

Quote Request

Carpet Replacement at Carrick Regency Hallway Floors Rebid

Quotes due December 10, 2014 @ 10:00 a.m.

Fax to Debbie Norkevicius at (412) 456-5007

Scope of Services

Please provide the following services:

- Contractor to remove existing glued down carpet, pad, door transitional strips and cove base.
- Contractor will complete all prep of floors for installation.
- Contractor will visit to site and measure area to ensure fit.
- Work area will be left clean and safe condition daily, carpet to be vacuumed
- Contractor will supply glue, carpet, padding, and transitional door strips
 - Carpet Manufacturer-Shawn Industries or equivalent
 - Carpet Style Name and Number-Dividend 26/28 or equivalent
 - Color Name and Number-Share Holder 80301 or equivalent
 - Transitional Door Strips-93 total style my vary
- Building is occupied.
- No discarded materials will be placed in community dumpsters
- All work to be done in a professional manner
- All work to be done in accordance with the manufacturers specifications
- 7 Floors (Ground Floor has no carpeting) will have the carpet taken up and replaced. Carpet used must be handicap/fire code approved for a Hi-Rise. Carpeting must be in the "Class 1" category to be approved. Carpeting has to be accessible for residents with disabilities using walkers, wheelchairs, oxygen tanks etc.
- All work is to be coordinated with the Site Manager
- Vendor is responsible for obtaining all required permits
- **SITE VISIT ON December 5, 2014 @ 10:00AM** (Please meet at Management Office 2129 Brownsville Rd, Pittsburgh, PA 15210)

Please contact Debbie Norkevicius at 412.5000.5116 Ext. 8505 or Debbie.Norkevicius@HACP.org with any questions about the above scope.

Quote Request

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(Due 12/10/2014 @ 10:00 AM)

Total Bid amount for all work: \$_____

Total Bid amount _____ **dollars**
In words

Contract award will be based on lowest total bid amount

(Please print clearly)

Company Name: _____

Address: _____
(of company)

Signature: _____

Print Name: _____
(of person signing)

Phone Number: _____ Fax: _____

Email: _____