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*Licensed and Insured
Don H. Stauss, Jr. - Owner
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PROPOSAL AND ACCEPTANCE

FLORIDA LICENSE NUMBER: CCC1328382

PROPOSAL SUBMITTED TO CITY OF OCALA C/O KEN MCDUFFIE		PHONE 352-427-6565	DATE 08-02-2023
STREET		JOB NAME MLK CROSKY CENTER	
CITY, STATE AND ZIP CODE		JOB LOCATION	
ARCHITECT	DATE OF PLANS	kmcduffie@ocalafl.org	JOB PHONE

We hereby submit specifications and estimates for

- A. REMOVE MEMBRANE ROOF AT BARRELL ROOF
- B. REPLACE ANY WET OR DAMAGED INSULATION AT 3.75 PER SQ. FT. (EXTRA)
- C. REPLACE ANY WET OR DAMAGED DECKING AT 4.75 PER FT. AND 8.75 PER LINEAL FT. FOR FASCIA / RAFTERS (EXTRA)
- D. SUPPLY AND INSTALL NEW .060 TPO ROOF SYSTEM AND FLASHING
- E. AT FLAT ROOF AREAS, REMOVE EXISTING ROOF TO DECKING
- F. REPLACE ANY WET OR DAMAGED DECKING AT 4.75 PER FT. AND 8.75 PER LINEAL FT. FOR FASCIA / RAFTERS (EXTRA)
- G. SUPPLY AND INSTALL NEW PEEL / STICK DRY-IN
- H. SUPPLY AND INSTALL NEW 1/4" PER FT. TAPERED INSULATION
- I. INCLUDES REMOVAL AND CLEAN UP OF ALL WASTE
- J. INCLUDES ALL INSPECTIONS

In the event any litigation is commenced for enforcement or interpretation of this agreement, or performance hereunder, the prevailing party shall recover all costs and reasonable attorneys fees, whether at the trial or appellate level, including any attorneys fees incurred in the bankruptcy action.

Interest shall accrue at the rate of 1.5% per month on any balance outstanding after 45 days from the date of this invoice.

We Propose hereby to furnish material and labor – complete in accordance with above specifications, for the sum of:

TWO HUNDRED THIRTY-NINE THOUSAND NINE HUNDRED NINETY & 00/100-- 239,990.00 dollars (\$ 239,990.00).

Payment to be made as follows:

UPON COMPLETION

* All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature

Don H. Stauss, Jr.

Note: This proposal may be withdrawn by us if not accepted within 45 days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Method of Payment: Cash ☐ Check ☐ *CC ☐ *PayPal ☐
*Additional Fees Apply

Signature _____

Date of Acceptance _____ Signature _____