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Addendum #1 Housing Inspection Services

Date of Addendum: 7/28/2025

NOTICE TO ALL BIDDERS AND PLANHOLDERS

The Proposal Documents for the above-referenced Project are modified as set forth in this Addendum. The original Proposal Documents and any previously issued addenda remain in full force and effect, except as modified by this Addendum, which is hereby made part of the Proposal Documents. Vendors will take this Addendum into consideration when preparing and submitting a Proposal and shall acknowledge receipt of this Addendum in the space provided in the Proposal Documents.

PROPOSAL SUBMITTAL DEADLINE

The Proposal submittal time has not been changed.

| 1.0 - A | 1.0 - ATTACHMENTS | | |
|---------|----------------------------------|--|--|
| Item | Description | | |
| 1.1 | Draw Request Form | | |
| 1.2 | Change Order Form | | |
| 1.3 | Certification of Completion Form | | |

| 2.0 – QUESTIONS AND ANSWERS | | | | |
|--|---|--|--|--|
| The following questions and answers are provided as a matter of information to clarify issues raised about the | | | | |
| Proposal Documents. | | | | |
| Item | Questions and Answers | | | |
| 2.1 | Q. Would you be able to provide us with copies of the forms that are to be used in the execution of this contract that will be provided by the county? Initial cost estimation form - This is prepared by the inspector using their estimating software. Draw request form - Attached Change Order form - Attached Certificate of completion form - Attached Code certification and compliance form - This was left in the RFP in error. Please strike Item H.4 from the list of requirements. A. See above and attached. | | | |
| 2.2 | Q. Is a MHIC license required for inspectors? (This is normally for construction contractors and not inspectors)A. Yes, an MHIC number is mandated by the State of Maryland for inspection services associated with this program. | | | |
| 2.3 | Q. What is the average number of properties that enter the rehabilitation program monthly and annually? A. On average, we process three renovation projects monthly (est. 3 inspections per project). We process eight new home construction projects annually (est. 10 inspections per project). | | | |

AUTHORIZATION FOR PROGRESS PAYMENT WORCESTER COUNTY HOUSING REHABILITATION PROGRAM

| Contractor: | | | | |
|--|--------------------------------------|---|----------------------|---|
| Owner: | | | | |
| Address: | | | | |
| | | | | |
| | Draw # | Total Amoun | t Requested \$ | - |
| Bid Items Completed | | <u>Dollar</u> | Amount Completed | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I hereby certify that the above wo | | | | |
| Signed: Contractor | | Date: | | |
| I hereby certify that the subject practice accurately reflects the work compostandards as defined in the Owner | roperty has bee leted. I also cer | en inspected and that tify that the complete | the amount requested | - |
| Contract Amount (includes chang | e orders) \$ | | _ | |
| Previous Payments | \$ | | _ | |
| Amount of this Draw | \$ | | _ | |
| Balance Remaining | \$ | | _ | |
| Signed: | | Date: | | |
| Inspector I hereby authorize this payment a | | all appropriate condi | | • |
| Signed: | | | | |
| Program Administrator | Date | | | |
| Owner | Date | Co-owner | Date | |

CHANGE ORDER # ____

WORCESTER COUNTY HOUSING REHABILITATION PROGRAM

| PROJECT: | DATE: |
|---|---------------------------------|
| PROPOSED CHANGES: | |
| INSPECTOR APPROVAL: YES IF NO, PLEASE GIVE EXPLANATION | |
| Inspector Signature | |
| Original contract price | \$ |
| (Increase) (Decrease) in contract price | \$ \$ |
| Previous change orders | \$ |
| New contract total | \$ |
| I AGREE TO PERFORM THE PROPOS | SED CHANGES AT THE ABOVE PRICE. |
| Contractor Signature | |
| Contractor Signature | |
| I HEREBY ACCEPT THE ABOVE CHA CONTRACT TOTAL AS SHOWN ABO CONTRACTOR TO BEGIN WORK ON | VE AND RELEASE THE |
| Program Administrator | |
| Owner | |
| Co-owner(s) | |



CERTIFICATE OF COMPLETION / FINAL INSPECTION/RELEASE AND WAIVER OF LIENS

| DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT SPECIAL LOAN PROGRAMS 7800 Harkins Road, Lanham, MD 20706 | | | | |
|--|---|-------|--|--|
| Loan/G | rant No.: | | | |
| 1. | Local Administrator: | | | |
| 2. | Borrower/Owner: | | | |
| 3. | Borrower's/Owner's Address: | | | |
| 4. | Address of Rehabilitation Property | | | |
| 5. | that the work on the property identified above has been completed in accordance with the contract. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned Contractor hereby warrants that all laborers employed by them upon the aforesaid premises have been fully paid, and that none of such laborers have any claim, demand or lien against said premises and thereby the undersigned Contractor waives, discharges, and releases any and all liens, claims, and rights to liens against the above-mentioned project. Final inspection has been made of the rehabilitation work at the property identified above, and all work has been completed in accordance with the MARYLAND BUILDING PERFORMANCE STANDARDS, all | | | |
| 6. | local codes, the contract documents and the governing Regulations. I, the Borrower/Owner hereby agree that the work on this property has been fulfilled in accordance with the contract and that I have received all required warranties and guarantees and all supplemental information needed to honor such warranties and guarantees. | | | |
| Contract | tor's Signature | Date: | | |
| | | | | |
| Owner's Signature Date: | | Date: | | |
| I certify all items included in the rehabilitation contract and work write up at the property identified above, have been inspected and completed. I hereby request release of the final check | | | | |
| Inspector's Signature | | Date: | | |