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: CABINETS

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: **FINISH CARPENTRY, STUCCO AND CABINETS**

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 8-28-26**
- Non mandatory Pre-Proposal Meeting: **Thursday 9/10/26 @9:00am**
- Deadline for Questions (RFIs): **Wednesday 9/16/26**
- Proposal Due Date: **Wednesday 9/23/26 @ 2pm**

***Note:** If you plan to bid on this project, please notify us so we can keep you informed of any addenda, updates, or changes throughout the bidding process.

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 in writing 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

SPECIFIC REQUIREMENTS

Project: North Village Apartments

DATE:_____
SUBCONTRACTOR:_____
EMAIL:_____
TRADE: CABINETS **LICENSE#**_____

Reference to Subcontractor shall mean **Cabinet 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 cabinet work as indicated on the Contract Documents and specified herein, including but not limited to the following:

CONTRACT WILL INCLUDE:

-Frame cabinet: Yes,
-Hinges/Guides: European style.
-Upper cabinets: Height per plan
-**Material:** To be 1/2 Plywood Construction

-Door Style: Shaker
-**Base Sink cabinet:** 27" knee clearance. See detail.
-**Base Cabinets:** All units to be ADA height. See plans.
-**Removable** base drawer cabinet in all units. See plans.

-Crown molding: Yes
-Cabinet Handles included: Yes

-Cabinet Color: White
-Cabinet chase for hood: Yes

*All Kitchens: Refer to plans for Kitchen layouts and measurements.
*To meet ADA Accessibility and adaptable guidelines, kitchen cabinets can't be higher than 34 inches finish from the floor to the top of the sink and must have a knee clearance of 27 inches high, 30 inches wide, and 11 to 25 inches deep. Lastly, omit toe kick for accessibility in all sink base cabinets.

1. Subcontractor is responsible to check contract and approved plans.
2. Subcontractor to supply Owner with one sample of cabinet door and color.
3. Cabinets shall be prepared to receive kitchen granite countertops. Must include 5/8" rough top and sink cutout.
4. The contract price includes material, installation, final touch-up and 1 year warranty.
5. If framing is not plumb do not proceed Subcontractor is to notify Owners Housing Construction Superintendent immediately. If cabinets are installed without notifying Owners Housing Construction Superintendent, Subcontractor will assume the responsibility and will remove and re-install at no additional cost to Owner.
6. Shall include pre-install measure up.
7. The subcontractor must walk all cabinet work with Owners Housing Construction Superintendent prior to billing.
8. Any additional work not specified in the contract should be approved by Owner.

TOTAL PRICE (CABINETS, INSTALLATION AND DELIVERY)

$_____

PAYMENT SCHEDULE:

85% upon completion. Per unit.

15% After cabinet touch up

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

SCOPE OF WORK
CABINETS

1. GENERAL

Reference to Subcontractor shall mean **Cabinet 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 cabinet work as indicated on the Contract Documents and specified herein, including but not necessarily limited to the following:

2. SCOPE

Subcontractor shall furnish all labor, hardware, and equipment to perform the operations necessary to complete all cabinet work as indicated on the drawings, contract documents and specified herein, including but not necessarily limited to the following:

a. Subcontractor to repair any minor damage (i.e. scratches, nicks or manufacturing imperfections) caused by him/her in loading or unloading, in transit, or until accepted by Owner.
b. No changes to cabinet layouts unless prior approval by Owner.
c. Subcontractor to supply Owner with door sample and color.
d. Subcontractor will "box-out" microwave vents and/or hood vents, inside the above-cabinet.
e. Subcontractor agrees to carefully measure units prior to installation to insure proper and adequate clearances both for horizontal and vertical alignment prior to manufacturing.
f. Subcontractor shall verify with project superintendent all dimensions for appliance openings, sink sizes, convenience outlets, dishwasher service, icemaker, and electrical lines. Any misalignment of plumbing and/or electrical to be brought to the attention of Owners Housing Construction Superintendent.
g. Subcontractor shall be responsible for delivery and storage of cabinets until said items are installed. Cabinets delivered during rainy weather shall be protected by this contractor.

3. INSTALLATIONS

a. Subcontractor shall study the work and related drawings and specifications of other crafts whose work abuts, adjoins and/or is in any manner affected by work of this section. Subcontractor is to consult with other trades and Owner.
b. Coordinate materials and labor to avoid omissions, errors and delays. Subcontractor agrees to meet with Owners Housing Construction Superintendent to determine that all backing is correctly located for proper support of hanging cabinets and for nailing of base cabinets.
c. Subcontractor shall layout the work and be responsible for the accuracy thereof. Subcontractor shall set cabinets plumb and level. All bath vanities shall be set 1/8" high in the front.
d. Subcontractor shall perform all cutting, patching and fitting for the installation of the work, and to accommodate the work of other trades. Including kitchen sink cut out.

e. Trim and millwork: tightly fitted joints to be neatly and accurately, miter corners, scarf end joints. Vertical trim to be one (1) piece. Scribe to be installed at cabinets including under bar tops if gaps exceed 3/16".
f. Scribe-mold all work to walls and ceilings if gaps exceed 3/16". Fasten all work securely to walls with positive anchorage into wood studs using grabber screws.
g. All crown and scribe will be installed with a tight fit at joints and nail holes will be caulked and cosmetically correct.
h. All base cabinets shall have 5/8” or ¾" plywood rough tops, cut to fit and installed.
i. All pantry doors shall have a steel or wood stiffener installed on the inside of doors for support.
j. Subcontractor shall putty all nail holes.
k. All cabinets are to be installed with screws.
l. All desk and/or lower linens to receive wood tops to match cabinet material and color. If applicable
m. Install all hardware, knobs, and handles (if included).
n. Work shall be conducted by thoroughly train.ad, experienced personnel, familiar with sound workmanship and quality. All finish work will be closely scrutinized by Owner before Subcontractor submits billing.
o. Subcontractor shall do cut out for sinks (if applicable)

4. SHOP DRAWINGS

a. The Subcontractor shall prepare shop drawings in conformance of construction plans for approval by the Owner and shall furnish approved shop drawings for distribution to other trades (3 copies). Note: shop drawings to be part of contract
b. Approval of shop drawings does not relieve contractor of the responsibility of checking job dimensions and conditions and constructing and installing cabinet work to fit. The drawings should call specific attention to all dimensions and conditions which vary from those shown on the plans. Subcontractor to field measure each unit after framing and all mechanical roughs are complete, prior to production of cabinets.

5. CONSTRUCTION

a. ½” Plywood Construction or better.
b. All wood doors and Drawers must Include knobs.
    a. All exposed shelves shall be edge banded.
    b. Stiles shall be installed between each door and drawer.
    c. All doors and drawers shall have pads installed so as to dampen noise.
    d. All cabinets receiving granite or tile shall have rough plywood tops cut to fit and installed.
c. All upper cabinets to have backs.
d. All cabinets to have full depth shelves.
    a. Follow ADA heights on ADA units.

6. WORKMANSHIP

a. Workmanship shall follow 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.

b. All workmanship shall meet the standard of good practice acceptable within the industry.

c. 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.

7. GENERAL REQUIREMENTS

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

8. PERFORMANCE STANDARDS

Anything not meeting the following standards will be repaired or replace by Subcontractor at no additional cost to Owner.

a. Cabinet drawers shall open and close freely without binding and with proper alignment to the cabinet base.
b. Cabinet doors to open and close freely stay closed tight to the cabinet base.
c. During installation subcontractor is responsible for any damages.
d. All work shall be judged defective if it fails to meet contract documents. Such work shall be corrected by Subcontractor in a manner and by such means as is satisfactory to Owner at no additional cost.

9. DELIVERY

a. Delivery and installation of cabinets on days scheduled is mandatory.
b. Subcontractor must meet or exceed schedule.
c. Owner is not responsible for anything missing or stolen until is installed.

10. CLEAN UP

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

11. WARRANTY

Subcontractor shall warranty installation and product for 1 year minimum.

_____ _____

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: _____