
13	Replace all smoke detectors with 10-Year Battery operated Smoke & Carbon Monoxide detectors (replace with hardwired if existing is applicable)	10	each
14	Pressure wash all patio areas and entire house	1	lump sum
15	Re-seal asphalt pavement	3700	lump sum
16	Remove overgrown landscaping, grind stumps	1	lump sum
17	Interior sheetrock repair and re-paint as needed (include crack in ceiling)	1	lump sum
18	Replace Electrical panel and provide report for any additional electrical wiring deficiencies	2	each
19	Remove existing flooring and Install new LVP flooring 8MM, Walnut	3100	square footage
20	New White GE energy star rated appliances, Range Hood, Range, Refrigerator	1	bundled
21	Dumpster - Haul Away / Clean Up	1	lump sum
22	Contractor Fees (**include as percentage or flat rate**)		percentage or flat rate


49'-0"
19'-0"
16'-0"
33'-0"
16'-0"
13'-0"
15'x30' POOL
OPEN LANAI
COVERED LANAI
GUTTER LOCATION
33'-9"
37'-9"
16'-3"
FLAT ROOF
GUTTER LOCATION
GUTTER LOCATION
GUTTER LOCATION
GUTTER LOCATION
GUTTER LOCATION
20'-9"
12'-0"
24'-9"
32'-6"


29'-0"
25'-6"
37'-6"
12'-0"
NOT ACTUAL LOCATION
OF CONCRETE PAD IN
REFERENCE TO HOUSE
35'-0"

COMPLIANCE CERTIFICATION FORM

CERTIFICATION FOR COMPLIANCE WITH CITY, COUNTY, STATE, FEDERAL LAWS AND REGULATIONS

I,_____agree to comply with all City, County, State, and Federal laws and regulations, including, but not limited to the following:

CONFLICTS OF INTEREST

Contractor covenants that no person who presently exercises any functions or responsibility on behalf of the *City/County/ Agency* in connection with this agreement has any personal financial interests, direct or indirect, with the Contractor. Contractor further covenants that, in the performance of any contract, no person having such conflicting interest, shall be employed by the Contractor. Any conflict of interest attributable to the Contractor or its employees must be disclosed in writing to the *City/County/Agency* immediately upon discovery.

Contractor is aware of the conflict-of-interest laws of the State of Florida, particularly Chapter 112, Part III, Florida Statutes; and the United States Department of Housing and Urban Development, particularly, 24 CFR Part 570 §570.6711 and agrees to comply with all aspects to those provisions.

EQUALOPPORTUNITY

Contractor agrees that it will comply with equal opportunity requirements, which require that no person in the United States shall on the ground of race, creed, color, national origin, age, sex, religion, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with State or Federal funds. In the event local laws or ordinances governing equal opportunity apply as well, Contractor agrees to comply.

DEBARMENT/SUSPENSION

The Contractor certifies, by submission of this certification, that neither the Contractor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the Contractor is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

ZONING CODES AND BUILDING CODES

Contractor must comply with the *City/County/ Agency* Housing Quality Standards, the Florida Building Code, local building codes and other standards established by the *City/County/ Agency,* as deemed necessary by such agency.

E-Verify.gov

Contractor must comply with E-Verify.gov requirements or complete the Waiver form.

SECTION 3 Reporting and Compliance

The Contractor agrees to comply with these "Section 3" requirements and to include the following language in all contracts and subcontracts. Reporting shall be completed by the contractor in accordance with the monthly requirements below.

"The work to be performed under this Agreement is a project assisted under a program providing direct Federal financial assistance from HUD and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701). Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to low- and very low-income residents of the project area, and that contracts for work in connection with the project be awarded to business concerns that provide economic opportunities for low- and very low-income persons residing in the metropolitan area in which the project is located."

Section 3 requires 25 percent (25%) of the total labor hours must be worked by Section 3 workers and 5 percent (5%) of the total labor hours must be worked by Targeted Section 3 workers. If the DEVELOPER is unable to meet these benchmarks, efforts taken must be described to meet the requirements. Examples include holding job fairs, conducting on-the job training, outreach efforts to public housing residents, and connecting residents to supportive services.

The Section 3 Neighborhood and Service Area tool identifies the geographic boundaries of a neighborhood or service area that includes Targeted Section 3 workers employed on a Section 3 project. The tool assists Section 3 funding recipients, subrecipients, contractors, and subcontractors to determine the service area or neighborhood of a HUD-funded Section 3 project. The tool can be found online at the following link.
hudexchange.us5.listmanage.
com/track/click?u=87d7c8afc03ba69ee70d865b9&id=57e10c9915&e=c09c40af84

HOUSING QUALITY STANDARDS

Contractor must comply with the *City/County/ Agency* Housing Quality Standards, the Florida Building Code, local building codes and other standards established by the *City/County/ Agency,* as deemed necessary by such agency.

SIGNATURE: _____ Date: _____

PRINT NAME: _____

TITLE: _____

COMPANY:_____

NOTARY
State of Florida
County of: _____

The foregoing BID document was acknowledged before me by means of __ personal appearance or __ online notarization, this ____ day of _____, 2026 by_____ _____, as _____of_____.

He/She/They are personally known to me __or has produced _____ as identification.

_____
Notary Public Signature

NOTARY SEAL

_____
Print Name

Contractor Insurance Requirements to include with ITB submittal Package

1. Workers' Compensation as required by Chapter 440, Florida Statutes.

2. Commercial General Liability – including products and completed operations insurance.$1,000,000 per occurrence and $2,000,000 aggregate.

3. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in the connection with this bid submission in an amount not less than $1,000,000 combined single limit for combined Bodily Injury and Property Damage.

Additional Insured Insurance certificates to:

Community Assisted and Supported Living, Inc.
2911 Fruitville Road
Sarasota, Fl 34237

Collier County Board of County Commissioners
c/o Community and Human Services Division
3339 Tamiami Trail East, Suite 213
Naples, FL 34112

ANTI-HUMAN TRAFFICKING
AFFIDAVIT (SECTION 787.06,
***FLORIDA STATUTES*)**

BEFORE ME, the undersigned authority, appeared _____, who first being duly sworn hereby swears of affirms as follows:

1. I am over eighteen (18) years of age. The following information is based on my own personal knowledge.

2. I am an officer or representative of _____ (the "Nongovernmental Entity"). I am authorized to provide this affidavit on behalf of the Nongovernmental Entity.

3. The Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.

4. This declaration is made pursuant to Section 92.525(1)(c), Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING ANTI-HUMAN TRAFFICKING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

FURTHER AFFIANT SAYETH NOT.

_____
Printed Name: _____
Title: _____
Company Name: _____
Date: _____

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____day of _____, 20___, by _____, on behalf of _____, who is personally known to me or who has produced _____ as identification.

_____
Print Name: _____
Notary Public of the State of Florida

My Commission Expires:

E-Verify

Bidder (Contractor) affirms that they will adhere to the instructions required for E-Verify registration of employees. I-9 Form attached to this document. This must be submitted with the Bidder's submission package.

Name of Company:_____

Print Name:_____

Signature: _____

Date:_____

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien authorized to work until _____ (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**8.** Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with “RE” notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,

Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

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Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

GRANT CERTIFICATIONS AND ASSURANCES

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE RETURNED WITH THE SOLICIATION RESPONSE

1. Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
3. Conflict of Interest
4. Anticipated DBE, M/WBE or VETERAN Participation Statement
5. Bid Opportunity List for Commodities, Contractual Services or Professional Consultant Services
6. Certification Regarding Lobbying
7. Acknowledgement of Religious Organization Requirements 24 CFR 570.200(j)
8. Certification of Payments to Influence Federal Transactions
9. Acknowledgement of Grant Terms and Conditions

COLLIER COUNTY

Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (l)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____	HASWFL- HOME-ARP Rental Rehabilitation
Name	Project Name
_____	HMARP21-03
Title	Project Number
_____	_____
Firm	CAGE Number
_____	_____
Street Address	SAM.gov Unique Entity ID (UEI) Number

_____

City, State, Zip

COLLIER COUNTY
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to the above statement, the prospective participant shall attach an explanation to this form.

_____
Name

_____ _____
Title CAGE Number

_____ _____
Firm SAM.gov Unique Entity ID (UEI) Number

_____
Street Address

_____
City, State, Zip

_____
Date

The undersigned _____(Vendor/ Contractor) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

COLLIER COUNTY
Conflict of Interest Certification

HMARP21-03
Collier County Solicitation No.

I, _____, hereby certify that to the best of my knowledge, neither I nor my spouse, dependent child, general partner, or any organization for which I am serving as an officer, director, trustee, general partner or employee, or any person or organization with whom I am negotiating or have an arrangement concerning prospective employment has a financial interest in this matter.

I further certify to the best of my knowledge that this matter will not affect the financial interests of any member of my household. Also, to the best of my knowledge, no member of my household; no relative with whom I have a close relationship; no one with whom my spouse, parent or dependent child has or seeks employment; and no organization with which I am seeking a business relationship nor which I now serve actively or have served within the last year are parties or represent a party to the matter.

I also acknowledge my responsibility to disclose the acquisition of any financial or personal interest as described above that would be affected by the matter, and to disclose any interest I, or anyone noted above, has in any person or organization that does become involved in, or is affected at a later date by, the conduct of this matter.

Name	**Signature**
Position	**Date**

Privacy Act Statement
Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674 and 5 CFR Part 2634, Subpart I require the reporting of this information. The primary use of the information on this form is for review by officials of The Justice Department to determine compliance with applicable federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a federal, state or local law enforcement agency if the Justice Department becomes aware of a violation or potential violation of law or regulations; (2) to a court or party in a court or federal administrative proceeding if the government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter. This confidential certification will not be disclosed to any requesting person unless authorized by law. See also the OGE/GOVT-2 executive branch-wide Privacy Act system of records.

COLLIER COUNTY
ANTICIPATED DISADVANTAGED, MINORITY, WOMEN OR VETERAN PARTICIPATION STATEMENT

Status will be verified. Unverifable statuses will require the PRIME to either proivde a revised statement or provide source documentation that validates a status.

A. PRIME VENDOR/CONTRACTOR INFORMATION

PRIME NAME	PRIME FEID NUMBER	CONTRACT DOLLAR AMOUNT

IS THE PRIME A FLORIDA-CERTIFIED DISADVANTAGED, MINORITY OR WOMEN BUSINESS ENTERPRISE? (DBE/MBE/WBE) OR HAVE A SMALL DISADVANTAGED BUSINESS 8A CERTIFICATION FROM THE SMALL BUSINESS ADMINISTRATION? A SERVICE DISABLED VETERAN?	VETERAN	Y	N	IS THE ACTIVITY OF THIS CONTRACT...	
	DBE?	Y	N	CONSTRUCTION ?	Y N
	MBE?	Y	N	CONSULTATION?	Y N
	WBE?	Y	N	OTHER?	Y N
	SDB 8A?	Y	N		
IS THIS SUBMISSION A REVISION?		Y	N	IF YES, REVISION NUMBER_____	

B. IF PRIME HAS SUBCONTRACTOR OR SUPPLIER WHO IS A DISADVANTAGED MINORITY, WOMEN-OWNED, SMALL BUSINESS CONCERN OR SERVICE DISABLED VETERAN, PRIME IS TO COMPLETE THIS NEXT SECTION

DBE M/WBE VETERAN	SUBCONTRACTOR OR SUPPLIER NAME	TYPE OF WORK OR SPECIALTY	ETHNICITY CODE (See Below)	SUB/SUPPLIER DOLLAR AMOUNT	PERCENT OF CONTRACT DOLLARS
			TOTALS:		

C. SECTION TO BE COMPLETED BY PRIME VENDOR/CONTRACTOR

NAME OF SUBMITTER	DATE	TITLE OF SUBMITTER
EMAIL ADDRESS OF PRIME (SUBMITTER)	**TELEPHONE NUMBER**	**FAX NUMBER**

NOTE: This information is used to track and report anticipated DBE or MBE participation in federally-funded contracts. The anticipated DBE or MBE amount is voluntary and will not become part of the contractual terms. This form must be submitted at time of response to a solicitation. If and when awarded a County contract, the prime will be asked to update the information for the grant compliance files.

ETHNICITY	CODE
Black American	BA
Hispanic American	HA
Native American	NA
Subcont. Asian American	SAA
Asian-Pacific American	APA
Non-Minority Women	NMW
Other: not of any other group listed	O

D. SECTION TO BE COMPLETED BY COLLIER COUNTY

DEPARTMENT NAME	COLLIER CONTRACT # (IFB/RFP or PO/REQ)	GRANT PROGRAM/CONTRACT

ACCEPTED BY:	DATE

COLLIER COUNTY GRANT COMPLIANCE FORM

BID OPPORTUNITY LIST FOR COMMODITIES, CONTRACTUAL SERVICES OR PROFESSIONAL CONSULTANT SERVICES

It is the policy of Collier County that disadvantaged businesses and minority vendors, as defined in the Code of Federal Regulations (CFR) or Florida Statutes (FS), must have the opportunity to participate on contracts with federal and/or state grant assistance.

Prime Contractor/Prime Consultant: ______________________

Address and Phone Number: ______________________

Procurement Number/Advertisement Number: HMARP21-03

The list below is intended to be a listing of firms that are, or attempting to, participate on the project numbered above. The list must include the firm bidding or quoting as prime, as well as subs and suppliers quoting for participation. Prime contractors and consultants must provide information for Numbers 1, 2, 3, and 4; and, should provide any information they have for Numbers 5, 6, 7, and 8. This form must be submitted with the bid package.

1. Federal Tax ID Number: ______________________
2. Firm Name: ______________________
3. Phone Number: ______________________
4. Address ______________________
5. Year Firm Established: ______________________

6. ☐ DBE ☐ Non-DBE

7. ☐ Subcontractor ☐ Subconsultant

8. Annual Gross Receipts
☐ Less than $ 1 million
☐ Between $ 1-5 million
☐ Between $ 5-10 million
☐ Between $ 10-15 million
☐ More than $ 15 million

1. Federal Tax ID Number: ______________________
2. Firm Name: ______________________
3. Phone Number: ______________________
4. Address ______________________
5. Year Firm Established: ______________________

6. ☐ DBE ☐ Non-DBE

7. ☐ Subcontractor ☐ Subconsultant

8. Annual Gross Receipts
☐ Less than $ 1 million
☐ Between $ 1-5 million
☐ Between $ 5-10 million
☐ Between $ 10-15 million
☐ More than $ 15 million

1. Federal Tax ID Number: ______________________
2. Firm Name: ______________________
3. Phone Number: ______________________
4. Address ______________________
5. Year Firm Established: ______________________

6. ☐ DBE ☐ Non-DBE

7. ☐ Subcontractor ☐ Subconsultant

8. Annual Gross Receipts
☐ Less than $ 1 million
☐ Between $ 1-5 million
☐ Between $ 5-10 million
☐ Between $ 10-15 million
☐ More than $ 15 million

1. Federal Tax ID Number: ______________________
2. Firm Name: ______________________
3. Phone Number: ______________________
4. Address ______________________
5. Year Firm Established: ______________________

6. ☐ DBE ☐ Non-DBE

7. ☐ Subcontractor ☐ Subconsultant

8. Annual Gross Receipts
☐ Less than $ 1 million
☐ Between $ 1-5 million
☐ Between $ 5-10 million
☐ Between $ 10-15 million
☐ More than $ 15 million

COLLIER COUNTY
Certification of Lobbying

The undersigned _____ (Vendor/ Contractor) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

The prospective participant also agrees by submitting his or her proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed $100,000 and that all such subrecipients shall certify and disclose accordingly.

The Vendor/Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

_____Name of Authorized Official

_____Title

_____Signature of Vendor/Contractor's Authorized Official

_____Date

COLLIER COUNTY
Acknowledgement of Religious Organization Requirements
24 CFR 570.200(j)

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant CDBG/NSP assistance may not, as a general rule, be provided to primarily religious entities for any secular or religious activities.

Therefore, the following restrictions and limitations apply to any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which is supervised or controlled by or operates in connection with a religious or denominational institution or organization.

A religious entity that applies for and is awarded CDBG/NSP funds for public service activities must agree to the following:

1. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference to persons on the basis of religion.

2. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion.

3. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.

4. The portion of a facility used to provide public services assisted in whole or in part under this agreement shall contain no sectarian or religious symbols or decorations; and

5. The funds received under this agreement shall be use to construct, rehabilitate or restore any facility, which is owned by the provider and in which the public services are to be provided. However, minor repairs may be made if such repairs are directly related to the public services located in a structure used exclusively for non-religious purposes and constitute in dollar terms, only a minor portion of the CDBG/NSP expenditure for the public services.

I hereby acknowledge that I have read the specific requirements contained in this attachment and that eligibility of my organization's project depends upon compliance with the requirements contained in this agreement.

_____
(Firm)

_____
(Signature) (Date)

_____
(Print Name)

COLLIER COUNTY
Certification of Payments to Influence Federal Transactions

FEDERAL HOUSING AND URBAN DEVELOPMENT GRANT PROGRAMS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Title

Signature Date

COLLIER COUNTY
Acknowledgement of Terms, Conditions and Grant Clauses

Flow Down of Terms and Conditions from the Grant Agreement

Subcontracts: If the vendor subcontracts any of the work required under this Agreement, a copy of the signed subcontract must be available to the Department for review and approval. The vendor agrees to include in the subcontract that (1) the subcontractor is bound by the terms of this Agreement, (ii) the subcontractor is bound by all applicable state and federal laws and regulations, and (iii) the subcontractor shall hold the Department and Recipient harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Agreement, to the extent allowed and required by law. The recipient shall document in the quarterly report the subcontractor's progress in performing its work under this agreement. For each subcontract, the Recipient shall provide a written statement to the Department as to whether the subcontractor is a minority vendor as defined in Section 288.703, Fla. Stat.

Certification
On behalf of my firm, I acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s).

Vendor/Contractor Name _____ Date _____

Authorized Signature _____

Address _____

Insert this sheet when emailing or mailing your Request for Quote documents.

RFQ BID DOCUMENTS

BID NO.: **HMARP21-03**

BID TITLE: **HASWFL -HOME-ARP Rental Rehabilitation**

TIME DUE: **September 22, 2026, 4:00 PM EST**

SUBMITTED BY: _____

(Name of Company)

_____ _____

E-mail address **Telephone**

Deliver To: **Community Assisted and Supported Living, Inc.**
Attn: Ken Azar
2911 Fruitville Road, Sarasota, FL 34237

Or EMAIL to: Ken.Azar@CASLinc.org **and** Angela.Hatcher@CASLinc.org

Submission received after the time and date of the Date Due/Bid Due Date/Opening Date will not be accepted at the sole discretion of Community Assisted and Supported Living, Inc.

PLEASE PRINT CLEARLY