



PHILADELPHIA CORPORATION FOR AGING

Enriching lives, preserving dignity.™

REQUEST FOR PROPOSAL

HOUSING DEPARTMENT

FY 2018

(JULY 1, 2017 – JUNE 30, 2020)

CONSTRUCTION

RETURN TO:

Dorian Harris
Housing Services Manager
PCA-Housing Department
642 North Broad Street
Philadelphia, PA 19130-3409
Tele: (215) 282-6585
Fax: (215) 282-6616
dharris@pcaphl.org

Proposals are due by 12:00 PM (noon) on Friday, June 2, 2017 and must be submitted in two (2) complete legible copies.

Any proposal arriving after 12:00 PM (noon) or in less than two complete copies will be rejected without consideration. Faxed proposals are not accepted.

PHILADELPHIA CORPORATION FOR AGING
REQUEST FOR PROPOSALS FOR CONSTRUCTION SPECIFICATIONS

This Request for Proposals (RFP) provides interested applicants with information to prepare and submit proposals for consideration by the Philadelphia Corporation for Aging's Housing Department (PCA) to satisfy the need for construction to provide accessibility modifications to the homes of older and/or physically disabled residents of Philadelphia.

Response Date

In order to be considered, quotations must be received by Dorian Harris, Philadelphia Corporation for Aging, 642 North Broad Street, 5th floor, Philadelphia, PA 19130-3409, on or before 12:00 Noon on **Friday, June 2, 2017**. **Any proposals arriving later than 12:00 noon on the above date will be rejected. No responsibility will be taken by PCA for failure of a delivery service to deliver proposals on time, regardless of the reason.**

Pre-Response Question & Answer Session

A **mandatory** question and answer session, to allow for clarification of the specifications will be held on **Friday, May 19, 2017 at 10:00 A.M.** in the **2ND Fl Classroom** at the address listed above. Applicants are requested to submit questions by mail, fax (215) 282-6616, or email dharris@pcaphl.org by 12 noon on **May 15th**, to ensure a complete response. Five (5) points will be deducted from any applicant submitting a proposal who did not attend the mandatory Q&A session.

Proposals

Two complete copies of the proposal, including the following forms, must be submitted:

1. Cover Sheet/Applicant Profile
2. Assurances
3. References
4. Insurance Checklist
5. Current Insurance Certificate (COI)
6. Required documents listed on the Coversheet (pg. 10)
7. Construction Specification Price List
8. Housing Subcontractor's Agreement (**if applicable**)

For your convenience, the pages to be returned are numbered 10-24. These pages can be edited, printed and returned to PCA. Responses with missing pages will be rejected as incomplete. Applicants should not vellum or spiral bind proposals. The proposals submitted become the property of PCA.

PCA reserves the right to verify any item that appears inconsistent, unclear or erroneous. Any applicant willingly providing false information, as verified by PCA, will be immediately disqualified from consideration.

Applicants must enter a unit price for **every** specification in the price list.

An official authorized to bind the applicant to its provisions must sign the proposal. PCA does not accept any responsibility for accuracy in pricing. Since subcontractor selection is partially based on the Score (price), no changes in pricing can be accepted after the proposal is submitted to PCA.

Rejection of Proposals

The Philadelphia Corporation for Aging reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate separately with some or all competing applicants for all or any part of the services described herein.

Conditional proposals will not be accepted. However, PCA reserves the right to waive minor errors or irregularities in the proposals that are submitted.

Type and Quantity of Construction

PCA orders modifications according to recommendations designed by an occupational therapist and PCA's Housing Department to meet the needs of individual consumers. It is the applicant's sole responsibility to research and comply with all applicable City building codes and requirements. For the current contract year to date, the most common modifications provided were as follows:

Modifications to existing bathrooms
First floor half bathrooms

PCA does not guarantee any minimum or maximum volume of service to be provided during the contract period.

Selection of Providers

PCA will select providers, as delineated below, from among qualified applicants by determining a Score (price) based on the prices for a certain number of specifications to be determined in advance by PCA. Providers must also meet a threshold criteria score of 75 points. Criteria for threshold criteria are delineated below.

- References – up to 25 points each
Note: Any applicant that has contracted with PCA at any time must list PCA as one of its references. References will address timeliness of estimates and job completions, quality of work, communication, cleanliness and the manner in which consumers were treated. Any unfavorable reference from PCA will automatically disqualify applicants from further consideration.
- Years in business – up to 15 points
- Prior year's sales volume – up to 10 points

PCA reserves the right to select additional providers from qualified applicants as workload warrants throughout the year.

Contract Due Date

Successful applicants must have signed contracts and proof of insurance meeting PCA requirements delivered to PCA before any work can be awarded.

Construction Services to be Purchased

PCA will purchase construction modification services described in the Construction Specifications Price List. Applicants are advised to read the specifications carefully, noting special accessibility requirements. Occasionally, work items other than those listed will be ordered by PCA at prices agreed upon that future time.

Ordering

PCA will issue purchase orders for all work and will include diagrams or drawings of any construction modification if appropriate. PCA may request that the applicant schedule an initial inspection with PCA's Construction Manager prior to any work.

Because the modifications ordered are determined, in part, by an occupational therapist for maximum therapeutic value, no changes in the modifications shall be made without prior approval by PCA.

Invoicing

Original invoices for modifications ordered by PCA are to be submitted **within three days** of completion of work and are to include the Program (SHARP, WAIVER), job number, purchase order number, completion date, and any required permits. Invoices must detail quantities used for each specification and include consumer's signature as proof of completion and acceptance of work. Invoices may be submitted by U.S. mail, hand delivered, faxed or e-mailed.

Each invoice must have a unique "invoice number."

Inspection and Payment

Applicant will inform staff person ordering work at PCA **within two days** of completion to arrange for post-inspection of work. PCA's Construction Manager will inspect all jobs ordered for compliance with accessibility guidelines and occupational therapist's recommendations if appropriate. No payment will be made for work until any and all required inspections and resulting punch lists are completed.

Pennsylvania Contractor Registration; U.S. EPA's Lead Repair, Renovation and Painting Rule

Applicants will have the training, certifications and licenses required to perform the services described in this RFP and will provide proof of same to PCA with the Response to this RFP. Without limiting the requirement in PCA's contract that mandates that all contractors comply with all applicable law, and without limiting PCA's right to determine for any reason that a potential contractor is not qualified or otherwise permitted to be a contractor for PCA, the following is required:

1. All applicants will be registered with the Bureau of Consumer Protection in the Office of Attorney General of Pennsylvania under the Pennsylvania Home Improvement Consumer Protection Act (“Act”) before performing any home improvement work in Pennsylvania and will maintain the registration throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Act and any regulations promulgated under the Act. Applicant is required to immediately report to PCA in writing if (a) its certificate issued under the Act is suspended or revoked, (b) any disciplinary action is taken against it under the Act, or (c) any disciplinary action is taken against it under a similar law in another state, which is required to be reported under the Act.

2. All applicants that perform services regulated under 40 CFR 745, commonly known as the Lead Repair, Renovation and Painting Rule (the “Rule”), and any of applicants’ subcontractors, shall be EPA certified per the Rule, and will maintain any such certification throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Rule. Applicant is required to immediately report to PCA in writing if its certificate issued under the Rule is suspended or revoked or if any disciplinary action is taken against it under the Rule. To the extent applicable, applicants must also maintain any other certifications required by the U.S. Department of Housing and Urban Development, the Commonwealth of Pennsylvania and local laws such as those issued by the City of Philadelphia related to lead-based paint, or under any similar law in any other jurisdiction, and will immediately report to PCA in writing if its certificate issued under any of those laws is suspended or revoked or if any disciplinary action is taken against it under any of those laws.

Warranty

Contractors will warrant that all materials, work, services and modifications, including, but not limited to, labor and installation, shall be free from defects in material and workmanship for a period of at least one year from the date of completion. All products installed by contractors shall be warranted by contractor to be free from defects in material and workmanship for a period of one year, except that mechanical equipment (stairway elevators, wheelchair lifts and telecabs) shall be warranted by contractor for a period of three years (the longer period being the “Warranty Period”). For all mechanical equipment and products that are major appliances, the contractor will obtain a copy of the manufacturer’s and/or seller’s warranty that the mechanical equipment and/or product(s) will be free from defects in material and workmanship for a period of at least one year. The written warranty from the manufacturer and/or seller shall be provided to the end user/consumer by the contractor.

The work is to be done in and to premises that are not owned by PCA, but by an owner, and there may be a tenant in the premises. Therefore, all obligations under an agreement with PCA, including but not limited to warranty obligations, shall also run in favor of the owner and, if any, the tenant, (who are agreed to be third-party beneficiaries of the agreement), and may be enforced by PCA, the owner, or the tenant. All violations hereof shall be repaired without cost to PCA, the owner or tenant, and if the violation cannot be repaired to the reasonable satisfaction of PCA, the owner and tenant, then the work, material or equipment shall be replaced to the reasonable satisfaction of PCA, the owner and tenant.

Insurance

1. PCA’s insurance requirements for fiscal year 2016-2017 will be substantially as stated below. (A Sample Certificate of Insurance (“COI”) is included in this RFP.)

2. Before submitting a response to this RFP, an applicant should verify through its insurance carriers that it would be able to obtain the necessary insurance coverage.

3. A successful applicant must provide PCA with a current COI evidencing compliance with PCA's insurance requirements within fourteen (14) days of receipt of the award letter from PCA or its award status will be in jeopardy.

4. An applicant selected to be a provider will be required to provide a current COI evidencing compliance with PCA's insurance requirements at the time the contract is signed.

5. Insurance Requirements:

Contractor shall, at its sole cost and expense, procure and maintain in full force and effect, throughout the term of the Agreement, the following insurance from companies licensed or approved to do business in the Commonwealth of Pennsylvania, or through a qualified self-insurance program approved or registered by or with the Commonwealth and acceptable to PCA, in the forms and on the terms and conditions specified herein. All insurance companies must maintain a Best's Insurance Guide rating of at least "A-" and a financial size of at least Class VII for companies licensed in the Commonwealth or Class X for companies approved but unlicensed in the Commonwealth. Except as specifically provided herein, all such insurance shall be written on an occurrence basis.

A. General liability insurance with no self-insured retention, and with no endorsements excluding or limiting coverage, including, but not limited to, contractual liability coverage, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available. Such coverage shall have limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 combined bodily injury and property damage per occurrence and \$2,000,000 per annual aggregate. All such policies shall expressly include coverage for products-completed operations hazard with limits of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The coverage for products-completed operations hazard shall remain in effect for four (4) years following completion of all work contemplated in the Agreement or the period of the warranty for the work, whichever is longer. Applicants shall evidence coverage for contractor's pollution and/ or lead paint based risk consistent with the scope of work contemplated, in such amounts as PCA may reasonably require, whether by endorsement to the required general liability policy or other means acceptable to PCA.

B. Automobile liability insurance written on the current Insurance Services Office's commercial auto form or its equivalent, with no self-insured retention, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, covering owned, non-owned and hired vehicles;

C. Workers compensation insurance (with statutory limits of coverage and no deductible) and employers liability insurance (with limits of coverage of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease and no deductible) endorsed for all states in which work is to be performed under the Agreement (including, without limitation, Pennsylvania);

D. Professional liability insurance naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds (except with respect to Health

Care Providers under the Medical Care Availability and Reduction of Error (MCARE) Act), with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with no endorsements excluding or limiting coverage, as follows:

(1) “Participating Health Care Providers” under the MCARE Act must have statutory limits and must participate in the MCARE Fund;

(2) “Non-participating Health Care Providers” under the MCARE Act and other providers of professional services (including, but not limited to, social and legal services providers and those health care providers who are not “Health Care Providers” under the MCARE Act) must have limits of coverage of not less than \$1,000,000 per occurrence and \$2,000,000 per annual aggregate and no-self insured retention.

(3) Professional liability insurance may be written on a claims-made basis, provided, however, that the policy permits Contractor to purchase extended reporting period coverage (“Tail Coverage”) upon termination of the policy.

(a) In the event that insurance is written on a claims-made basis, Contractor hereby agrees to maintain, following termination of such coverage or of the Agreement (whichever is earlier), professional liability insurance, covering claims arising out of occurrences during the term of the Agreement, whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing appropriate Tail Coverage, or (ii) purchasing the appropriate Tail Coverage. Tail Coverage for medical professional liability coverage shall be of unlimited duration. All other Tail Coverage shall be maintained for a period of not less than the greater of six (6) years or as required by law, following termination of the Agreement or of such claims-made coverage (whichever is earlier). In no event shall any such Tail Coverage provide limits of coverage lower than the limits of coverage required herein for professional liability.

(b) In the event that Contractor elects to maintain insurance written on a claims-made basis, these undertakings (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement.

E. All-risk or special form property damage insurance, naming PCA and the Commonwealth of Pennsylvania as additional insureds and loss payees, insuring as they may appear the interests of Contractor, PCA and the Commonwealth of Pennsylvania in all personal property, fixtures and improvements to real estate funded or supplied by PCA, whether titled to Contractor or to PCA. Such coverage shall be written for the full replacement value of the property in question without penalty or deduction for coinsurance or deductible greater than \$500.00, and shall be amended as necessary to reflect changes in inventory.

If Contractor has contracted with PCA for any prior period(s) and has in force general liability or, if applicable, excess insurance, written on a claims-made basis, covering claims arising in connection with its performance under contract with PCA during such period(s), Contractor shall maintain said insurance during and for a period of not less than the greater of six (6) years or as required by law, following the term of the Agreement (whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing Tail Coverage, or (ii) purchasing the appropriate Tail Coverage); provided, however, that all other terms and conditions are otherwise met. In the event that Contractor elects to maintain insurance written on a claims-made basis, as provided in this paragraph, this undertaking (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement. Whenever Contractor has

insurance written on a claims-made basis, Contractor shall provide PCA with a copy of the policy's declaration page indicating the retroactive date of the coverage.

Contractor shall provide PCA with certificates of insurance evidencing compliance with PCA's insurance requirements prior to performance under the Agreement. All certificates shall evidence the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy. Any language on the certificate which states that the insurer will "endeavor to" mail such notice and any language stating "but failure to do so shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate" shall be deleted.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Company 123 Main Street Anytown, USA	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED ABC Provider, Inc. 1234 Centre Street Everytown, PA	INSURER(S) AFFORDING COVERAGE INSURER A: CBA12345 INSURER B: RST12345 INSURER C: XYZ12345 INSURER D: INSURER E: INSURER F:

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		CBA12345	7/1/17	6/30/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		CBA12345	7/1/17	6/30/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ DED \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below	N/A		RST12345	7/1/17	6/30/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability			XYZ12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000
A	Property-All Risk/Special Form			CBA12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PCA and the Commonwealth of PA and their directors, officers, employees & agents are hereby added as Additional Insureds with an endorsement stating that the coverage afforded the Additional Insureds shall be primary and non-contributory to any other coverage available. Certificate evidences the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy.

CERTIFICATE HOLDER

Philadelphia Corporation for Aging
642 N. Broad Street
Philadelphia, PA 19130-3409
Attn:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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**PCA HOUSING DEPARTMENT
REQUEST FOR PROPOSALS
COVER SHEET/APPLICANT PROFILE**

FIRM NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

FEDERAL EIN / TAX ID NUMBER: _____

DATE OF INCORPORATION/INITIATION: _____

TOTAL STAFF (this business only):
Administrative / Supervisory _____; Construction _____; Clerical _____

TOTAL GROSS SALES for 2016 (from IRS documents): \$_____

Required documents: All previous awardees and new applicants must provide the items listed with the proposal or they will not be considered as a potential candidate.

- _____ Trade license(s) (plumbing, electric, roofing)
- _____ Contractor license (general contractor)
- _____ Business Privilege License
- _____ MBEC certification (minority, women & disabled businesses) if applicable
- _____ Pennsylvania Home Improvement Contractor Registration
- _____ EPA Lead Repair, Renovation and Painting (RRP) Certification

Has your firm ever contracted with PCA, PHDC or OHCD? If yes, give agency and dates.

SIGNED: _____ DATE: _____

PRINTED NAME & TITLE:

ASSURANCES

By the initials of applicant's Authorized Representative next to each statement that follows and their signature below, applicant certifies that:

_____ Applicant is familiar with the contents of this request for proposal and will commit the resources at its disposal to assure provision of the services described in the PCA Request for Proposals for Construction Services. Applicant is willing to provide, occasionally as needed, items in addition to those listed on the Construction Specifications List.

_____ Applicant recognizes the need for sensitivity in serving the disabled and is committed to providing honest, thorough and responsive staff service in order to minimize consumer disruption and upset.

_____ Applicant recognizes that they must have the capacity to complete construction at the homes of PCA consumers, citywide, by the due dates provided by the Construction Manager.

_____ Applicant understands that contracts will be awarded for a maximum dollar amount, but that the total amount of actual reimbursement will be based on the jobs awarded by PCA and completed by me.

_____ Applicant recognizes that invoicing is to be done according to the specifications set forth in the Request for Proposals and that different invoicing and payment schedules are used by PCA.

_____ Applicant will carry insurance of the type and in the amounts required by PCA (and otherwise comply with PCA's insurance requirements) and will provide evidence of such insurance. Applicant will carry such insurance throughout the term of the contract.

_____ Applicant agrees to comply with all the requirements of the EPA Lead Repair, Renovation, and Painting Rule [40 CFR 745] and will submit the EPA Lead RRP certification and training certificates at the time of proposal.

_____ Applicant agrees to provide all services under this RFP in a first class workmanlike manner.

_____ Applicant will warrant all modifications, services and work to be free from defects in material and workmanship for a period of at least one year from the date of completion.

_____ Applicant understands that all products installed by applicant shall, where available and offered by the manufacture and/or seller and/or distributor, be accompanied by warranties that such products shall be free of defects in material and workmanship for the period of time and in accordance with the conditions and limitations specified in the warranty.

_____ Applicant agrees to maintain and make available, for purposes of PCA monitoring and audit, documentation to verify service provision as invoiced and reimbursed.

_____ Applicant agrees to submit an annual affirmative action plan and monthly progress reports to PCA as required.

Applicant Company

Signature of Authorized Representative

REFERENCES

Please list five references for **residential** work completed within the last year in the City of Philadelphia, indicating property address, description of work, monetary value of work, contact person and telephone number for each job. PCA will contact three by telephone. Please notify each reference of the possibility of PCA calling. **Points will be deducted if reference is not notified of use as a reference. Individual properties may be listed. If applicant has provided services for PCA, PCA must be listed as the first reference.**

1. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

2. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

3. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

4. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

5. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

INSURANCE CHECKLIST
to be completed by insurance agent or broker

		Is Able to Comply	Can Not Comply
Carrier			
	PA Licensed or approved company		
	Best's rating of at least A-		
	Financial size of at least Class VII (if licensed) or Class XI (if unlicensed)		
General Liability			
	\$1 million combined minimum bodily injury and property damage per occurrence and \$2 million annual aggregate (umbrella coverage acceptable)		
	No deductible		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Automobile			
	\$1 million per occurrence combined single limit (umbrella coverage acceptable)		
	No self-insured retention		
	No deductible		
	Coverage for owned, non-owned and hired vehicles, except for vehicles titled to PCA.		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Workers Compensation			
	Statutory limits of coverage		
	No deductible		
	Employers liability coverage with limits of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease		
	Endorsed for work to be performed in all states in which work is to be performed, including, without limit, Pennsylvania		
Professional Liability			
Certificate of Insurance			
	Insurer shall provide PCA with 30 days written notice prior to any non-renewal, cancellation or modification of coverage or of any impairment of the aggregate insurance available as a result of loss		
	No language on certificate stating that insurer will "endeavor to" mail such notice or language stating "but failure to do so shall impose no obligation of liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate."		
General Requirements			
	Insurance written on an occurrence basis		

Please explain areas where applicant is unable to comply on reverse side.

Please refer to the "Insurance Requirements" set forth in the RFP for the precise insurance procurement obligations. Nothing contained herein on the "Insurance Checklist" obviates or negates any insurance procurement obligation, nor relieves the contractor from any insurance procurement obligation set forth in the "Insurance Requirements".

Insurance Company: _____

Agent/Broker Signature: _____ Phone: _____

Print Name: _____ Date: _____

**PCA HOUSING DEPARTMENT
CONSTRUCTION SPECIFICATION PRICE LIST**

	TITLE	DESCRIPTION		
SC 0060	Install Aluminum Storm Door	Install a new white aluminum storm door (up to 36" wide) with closer and all necessary hardware. Doors installed on exterior front of home to have mail slot.	Each	
SC 0069	Install 1 ¾" Wood Door, Existing Frame	Install 1 ¾" solid core birch door. Include 2 keyed locks, hardware weather strip, paint, mail slot. One light or peephole.	Each	
SC 0070	Install 1 ¾" Wood Door & Frame	Remove existing door and frame. Install 1 ¾" solid core birch door. Include 2 keyed locks, hardware weather strip, paint, mail slot. One light or peephole. Threshold to be maximum ½" high.	Each	
SC 0071	Install 1 ¾" Metal Door & Frame	Install a new 1 ¾" x 36" x 68" metal clad door and frame with pre-hung unit. To include two keyed locks, hardware, weather-stripping, paint, one light or peephole. New door to be Stanley or equal. Threshold to be maximum ½" high.	Each	
SC 0141	Install Vinyl Replacement, Double Hung Window, Storm/Screen	Replace defective double-hung wood sash with new vinyl double hung unit. Replace unit with an attached storm/screen unit. Thermal barrier included. To include all new stops.	Each	
SC 0170	Underlayment, ¾"	Underlayment to be ¾" exterior grade CDX plywood	Sq. ft	
SC 0171	Underlayment, ¼"	Underlayment to be ¼" luan	Sq. ft	

SC 0175	Install Bath Floor, up to 60 sq. ft	Replace bathroom floor to include removal of existing floor. Install 1/4" underlayment floor, vinyl flooring, rubber cove base and edging at door, up to 60 sq. ft. New tile to be Armstrong or equal.	Each	
SC 0191	Remove Wall or Floor Material	Remove and dispose of existing floor or wall material.	Sq. ft	
SC 0192	Remove & Dispose of Wet Bed Ceramic Tile, complete up to 60 sq.ft.	Remove existing wet bed ceramic tile completely from designated area. Remove all debris from property.	Each	
SC 0193	Install Ceramic Tile, Mastic	Install ceramic tile in mastic, including all necessary accessories. Include 1/2" concrete backer board for wall installation.	Sq. ft	
SC 0193 A	Install Ceramic Tile, Wet Bed	Install new wet bed ceramic tile floor including all tile stop and new threshold at doorway. All underlay included.	Sq. ft	
SC 0198	Install Chrome 5 Piece Towel Set	To include soap dish, toilet tissue dispenser, towel bar, cup/toothbrush holder and/or coat hook.	Each	
SC 0201	Install Shower Curtain Rod, Straight	Remove existing rod, if any. Install a new chrome shower curtain rod.	Each	
SC 0201 A	Install Shower Curtain Rod, L-Shaped	Remove existing rod, if any. Install a new chrome shower curtain rod.	Each	
SC 0201 B	Install Shower Curtain Rod, D-Shaped	Remove existing rod, if any. Install a new chrome shower curtain rod.	Each	
SC 0203	Install Medicine Cabinet	Install surface-mounted 16 x 24 wood medicine cabinet by Merilac or equal.	Each	
SC 0208	Install Access Panel, Bath	Access to bath to be 15in x 24in minimum clear. Hole to be trimmed with jamb and trim to match existing trim as closely as possible.	Each	

SC 0209	Build Wall for Tub/Shower	Build wall for 5FT tub 1/2in water-resistant sheet rock.	Each	
SC 0210	Tub Wall (tub surround)	Provide three-piece fiberglass or ABS plastic tub wall to include minimum of one (1) soap dish.	Each	
SC 0217	Install Counter Top	Installation shall consist of removal of old counter and installation of new materials to consist of laminated plastic countertop 1/16in Formica or equal, securely bonded to 3/4in particle board with self edging and back splash.	Ln ft	
SC 0220	Install Base Cabinet	Installation of base cabinets to have cabinet plumb and level. New cabinet to be Yorktowne or equal.	Ln Ft	
SC 0220 A	Add'l for Roll Out Shelves	Provide and install rollout shelves in kitchen base cabinet.	Each	
SC 0221	Install Wall Cabinet	Installation of wood product wall cabinets to have each cabinet plumb and level. Cabinets by Yorktowne or equal.	Ln ft	
SC 0225	Replace Existing Kitchen Sink, 42" Base	Replace with 42" prefinished double compartment with Formica top. Sink shall be stainless steel with faucet and all fittings.	Each	
SC 0226	Replace Existing Kitchen Sink, 54" Base	Replace with 54" prefinished double compartment with Formica top. Sink shall be stainless steel with faucet and all fittings.	Each	
SC 0307 A	Install Marlite-Type Paneling	Installation to include all necessary accessories. New paneling to be 1/4" pre-finished hardwood, washable type, suitable for bathroom and kitchen installations.	Sq. ft	
SC 0308	Install 1/2" Drywall & Strip	Install 1x3 strips to wall/ceiling, strips to be installed vertical to joists and/or studs, drywall to be 1/2in	Sq. ft	
SC 0310	Install Drywall, minimum 125 sq. ft	Install new 1/2in drywall to walls/ceiling; make required preparations to produce an even surface without bulges, or	Sq. ft	

		low areas. Drywall to be prepared for painting.		
SC 0310 A	Add'l for water-resistant Drywall		Sq. ft	
SC 0311	Remove Suspended Ceiling	Remove and dispose off site ceiling materials including angles/tees etc.	Sq. ft	
SC 0312	Install Suspended Ceiling	Install a new suspended ceiling system. Panels to be ½ “ minimum Owens-Corning or equal. Remove all loose and damaged materials from existing ceiling and cover any existing holes with code approved materials before installing new ceiling.	Sq. ft	
SC 0331 A	Sister Joist		Each	
SC 0369	Remove Partition Wall	Remove existing partition wall completely, including removal of all wall materials, relocation of electric, plumbing and heating as necessary. Remove all debris from premises.	Each	
SC 0370	Frame Wall, 2” x 4”	New wall to have 2x4 top and bottom plate nailed to existing joist, stud wall to have 2x4 16in oc. All openings to be headered, header size to conform to building code. Measurement is square feet of wall to be built.	Sq. ft	
SC 0399	Install Exterior Wheelchair Ramp, Wood	Install a new exterior wheelchair ramp per specifications. All wood used to be pressure treated lumber. All materials and accessories to be adaptable to exterior weather conditions. To include all necessary posts, handrails, proper footings and excavation. Joist hangers to be included at both ledger and header. Ledger board bolts to be a minimum of 5/8”. All work and materials to comply with city building code.	Sq. ft	
SC 0752	Paint Interior Walls/Ceiling/Trim	Prepare surface. Apply one coat primer, two coats finish paint.	Sq. ft	

SE 0930	Install Switch, Rocker Type	Install new electrical switch with flush rocker switch with matching cover plate. To include all necessary wiring and connections.	Each	
SE 0941	15 AMP Duplex Receptacle, 1 st fl	Install electrical wall receptacle with duplex flush receptacle with matching cover plate	Each	
SE 0941 A	15 AMP Duplex Receptacle, 2 nd fl	Install electrical wall receptacle with duplex flush receptacle with matching cover plate.	Each	
SE 0942	20 AMP Duplex Receptacle, 1 st fl	Install new receptacle.	Each	
SE 0942 A	20 AMP Duplex Receptacle, 2 nd fl	Install new receptacle.	Each	
SE 0943	GFI Outlet, 1 st fl	Provide and install a new ground fault receptacle. All work and material to conform to city electrical code.	Each	
SE 0943 A	GFI Outlet, 2 nd fl	Provide and install a new ground fault receptacle. All work and material to conform to city electrical code.	Each	
SE 0948	Install 20A, 220V Receptacle, 1 st fl		Each	
SE 0948 A	Install 20A, 220V Receptacle, 2 nd fl		Each	
SE 0952	Install Exterior Fixture	Provide and install a new electrical light fixture near exterior entrance.	Each	
SE 0952 A	Install Exterior Fixture with Motion Detector	Provide and install a new electrical light fixture near exterior entrance.	Each	

SE 0958	Install New Fixture	Provide and install a new electrical light fixture, fixture to include all new wiring, boxes, fittings, rocker type wall switch and bulbs	Each	
SE 0963	Fluorescent 4', 4 Light, Drop In	Install a new 4-light fluorescent drop-in fixture for suspended ceiling with 4' long (T-8) tubes and rocker type switch and diffuser grid.	Each	
SE 0963 A	Fluorescent 4', 4 Light, Ceiling	Install a new 4-light fluorescent fixture with 4' long (T-8) tubes and rocker type switch	Each	
SE 0964	Fluorescent 4', 2 Light, Drop In	Install a new 2-light fluorescent drop-in fixture for suspended ceiling with 4' long (32 watt T-8) tubes and rocker type switch	Each	
SE 0964 A	Fluorescent 4', 2 Light, Ceiling	Install a new 2 light fluorescent fixture with 4' long (32 watt T-8) tubes and rocker type switch	Each	
SE 0971	Install Exhaust Fan	Install new automatic exhaust fan, wall switch operated with rocker type switch. Installation to include fan switch, all wiring, framing, ductwork and brickwork. Duct for exhaust to be run outside through wall.	Each	
SE 0976	Electric Wall / Ceiling Heater, Complete	Install electric wall or ceiling hot air heater with rocker type switch. All ductwork, wiring and brickwork to be included. To be vented to exterior, basement window not acceptable.	Each	
SH 0624	Gas Shut Off Valve	Install new gas shut off valve on gas supply piping.	Each	
SH 0627	Replace Thermostat	Install new thermostat of sufficient voltage. To include all wiring.	Each	
SH 0635	Install New Heat Run, 2 nd Floor	Install new heat run from basement to second floor. Installation to include tying into existing system.	Each	

SH 0633	Heating Register	Replace heating register. New heating register to be installed into existing vent pipe.	Each	
SH 0639	Remove Radiator	Remove radiator that is not needed. Cap feed and return lines at mains. Repair floor/ceiling as needed.	Each	
SH 0639 A	Remove and Reinstall Radiator	Remove radiator. Cap feed and return lines. Repair floor/ceiling as needed. Reinstall in different location, to include all pipe cut into existing system and shut off valve for radiator.	Each	
SH 0642	Install Baseboard Heat	Install new hydronic cast iron baseboard heat unit. Installation to include tying into existing system and all return piping at unit. Length of unit to meet heating demand of room	Ln ft	
SH 0652	Drain System	Drain hot water system. Refill and bleed system when other required work is complete	Each	
SM 0500	Concrete Sidewalks	Remove existing concrete, if any. Subgrade to be well drained uniformly graded and compacted. Concrete to be 4" thick with scored joints 1/2" bituminous expansion joint to be provided at 15-ft intervals and at intersections with walks, curbs, garage or carport slabs, and dwellings. Width of new concrete to match existing	Sq. ft	
SM 0572	Enlarge Exterior Door Opening	Remove existing door and frame completely and enlarge opening to accept a new 36" steel door, frame and lintel if necessary. New opening to match existing masonry as closely as possible. All work and materials to conform to city building code.	Each	
SP 0400	Counter Top Sink, Single	Install single bowl sink 25" x 22" stainless steel with single lever faucet and strainer drain. Include new chrome trap and drainpipe – two shut off valves.	Each	

SP 0401	Plumbing Service Call (if repairs < \$350.00)		Each	
SP 0402	Plumbing Permit		Each	
SP 407	Hot Water Heater	Replace hot water heater tank with similar capacity tank gas or electric. Remove and dispose of existing tank.	Each	
SP 0410	Install Gas Flexline, Stainless Steel		Each	
SP 0412	Install Auto Wash Connection	New installation to consist of two copper or galvanized pipes, air chambers, 1" diameter by 4" in length and 2 brass hose faucets	Each	
SP 0442	Replace Soil Pipe with PVC	Removed cracked or broken soil pipe.	Ln ft	
SP 0446	Remove & Reinstall Fixture	Remove fixture. Reinstall and make all connections. (tub, toilet, lavatory)	Each	
SP 0447	Install Lavatory & Plumbing	Install new vitreous china lavatory with chrome lever handled faucets. Provide trap and supply lines with shut off. Wall bracket if needed. Install required waste and water line for proper connection. Approximately 19"x17".	Each	
SP 0448	Install 24" Vanity & Plumbing	Install new vanity with chrome lever handled faucets. Provide trap and supply lines with shut off. Wall bracket if needed. Install required waste and water line for proper connection. Approximately 24".	Each	
SP 0450	Replace Water Supply, ½"	Replace missing water feed lines or extend existing lines. New lines to be L copper with appropriate fittings and sweated joints.	Ln ft	

SP 0451	Replace Water Supply, $\frac{3}{4}$ "	Replace missing water feed lines or extend existing lines. New lines to be L copper with appropriate fittings and sweated joints	Ln ft	
SP 0452	Install Water Shut Off Valves, $\frac{1}{2}$ "	Install shut off in hot or cold lines for individual fixtures.	Each	
SP 0457	Replace Vent Stack, Cast Iron	Removed cracked or broken stack. Installation to include all fittings, bends and clean out with cover	Ln ft	
SP 0457A	Replace Vent Stack, PVC	Removed cracked or broken stack. Installation to include all fittings, bends and cleanout with cover	Ln ft	
SP 0461	Install Sink Vent (up to 2 stories)	Install vent for kitchen sink. 2" PVC	Each	
SP 0461 A	Install Sink Vent (3 stories)		Each	
SP 0471	Replace Kitchen Sink Trap	Replacement to be made with code approved 1 1/2" trap.	Each	
SP 0472	Replace Waste Line, 1 1/2"	Replace defective waste line with 1 1/2" approved piping	Each	
SP 0472 A	Replace Waste Line, 2"		Each	
SP 0476	Replace Underfloor Plumbing	Including removal and reinstallation of fixtures. Remove existing plumbing under floor. Install new waste line including bend, floor flange and 1/2" copper water supply lines. All joist cuts must be repaired. All exposed plumbing shall be chrome. All risers are to be installed	Each	

SP 0480	Bath Tub, Open, Enamel Steel	Replacement to be 5' enameled steel open end with 3 value diverter bath and shower fitting and pop-up drain.	Each	
SP 0481	Install Grab Bar, 18"	Install new grab bar by Champion or equal. To be knurled chrome finish and installed in location designated by occupational therapist	Each	
SP 0481 A	Install Grab Bar, 24"	Install new grab bar by Champion or equal. To be knurled chrome finish and installed in location designated by occupational therapist	Each	
SP 0485	Replace Water Closet	Water closet to be close couple vitreous china toilet, seat and supply line. Maximum 1.6 gallon per flush	Each	
SP 0485 A	Add'l Cost for Handicap Water Closet		Each	
SP 0492	Install Stall Shower, 36", Tile, Complete	Shower base to be fiberglass, 36" x 36". Ledge in shower to be no higher than 4". Interior walls to be constructed of ½" waterproof wallboard and finished with ceramic tile. To include soap dish, shower rod and curtain and all accessories, overhead shower with adjustable height hand held shower on stainless steel vertical bar and flexible 48" hose.	Each	
SP 0492 A	Install Stall Shower, 48", Tile, Complete	Shower base to be fiberglass, 48" x 36". Ledge in shower to be no higher than 4". Interior walls to be constructed of ½" waterproof wallboard and finished with ceramic tile. To include soap dish, shower rod and curtain and all accessories, overhead shower with adjustable height hand held shower on stainless steel vertical bar and flexible 48" hose,.	Each	

LS 9999	EPA Lead Regulations	Additional costs incurred, on a per area basis, to perform and comply with the requirements of the EPA Lead Safety for Renovation, Repair and Painting Final Rule [40 CFR 745] guidelines. Costs of the Certified Renovator include: posting of warning signs, maintaining containment, waste handling, setting up plastic containment barriers to avoid spread of contaminated dust to adjacent areas and post-renovation cleaning. Include all costs of sheet plastic, HEPA vacuuming, tools, plastic bags, disposable coveralls and gloves, protective eyewear, respirator and shoe covers and recordkeeping forms required to comply.	Each	
LS 9999				