

We are pleased to invite your firm to submit a proposal for the new construction project identified below. This Request for Proposal (RFP) is being issued to solicit qualified Subcontractors to provide a complete proposal including pricing, qualifications, and project approach.

Project Name: NORTH CHESTER APARTMETNS
Project Location: 805 NORTH CHESTER
Project Description: COUNTERTOPS

This project consists of the new Construction of a multifamily residential development consisting of **4 residential buildings** with a total of **15 dwelling units**. Each unit includes **1 bedroom, 1 bathroom, and an open-concept living room and kitchen**. The project also includes construction of the **parking lot**, as well as all associated site improvements, utilities, landscaping, and infrastructure necessary to complete the development in accordance with the approved plans and specifications.

SPECIAL REQUIREMENTS

PREVAILNG WAGE

TRADE: **Flooring, Countertops, Landscape and Asphalt**

The intent of this RFP is to select a Subcontractor based on overall value, including cost, experience, proposed schedule, and approach to the work.

RFP Schedule:

- RFP Issued: **Friday 11-6-26**
- Non mandatory Pre-Proposal Meeting: **Thursday 11/12/26@8:30am**
- Deadline for Questions (RFIs): **Friday 11/13/26**
- Proposal Due Date: **Wednesday 11/18/26 @ 1:30pm**

***Note:** If you plan to bid on this project, please notify us so we can keep you informed of any addendums, updates, or changes throughout the bidding process. (email: aaguilar@geahi.org)

Proposal Submission Requirements:

Please submit your proposal in accordance with the instructions included in this RFP package. At a minimum, proposals shall include:

- Lump sum or GMP pricing with a detailed cost breakdown.
- Project schedule and duration.
- Proposed project team, including the number of crews and size.

- List of key subcontractors.
- Clearly identified assumptions, exclusions, and any value engineering suggestions.
- If is your first time doing business with GEAHI, please Fill out the Vendor information sheet, and provide Company qualifications and relevant project experience, including 3 letters of recommendation from projects of similar size and scope.

Proposals shall be submitted electronically in PDF format to **Arturo Aguilar**. At procurement@geahi.org. Late submissions or incomplete forms may not be considered.

All questions or requests for clarification shall be submitted to:
Arturo Aguilar
aaguilar@geahi.org
661.373.9506

Responses to RFIs will be issued via addenda to all invited proposers.

We appreciate your time and interest in this project and look forward to reviewing your proposal.

Sincerely,
Arturo Aguilar



Superintendent
Golden Empire Affordable Housing Inc

GOLDEN EMPIRE AFFORDABLE HOUSING, INC
601 24TH STREET, SUITE B
BAKERSFIELD, CA 93301
OFFICE 661.633.1533 | EMAIL PROCUREMENT@GEAHI.ORG

SPECIFICATIONS

PROJECT:
North Village Apartments

TRADE: COUNTERTOP

DATE:_____
SUBCONTRACTOR:_____
EMAIL:_____
LICENSE #_____

Reference to Subcontractor shall mean **Countertop Subcontractor** and reference to Owner shall mean **Golden Empire Affordable Housing Inc.** Subcontractor shall furnish all labor and equipment to perform the operations necessary to complete all Granite work (supply and install) as indicated on the Contract Documents and specified herein, including but not limited to the following:

CONTRACT WILL INCLUDE:

1. All Kitchens and Bathrooms:
2. Material: Quartz, 1" thick, 1 ½ straight edge.
3. Color: Caesarstone Rock Salt
4. Backsplash shall be 6" inches height.
5. Backsplash shall be same material and thickness as the top (rough top by others).
6. Top mount sinks throughout.
7. All units will require cutouts in the backsplash for electrical outlets. Refer to the electrical plans for the quantity and location of the outlets.
8. NO Temp power Onsite.

TOTAL CONTRACT PRICE: (Price includes all tax, labor, deliveries, and materials)

Total	$

PAYMENT SCHEDULE: 100% Complete

Subcontractor Date

Owner Date

GOLDEN EMPIRE AFFORDABLE HOUSING, INC.
601 24TH STREET, SUITE B
BAKERSFIELD, CA 93301
OFFICE 661.633.1533 | EMAIL PROCUREMENT@GEAHI.ORG

TRADE: COUNTERTOPS

Subcontractor_____
_____

SCOPE OF WORK

1. GENERAL

Reference to Subcontractor shall mean **Countertops Subcontractor**. Reference to Owner shall mean **Golden Empire Affordable Housing, Inc.** Subcontractor shall furnish all labor, material and equipment to perform the operations necessary to complete all granite work as indicated on the Contract Documents and specified herein, including but not necessarily limited to the following:

2. SCOPE

a. Material to be 2cm with 1 1/2 "edge 3/8 radius, 6" inch splash of same material and thickness.
b. Subcontractor to supply Owner with sample of product.
c. Subcontractor to cut out for electrical outlets or plumbing fixtures as per manufacturers standards, including cut outs for kitchen sinks and vanities.
d. All material to be cut outside not inside the units to avoid re-paining walls or damaging other trades work.
e. Subcontractor shall clean up and remove from jobsite all waste, debris, etc., daily or as requested by Owner.
f. Subcontractor shall protect countertop from damage by covering entire surface with building paper and taping perimeter edge.
g. Subcontractor shall repair any pits, nicks, scratches and no cost to Owner.

3. MATERIALS

a. Quartz
b. Caulk: Silicone grout. Caulking to match.
c. All materials delivered to site shall be responsibility of Subcontractor until installed and accepted by Owner. Any loss, no matter what the cause, shall be the responsibility of the Owner.
d. Subcontractor shall supply generator at no additional charge to owner. No temporary power will be provided onsite.
e. Subcontractor shall be responsible for delivery and storage of material until items are installed. Items delivered during rainy weather shall be protected by Subcontractor.
f. Subcontractor shall not install Quartz if cabinet has no rough top.
g. Subcontractor shall install Quartz according to manufacture specifications.

5. WARRANTY

Subcontractor shall warranty material and work for 1 year minimum.

6. GENERAL REQUIREMENTS

Subcontractor shall guarantee that all work and equipment are in accordance with OSHA regulations.

7. WORKMANSHIP

Workmanship shall be in compliant with all requirements of local, state, and federal codes and manufacturers specifications whether specifically mentioned in these specifications or not, at no additional cost to Owner.

a. Installation shall be by skilled installers and in accordance with the best of trade standards.
b. All workmanship shall meet the standard of good practice acceptable within the industry.
c. Any areas that do not meet with the above shall be immediately removed and/or re-installed to comply.
d. Subcontractor will not deviate from the plan, in any way, without prior written approval by Owners. This includes but is not limited to all structural and design elements.

8. CLEAN UP

Subcontractor shall clean- up and dispose daily all debris, waste material, rubbish, etc. The site shall be left in a neat and clean condition acceptable to Owner. Subcontractor is responsible to sweep when completed and or as directed by Owners Housing Construction Superintendent.

9. PERFORMANCE STANDARDS

If at any time a procedure is not in accordance with the contract documents or Industry standards, Subcontractor to stop the work and notify Owners Housing Construction Superintendent.

a. Anything not meeting the following standards will be repaired or replaced by Subcontractor at no additional cost to Owner.
b. Subcontractor will repair any bad seam at no cost to Owner.
c. Subcontractor shall replace any damaged or defective material at no cost to Owner.
d. Subcontractor will do the cut out for the kitchen sinks and vanities.
e. Cabinet drawers shall open and close freely after quartz installation.
f. During installation Subcontractor is responsible for any damages.
g. All work shall be judged defective if it fails to meet contract documents. If work is deemed defective by Owner, work shall be corrected by Subcontractor in a manner and by such means as is satisfactory to Owner at no additional cost.

_____ _____

Subcontractor Date Owner Date

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Golden Empire Affordable Housing, Inc. II
601 24th Street, Suite B, Bakersfield, CA 93301 • 661.633-1533• FX: 661.366-1617

VENDOR INFORMATION SHEET

Date: _____ Prepared By: _____

Official Business Name: _____

DBA: _____

Location Address: _____
Street City State Zip

Remit Address: _____
Street City State Zip

Contact Person: _____ Title: _____

Phone #: _____ Accts. Receivable Phone #: _____

Fax #: _____ Customer Service Phone #: _____

E-mail Address: _____

Federal ID # or SS#: _____ Contractor Lic #: _____

Business Lic #: _____ City License Issued: _____

General Liability Insurance Carrier & Policy #: _____

Auto Liability Insurance Carrier & Policy #: _____

Workers Compensation Insurance Carrier & Policy #: _____

FEDERAL TAX CLASSIFICATION:

☐ Individual/Sole Proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Limited Liability Co. ☐ Other: _____

SBA CLASSIFICATION:

It is the policy of Golden Empire Affordable Housing, Inc. II, consistent with Federal, State and local laws, to promote and encourage the development, participation, and continued expansion of Small Business Enterprises, Minority Business Enterprises, Women's Business Enterprises and Veteran Business Enterprises.

☐ Minority-Owned ☐ Small Business ☐Veteran-Owned ☐Woman-Owned

Years in Business: _____ Accept Purchase Orders: ☐ Yes ☐ No

If your business has a Social Security number as Tax ID, we require the signature of the owner.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____