



EXHIBIT B:
HABITAT FOR HUMANITY GREATER ORLANDO & OSCEOLA COUNTY/CITY OF ORLANDO
ROOF REPLACEMENT PROGRAM: BID FORMS

BID COVER SHEET (MUST be attached to the outside of your sealed bid)

Sealed Bids must be delivered to: Habitat for Humanity Greater Orlando & Osceola County, Inc.
4116 Silver Star Road, Orlando FL 32808

Due Date/Time: Thursday, February 12, 2026 at 3:00pm

Project Description: Owner-Occupied, Single Family Residential Roof Replacement in Orange
County, Florida (Specific Properties to be Provided upon approval by Habitat
Program Services Staff)

Bidder's Company Name:

Bidder's Company Address:

Bidder's Phone

Bidder's Email:

Contractor's Florida State License No:

(To be Completed by Habitat Orlando & Osceola Staff)

Date/Time Bid Received:

Received by (Staff):



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BIDDER'S OFFER

Having examined the Bid Documents provided by Habitat for Humanity Greater Orlando & Osceola for the Project Scope, we the undersigned, hereby offer to enter into a Contract with the Qualified Homeowners (as determined by Habitat) to perform the Roof Replacement Work as specified for the following Unit Prices (U.S. \$)

Item	MATERIALS		LABOR	
	Rate	Unit (i.e. sq.)	Rate	Unit
Asphalt Shingle Roof Sys. (as specified):	\$ _____	per _____	\$ _____	per _____
2 Ply Mod. Bit Roof Sys. (as specified):	\$ _____	per _____	\$ _____	per _____
Roof Decking (5/8" CDX Plywood):	\$ _____	per _____	\$ _____	per _____
1/8" Tapered Insulation:	\$ _____	per _____	\$ _____	per _____
Roof Decking (1" Dimensional):	\$ _____	per _____	\$ _____	per _____
Wood Rafter (2" Dimensional):	\$ _____	per _____	\$ _____	per _____
Fascia (2" Dimensional):	\$ _____	per _____	\$ _____	per _____
Fascia (1" Dimensional):	\$ _____	per _____	\$ _____	per _____
Soffit (3/8" Plywood):	\$ _____	per _____	\$ _____	per _____
Gutter (5") Replacement:	\$ _____	per _____	\$ _____	per _____
Downspout (3"x4") Replacement:	\$ _____	per _____	\$ _____	per _____
Chimney Reflashing:	\$ _____	per _____	\$ _____	per _____
Removal of double layer shingles:	\$ _____	per _____	\$ _____	per _____

The Bidder acknowledges and affirms:

- All Unit Prices are inclusive of all labor, material and all overhead required for each item above. Measurements and quantities for roofing and associated work will be required by Habitat through photographic/plan documentation submitted by the Contractor. Additional costs for flashing around chimneys, ridge vents, boots and other adjustments for existing roof equipment must be provided with this documentation.
- Inadequate documentation may result in denial of Contractors request and claim for extra charges. All applicable federal, state, and local taxes are included in the Unit Prices.
- We acknowledge that Habitat reserves the right to charge the Contractor liquidated damages in the amount of \$150.00 per calendar day, for each day the project has not been completed as stipulated in the signed Contract Agreement. *(continued on next page.)*

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- This offer shall be open to acceptance and is irrevocable for six (6) months from the Bid closing date.
- If this Bid is accepted within the period stated above, we agree to enter into a Contract with the Qualified Homeowner for the Work; Commence the Work within five (5) calendar days after issuance of the written Notice to Proceed; Perform the Work in strict accordance with the requirements of all authorities having jurisdiction.
- Material cost increases after the contract is awarded will be accepted with formal documentation in the form of receipts or notice from recognized vendor. Labor cost increases will not be considered.

Contractor's Company Name: _____

Signature/Title of Authorized Representative: _____ Date: _____



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SUSPENSION AND DEBARMENT CERTIFICATION

Habitat and the City of Orlando prohibit contracting with or making sub-awards to parties suspended, debarred, or whose principals or debarred by Federal or State department or agency.

By signing and submitting this certification the Contractor certifies to the best of its knowledge and belief that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or Agency.
2. Have not within a three-year period preceding this application been convicted of or had a civil judgement 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.
3. Are not presently indicted for otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in item (2) of this certification.
4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
5. That this certification, titled "Suspension and Debarment Certification" will be included without modification, in all subcontracts for the project.
6. Shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency.

Do you anticipate having a Subcontractor under this proposed contract? Yes ____ / No ____

The Contractor shall provide immediate written notice to Habitat to whom this certification is submitted if any time the Contractor learns that the certification was erroneous when submitted or has become erroneous by reason of change of circumstances.

Where the Contractor is unable to certify to any of the statements in this certification, attach a written explanation.

Contractor's Company Name: _____

Signature of Authorized Representative: _____

Printed Name & Title of Authorized Representative: _____

This document must be fully executed and submitted with every request for final payment.



EXHIBIT C:
HABITAT FOR HUMANITY GREATER ORLANDO & OSCEOLA COUNTY/CITY OF
ORLANDO ROOF REPLACEMENT PROGRAM: SUPPLEMENTAL FORMS



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ORLANDO ROOF REPLACEMENT PROGRAM: SUPPLEMENTAL FORMS

CONTRACTOR'S FINAL PAYMENT AFFIDAVIT AND RELEASE OF LIENS

STATE OF FLORIDA, COUNTY OF ORANGE

Before me, the undersigned authority, personally appeared _____
who, after being first duly sworn, deposes and says of his or her personal knowledge the following:

1. He or she is the _____ (title) of _____ (business), which does business in the State of Florida, hereinafter referred to as the "Contractor."
2. Contractor, pursuant to the Roof Replacement Work Contract ("Contract") with _____ (Name of Owner), hereinafter referred to as the "Owner," has furnished or caused to be furnished labor, materials, and services for the construction of certain improvements to real Property located at: _____ (address), which is more particularly described in said Contract.
3. All work required under the contract has been fully completed in accordance with the terms thereof, and all liens under the direct contract have been paid in full. There are no unpaid claims for materials, supplies, or equipment; no unpaid claims of subcontractors; and no claims of laborers or mechanics for unpaid wages arising out of the performance of the contract.
4. In consideration of final payment in the amount of \$_____ the Contractor hereby waives and releases its lien(s) and right to claim a lien for labor, services, or materials furnished to the Owner under or by virtue of the contract. However, if for any reason, the Contractor is not paid the full amount stated herein, said deduction shall not affect the validity of this release.

Signed, sealed, and delivered this day of _____, 2026

By: _____ (signature)

Sworn to and subscribed before me this day of _____, 2026

By _____ (print name) who is personally known to me or produced identification and did/did not take an oath.

Notary Public

My Commission Expires:



EXHIBIT C:
HABITAT FOR HUMANITY GREATER ORLANDO & OSCEOLA COUNTY/CITY OF
ORLANDO ROOF REPLACEMENT PROGRAM: SUPPLEMENTAL FORMS

(Print on Contractor Letterhead)

ROOFING WARRANTY ACKNOWLEDGEMENT

To: Habitat for Humanity Greater Orlando & Osceola County, Inc. (Habitat)

Subject: Warranty for Roof Replacement Work

Address: (insert project address)

Owner: (insert name)

Pursuant to the Contract Documents and our Roofing Work Contract, dated _____ (insert date), with the Owner listed above, _____ (insert company name) hereby acknowledges and advises Habitat that the Contractor's and Roofing Manufacturer's/ Roofing Warranties have been provided and explained to the Owner of the residence located at the above-mentioned address.

In connection with the performance of the Work under the Contract Documents, you are advised that I warrant that all materials, fixtures and equipment furnished by me and my Subcontractors were new and of good quality and of good title. Should any defects appear within TEN (10) YEARS on any and all ROOF REPLACEMENT WORK, from the date of the issuance of final payment, caused by faulty materials, fixtures, equipment or workmanship, I shall remedy the defects, make the roof system watertight and pay for any damage to other work resulting there from.

A copy of separate Warranty(s), provided to the Owner, are attached for the Roof Replacement Work as specified to be warranted in the Contract Documents.

Contractor's Company Name: _____

Authorized Representative Name/Title: _____

Authorized Representative Signature: _____

Date: _____

Address: _____

Phone Number: _____

Email Address: _____



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OWNER AUTHORIZATION
(For Final Payment)

As owner, I _____ (print name) hereby certify that the Roof Replacement Work performed under the Habitat for Humanity Greater Orlando & Osceola/City of Orlando Roof Replacement Program for the property located at: _____ (address) has been completed in accordance with the terms of the Contract Documents for said project.

I understand that the work performed by _____ (contractor name) here in after referred to as the "Contractor," carries a TEN (10) YEAR WATERTIGHT WARRANTY on the Roof Replacement Work from the date the final payment to the Contractor is issued.

I understand that in the event that any defect in workmanship or materials is detected within the warranty period, I must contact the Contractor directly at the contact information provided below:

Contractor Name:

Address:

Email:

Phone:

The Contractor has explained the Warranty(s) to me and I have received the original Warranty(s) from the Contractor.

I assume all responsibility for, and agree to indemnify, defend and hold harmless Habitat for Humanity Greater Orlando & Osceola County, Inc. (Habitat), its elected and appointed officials, officers, agents, boards and employees, from and against any and all claims, demands, suits, actions, judgments, costs and expenses (including without limitation, reasonable attorneys' fees including all those incurred in all trial and appellate actions) in connections with, brought or obtained, or arising from or in connection with all activities undertaken or related to Habitat's Roofing Program, or my part or behalf in the performance of any covenant or agreement to be performed pursuant to the project which is the subject of this document, and from any negligent or intentional acts by me or any agent, contractor, servant, or employee of mine in or about the property which is the subject of this document, and from all liability and loss on account of damages to persons or property arising out of any use, misuse, abuse, neglect, or failure to exercise due care in, or about the property which is the subject of this document, including without limitation my failure to keep the property in a safe condition.

I hereby request Habitat to issue the final payment to the Contractor.

Signature of Property Owner: _____

Print Name: _____

Date: _____

(Must be signed in presence of authorized Habitat personnel)

Habitat Staff Signature: _____

Date: _____