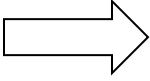


# Quote Request

## Tub Surround Installation



**Quotes due January 28, 2025 at 10:00 am**

**Email bids to [loreal.cryder@hacp.org](mailto:loreal.cryder@hacp.org)**

## Scope of Work

### Tub Surround Installation

Contract will follow the below tub surround installation process and procedure:

1. Demo and remove existing wall tile or current surround and caulking
2. Remove any damaged drywall behind area of new surround
3. If needed, install studs around wall to attach surround
4. Install sectional tub surround
5. Patch, repair, and paint damaged walls around new surround
6. Re-caulk entire perimeter of tub and as needed
7. Paint touch-up, as needed, with mold and mildew resistant paint
8. Re-install plumbing fixtures and grab bars; install new items as needed
9. Any/All materials are to be removed by the contractor and areas should be left clean of dust, materials, and debris
10. Work area to be left in a clean and safe condition
11. No debris to be placed in HACP trash receptacles
12. All work will be scheduled by a Senior Project Manager in Facility Services
13. Scheduled work must be completed in three (3) days
14. Work to be completed during regular business hours 8:30 AM – 4:30PM
15. Residents will be properly notified of the schedule, access and installation
16. Contractor will provide MSDS and adhere to recommendations and proper use of products
17. Contractor is responsible for obtaining any required permits
18. Contractor will have resources to complete the project within a 15-day period of call to schedule work.
19. HACP will provide some materials. Contractor must obtain materials from HACP stock first. All materials furnished by the Contractor, for use in the contract, must be approved by HACP.

For more information or questions, please contact Loreal Cryder at  
412-643-2785 or [loreal.cryder@hacp.org](mailto:loreal.cryder@hacp.org)

# Quote Request

## Tub Surround Installation

Quotes due January 28, 2025 at 10:00 am

Per Unit Price	Estimated Number of Installations	Total Cost
	7	

Total Cost: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_  
(in words)

**Contract award will be based on the lowest responsive and responsible bid amount**

(Please print clearly)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(of company)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
(of person signing)

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_