

## Request for Quotes - JOHNSON CITY HOUSING AUTHORITY

**Work Project: Roof Replacement: 109-111 & 113-115 Orleans St., 813-815 & 817-819 Exum St., & 816-818 Kentucky Ave. (5 Buildings), Johnson City, TN. 37601**

Issue Date: May 28, 2026  
To: Prospective Vendor(s)  
Subject: Request for Quotes

### Overview:

The Johnson City Housing Authority (JCHA) is accepting quotes for *Roof Replacement: 109-111 & 113-115 Orleans St., 813-815 & 817-819 Exum St., & 816-818 Kentucky Ave. (5 buildings), Johnson City, TN. 37601* from qualified contractors. Contractor must have the capabilities including staff and equipment.

**A Tennessee Contractor's license is required prior to contracting for projects \$25,000 or more and must be listed on Tn. Department of Commerce & Insurance Administration License Roster.**

Scope of work will be: as identified and/or discussed with JCHA's Project Manager or Representative. Work to be conducted in a manner that meets industry standards, Housing authority Guidelines, applicable codes, laws, and regulations. Furthermore, by submittal and signature of proposal, contractor agrees to hold the Authority harmless for any possible occurrences while on property including any personal injury or property damage to employees or third parties which result from the contractors' activities. proper insurance verification, must be provided upon request. Davis Bacon wage rates apply to applicable development work over two thousand dollars. HUD form HUD 5370-EZ incorporated by reference at [WWW.HUD.GOV](http://WWW.HUD.GOV)

Quotations must be received at our administrative office located at 901 Pardee street, Johnson City, TN. 37601, or by personal delivery to JCHA's Project Manager within 32 days of issue date (June 29<sup>th</sup>). JCHA reserves the right to reject any and/or all quotes. Costs for this work project is projected to be within the small purchase threshold, thus allowing award by sufficient quotations. Contract award is contingent on funding availability and management approval.

In order to obtain information regarding HUD's reporting requirements, please check all that apply:

- Section 3 Business -  
Section 3 Businesses are:
  - a. 51% or more owned by residents of public housing or persons whose income does not exceed HUD's local area low-income limits (i.e. Section 3 residents); or
  - b. Compromised of 30% or more full time employees who are Section 3 residents; or
  - c. Can provide evidence of a firm commitment to award 25% or more of sub-contract to business that meet a. or b.
- Women Business Enterprise (WBE) -

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Is defined as a business concern that is at least 51% owned by one or more women, and whose management and daily business operations are controlled by one or more of these owners.

Minority Business Enterprise (MBE) -

Is defined as a business concern that is at least 51% owned by minorities and whose management and daily operations are controlled by one or more of these owners.

● Please include copies of any applicable certifications regarding Section 3, WBE, or MBE status.

### Specifications:

1. The work included under these specifications, consist of providing all items, articles and materials, as specified or approved equivalent, including all labor, materials, services, equipment, and incidentals necessary for the completion of the work, unless noted otherwise.
2. **General Roof Shingles (laminated/architectural GAF Timberline Natural Shadow/HDZ, Hickory color) and RhinoRoof U20 Synthetic Underlayment or approved equivalent to be supplied by the Contractor.**
3. **All other roofing materials are to be supplied by the Contractor as applicable to the existing roof including but not limited to; ridge vents, pipe boots (slide over or split as applicable), roof vents, drip edges where applicable, starter shingles, hip/ridge shingles, flashing, trim, nails, fasteners, etc.**
4. The work shall be completed no later than 45 calendar days after Notice to Proceed.
5. Removal of existing shingles and roofing felt down to the existing decking, including misc. flashing and proper disposal.
6. Sweep decking and inspect for defective material. Roof surfaces are to be smooth, dry, and free from any rotten or deteriorated decking/sheathing.
7. Notify JCHA representative of any defective decking and get prior approval before replacement of decking. Decking replacement material will be plywood, (no OSB).
8. Daily "sweep" grounds with a magnet or other applicable tool to insure all nails are removed.
9. Installation is to be conducted in accordance with manufacturer's instructions and according to all applicable building codes.
10. Pneumatic nailers are permitted. No staples are to be used on synthetic underlayment installation, use cap nails instead.
11. Existing plumbing vent stack boots and power pole mast boots are to be replaced.
12. Provide aluminum edging (color to match existing metal) along the perimeter of the roof, turned into gutters, and nailed every 24 inches.
13. Sectional Ridge Vents will be required on the building as applicable, to be set 18+/- inches from each of the exterior wall under the roof overhang.
14. Sectional Ridge Vents, as applicable, shall be nailed securely at each end and along each side at each rafter.
15. Roof decking, as applicable, shall be cut along the entire apex of the roof to expose a continuous 2 Inch clear opening for ventilation, unless otherwise specified by the ridge vent manufacturer.
16. End caps are to be securely installed where required.

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17. Each ridge vent joint shall be waterproofed with 100% silicone caulk, (color to match or clear).
18. Flashing along perpendicular areas are to be replaced by contractor unless JCHA project manager confirms existing flashing is satisfactory and not necessary to replace.
19. Contractor to provide a minimum of 1 Year warranty for workmanship regarding labor installation.
20. Work schedule to be approved by Housing Authority.
21. Housing Authority dumpsters shall not be used.
22. Contractor to have the proper license and is responsible for the proper licenses, fees, and permits required to conduct work as applicable.
23. Contractor's company must perform work and may only subcontract to others with pre-approval from Housing Authority.
24. Contractor will, in providing labor for the Project, comply with the provisions of the Tennessee Lawful Employment Act, including without limitation maintaining and making available for inspection by Owner, as they may deem necessary, appropriate Form I-9's for all employees assigned to the Project.
25. Contractor to be responsible for providing "Fall Protection" for employees and ensuring employees comply with such standards as noted by OSHA/TOSHA or any other applicable agency. Any harness used as a Personal Fall Arrest System (PFAS) needs to be inspected, fit correctly and tie off to the anchor properly.
26. Insurance requirements are as follows:

**GENERAL LIABILITY:** *Contractor shall carry standard ISO General Liability coverage, written on an occurrence basis - including Completed Operations. The coverage must be endorsed to name Johnson City Housing Authority in contract document as an "additional insured" providing "Your Work" coverage (i.e. ongoing operations and Completed Operations) "arising out of" work performed by the Contractor. The "Additional Insured" form shall also state that this insurance shall be primary without right of contribution from any other insurance available to the "additional insureds".*

The CGL must be written on an occurrence basis, with minimum limits of:

Each Occurrence	\$1,000,000
General Aggregate - Per Project	\$2,000,000
Products and Completed Operations Aggregate	\$1,000,000
Personal/Advertising Injury	\$1,000,000
Medical Payments	\$5,000

**COMPREHENSIVE AUTOMOBILE LIABILITY** on occurrence basis covering all Owned, Non-Owned and Hired Vehicles for limits of liability equal to \$1,000,000 Combined Single Limit.

**WORKER'S COMPENSATION** including Occupations Disease insurance meeting the statutory requirements of the State in which work is to be performed together with a Broad Form All States Endorsement and containing **Employer's Liability** insurance in an amount of at least \$100,000 Each Accident / \$500,000 Disease – Policy Limit / \$100,000 Disease – Each Employee. Workers Compensation shall waive the rights of subrogation in favor of all additional insureds.

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A certificate of insurance form must be filed with **Johnson City Housing Authority** prior to the commencement of any work and must state coverage will not be altered, cancelled or allowed to expire without thirty (30) days written notice by certified mail to **Johnson City Housing Authority**. If any of the above coverages are subject to or are in excess of any deductibles or self-retention, these amounts must be stated on the certificate, and said deductibles and self-retention will be the sole responsibility of contractor.

It is understood and agreed that the insurance coverage and limits, required above, shall not limit the extent of contractor's responsibilities and liabilities specified within Contract Documents or by law.

It is understood and agreed that authorization is hereby granted to refuse entry to job site and to withhold payments to contractor until a properly executed Certificate of Insurance is received by **Johnson City Housing Authority**.

Contractor's Insurance Requirements set forth herein shall become and be part of any purchase order or contract issued by **Johnson City Housing Authority** to contractor as though fully set forth in said purchase order or contract.

Should contractor fail or neglect to provide the required insurance, **Johnson City Housing Authority** shall have the right, but not the duty, to provide such insurance and deduct from any money that may be due or become due to contractor for any and all premium or costs **Johnson City Housing Authority** incurs. Equivalent insurance coverage must be obtained from each subcontractor, if any, before permitting them on the site of the project. Otherwise, such insurance for subcontractors must be included within contractor's insurance policies.

INDEMNIFICATION. The contractor shall secure, defend, protect, hold harmless and indemnify the (Johnson City Housing Authority) and any of their respective agents, servants and employees against any liability, loss, claims, demands, suits, costs, fees and expenses whatsoever arising from bodily injury, sickness, disease (including death resulting there from), of any persons, or damage or destruction of any property, including loss of use, arising out of or in connection with the performance of any work relating to this Contract, including extra work assigned to the contractor, based upon any act or omission, negligent or otherwise, of (a) the contractor or any of its agents, employees or servants, (b) any subcontractor, supplier or material men of the contractor or any agents, employees, or servants thereof, (c) any other person or persons.

The obligations of indemnification contained herein shall exclude only those matters in which the claim arises out of the sole negligence of the owner or any of their respective agents, employees or servants.

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**PRICING TABLE - A**

Column A	Column B	Column C	Column D	Column E
Building Type-ID	No. of Buildings	Units-Address	Costs for Each Bldg. Type	Total Cost (multiple column B by column D)
A (one story)	2	109-111 & 113-115 Orleans Street (Bldgs. A-10 & A-11)		
B (one story)	3	813-815 & 817-819 Exum Street & 816-818 Kentucky Street (Bldgs. B-4, B-3 & B-9)		
<b>Totals</b>	<b>5</b>	N/A	N/A	

NOTE: Since the condition of the existing decking & fascia boards cannot be determined until the demolition work has commenced, the following work items will be determined on-site during the progress of the work. Such work must be approved by Housing Authority Representative.

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**PRICING TABLE – B**

C. Work Item (As Applicable)	Address of Work Item	Price
1. Fixed Price for materials and labor for the removal and replacement of deteriorated roof decking (Plywood) per square foot, as specified, subject to written approval for replacement by an authority's Representative.	<b>109-111 &amp; 113-115 Orleans St., 813-815 &amp; 817-819 Exum St., &amp; 816- 818 Kentucky Ave. Johnson City, TN. 37601</b>	\$ _____ per Sq. Ft. (NOTE: 4x8 sheet of plywood = 32 Sq. Ft.)
2. Fixed Price for materials and labor for the removal and replacement of deteriorated fascia board per lineal foot, as specified, subject to written approval for replacement by an authority's Representative.	<b>109-111 &amp; 113-115 Orleans St., 813-815 &amp; 817-819 Exum St., &amp; 816- 818 Kentucky Ave. Johnson City, TN. 37601</b>	\$ _____ per Ln. Ft.

SUBMITTED BY:

\_\_\_\_\_

Company Name

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**PLEASE SUBMIT SAME QUOTE ON COMPANY LETTERHEAD FORM ALSO.**





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Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Note: Executive Order 13658 generally applies to contracts subject to the Davis-Bacon Act that were awarded on or between January 1, 2015 and January 29, 2022, and that have not been renewed or extended on or after January 30, 2022. Executive Order 13658 does not apply to contracts subject only to the Davis-Bacon Related Acts regardless of when they were awarded. If a contract is subject to Executive Order 13658, the contractor must pay all covered workers at least \$13.30 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2025. The applicable Executive Order minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under Executive Order 13658 is available at [www.dol.gov/whd/govcontracts](http://www.dol.gov/whd/govcontracts).

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (iii)).

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The body of each wage determination lists the classifications and wage rates that have been found to be prevailing for the type(s) of construction and geographic area covered by the wage determination. The classifications are listed in alphabetical order under rate identifiers indicating whether the particular rate is a union rate (current union negotiated rate), a survey rate, a weighted union average rate, a state adopted rate, or a supplemental classification rate.

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## Union Rate Identifiers

A four-letter identifier beginning with characters other than "SU", "UAVG", "SA", or "SC" denotes that a union rate was prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2024. PLUM is an identifier of the union whose collectively bargained rate prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. The date, 07/01/2024 in the example, is the effective date of the most current negotiated rate.

Union prevailing wage rates are updated to reflect all changes over time that are reported to WHD in the rates in the collective bargaining agreement (CBA) governing the classification.

## Union Average Rate Identifiers

The UAVG identifier indicates that no single rate prevailed for those classifications, but that 100% of the data reported for the classifications reflected union rates. EXAMPLE: UAVG-OH-0010 01/01/2024. UAVG indicates that the rate is a weighted union average rate. OH indicates the State of Ohio. The next number, 0010 in the example, is an internal number used in producing the wage determination. The date, 01/01/2024 in the example, indicates the date the wage determination was updated to reflect the most current union average rate.

A UAVG rate will be updated once a year, usually in January, to reflect a weighted average of the current rates in the collective bargaining agreements on which the rate is based.

## Survey Rate Identifiers

The "SU" identifier indicates that either a single non-union rate prevailed (as defined in 29 CFR 1.2) for this classification in the survey or that the rate was derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As a weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SUFL2022-007 6/27/2024. SU indicates the rate is a single non-union prevailing rate or a weighted average of survey data for that classification. FL indicates the State of Florida. 2022 is the year of the survey on which these classifications and rates are based. The next number, 007 in the example, is an internal

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number used in producing the wage determination. The date, 6/27/2024 in the example, indicates the survey completion date for the classifications and rates under that identifier.

SA wage rates typically remain in effect until a new survey is conducted. However, the Wage and Hour Division (WHD) has the discretion to update such rates under 29 CFR 1.6(c)(1).

## State Adopted Rate Identifiers

The "SA" identifier indicates that the classifications and prevailing wage rates set by a state (or local) government were adopted under 29 C.F.R 1.3(g)-(h). Example: SAME2023-007 01/03/2024. SA reflects that the rates are state adopted. ME refers to the State of Maine. 2023 is the year during which the state completed the survey on which the listed classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. The date, 01/03/2024 in the example, reflects the date on which the classifications and rates under the SA identifier took effect under state law in the state from which the rates were adopted.

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## WAGE DETERMINATION APPEALS PROCESS

1) Has there been an initial decision in the matter? This can be:

- a) a survey underlying a wage determination
- b) an existing published wage determination
- c) an initial WHD letter setting forth a position on a wage determination matter
- d) an initial conformance (additional classification and rate) determination

On survey related matters, initial contact, including requests for summaries of surveys, should be directed to the WHD Branch of Wage Surveys. Requests can be submitted via email to [davisbaconinfo@dol.gov](mailto:davisbaconinfo@dol.gov) or by mail to:

Branch of Wage Surveys  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

Regarding any other wage determination matter such as conformance decisions, requests for initial decisions should be

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directed to the WHD Branch of Construction Wage Determinations. Requests can be submitted via email to BCWD-Office@dol.gov or by mail to:

Branch of Construction Wage Determinations  
Wage and Hour Division  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

2) If an initial decision has been issued, then any interested party (those affected by the action) that disagrees with the decision can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Requests for review and reconsideration can be submitted via email to dba.reconsideration@dol.gov or by mail to:

Wage and Hour Administrator  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210.

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END OF GENERAL DECISION

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