Quote Request

Floor Tile Installation at the Development Opportunities Center (DOC)
REBID

Quotes due June 26, 2020 @ 10:00 am

Email to Brandon.Havranek@HACP.org

Scope of Work

1. Project Address: 1205 Liverpool St. Pittsburgh, Pa 15233

2. General

- a. Perform all work in accordance with applicable codes, local ordinance and city requirements.
- b. Contractor to provide all labor and tools required for installation and provide 100% completed project.

3. Purpose

a. The purpose of this is to select qualified Contractor to remove and replace the floor at the Development Opportunities Center (DOC) located at 1205 Liverpool Street Pittsburgh, Pennsylvania 15233

4. Description of work

- a. Work shall include, but shall not be limited to the following:
 - i. Remove furniture and tables etc. to facilitate the removal of existing low pile wall to wall carpet
 - 11. Prep subfloor
 - iii. Install 4' x 8' 1/4" Luan Plywood underlayment using liquid nail and proper fasteners
 - iv. Install 6" wide Luxury Vinyl Tile according to manufacturer instructions. Tile is a glue down.
 - V. Contractor responsible for removal and disposal of all debris

5. Business Hours of Operation

a. Work shall be performed during normal business hours unless otherwise specified. Contractor shall not interfere with the day to day operation of the facility.

6. Labor and Materials

- a. Contractor shall be responsible for all labor only
- b. All materials to be supplied by HACP.

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7. Completion

a. All work to be completed within 5 working days after receiving notice to proceed

8. Warranty

a. The contractor shall provide a one year warranty on workmanship

A site visit will be held on June 23, 2020 @10:00A.M. at 1205 Liverpool St. Pittsburgh, Pa 15233

** To ensure the health and safety of our residents and employees, all vendors attending the site visit must wear a mask conforming to CDC guidelines.

For more information or questions, please contact Brandon Havranek @ Brandon.Havranek@HACP.org

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Cost per Square Ft.

Estimated Square Ft.

Quotes due 6/26/2020 @ 1:00 PM

Total

		(est. sq. ft. x cost per sq. ft.)
820 Sq. Ft.	\$	\$
Total Cost: \$		
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Total Cost: \$	(in words)	
	amount (Please print clearly)	
Company Name:		
Address:		
	(of company)	
Signature:		
Print Name:		
	(of person signing)	
Phone Number:	Fax:	
Email:		