BIDDER NUMBER:	BIDDER NAME:

2013 WEB POSTING BID FORM--RFB

Mail or Deliver Completed Forms to:

Albany County Division of Finance, Room 800 112 State Street, Albany, NY 12207

Phone: (518) 447-7071; FAX: (518) 447-5516;
email at auctioninfo@albanycounty.com; Six (6) pages to this FORM

AUCTION PARCEL #: _____

PARCEL ADDRESS: _____

TOWN/CITY: _____

1. BID AMOUNT: $ _____
(Amount offered to County for purchase of subject property/parcel)

2. MATERIAL COSTS PROJECTED: $ _____
(Page 3 Sub-Total)

3. LABOR COSTS PROJECTED: $ _____
(Page 3 Sub-Total)

TOTAL PROPOSED INVESTMENT: $_____
(Sum of #1-#3 above)

Bids are evaluated for long term value to the County. The high bid amount (#1 above) may not be the successful bidder approved for closing.

BID SUBMISSION DEADLINE: Wednesday July 31, 2013 12:01 PM (Noon)
Must be RECEIVED in the Division of Finance, Room 800, 112 State Street by this time
Please submit bids in sealed envelopes. Please do not submit deposits at this time!

Sensitive Parcel Condition, Bid Consideration

*(please mark **ALL** conditions that apply to your this parcel bid):*

❒ Potential Environmental Contamination/Remediation Cost

❒ Historic District, Contributing Property

❒ Economic Impact Status—job creation/retention

❒ Project Creating Affordable Housing, ADA Compliant*

❒ Supports Existing Neighborhood Revitalization Plan

❒ Other, Specify: _____

❒ **I have made an on-site inspection of this property;**
❒ **I have reviewed the County's Property Folder in Room 800, 112 State Street.**

*****ADA: American Disabilities Act accessibility standards/handicap accessible

PROPOSED USE – Indicate proposed use: residential, commercial, or not-for-profit. If there will be commercial tenants, please list their corporate name(s), attach pages as needed to provide sufficient detail for evaluation.

Parcel will be owner-occupied:
❒ YES ❒ NO ❒ UNKNOWN

Use conforms to existing zoning and/or planning:
❒ YES ❒ NO ❒ UNKNOWN

Knowledge of Neighborhood – Indicate experience and/or knowledge of neighborhood where this property is located (Adjacent Owner, Residential Homeowner, Non-residential Property Owner, Landlord, Tenant, etc.)

❒ **I neither own nor occupy property in this neighborhood**

Knowledge of Municipality – Indicate experience and/or knowledge of city/town where this property is located (Residential Homeowner, Non-residential Property Owner, Landlord, Tenant, etc.)

❒ **I neither own nor occupy property in this town/city**

REHABILITATION PLAN BUDGET

Please develop an itemized estimate of anticipated rehabilitation or construction costs based on the **Cost Estimate Outline** below. Material Costs must be provided separately from labor costs. Additional expenses may be added, as needed:

EXTERIOR ESTIMATED COSTS	**MATERIAL COST**	**LABOR COST**
Exterior Walls/Cornice	_____	_____
Roof	_____	_____
Landscaping	_____	_____
Other:	_____	_____
INTERIOR		
Joist or beam repairs	_____	_____
Wall & ceiling repairs	_____	_____
Electric	_____	_____
Heating	_____	_____
Plumbing	_____	_____
Window repairs	_____	_____
Door repairs	_____	_____
Stairways & railings	_____	_____
Attic/sidewall	_____	_____
Floor repairs	_____	_____
OTHER _____	_____	_____

ESTIMATED MATERIAL COSTS: $ _____

(Please enter this sum as directed to RFB page one)

ESTIMATED LABOR COSTS: $ _____

(Please enter this sum as directed to RFB page one)

(PLEASE ATTACH ADDITIONAL PAGES AS NEEDED TO EXPLAIN INVESTMENT PLAN)

FINANCING - SOURCE OF FUNDS

1. Personal Funds: $_____
2. Company or Partnership Funds $_____
3. Bank Financing: $_____
4. Grant Funds/Donations $_____

REHABILITATION PLAN TIMELINE

Please estimate the length of time needed to complete this project

❒ Project will be completed within 6 months of deed transfer (1/2 year)
❒ Project will be completed within 12 months of deed transfer (1 year)
❒ Project will be completed within 18 months of deed transfer (1½ years)
❒ Project will be completed within 24 months of deed transfer (2 years)

❒ **OTHER timeframe specified:** _____

Final Project will provide affordable housing, based on neighborhood data:
❒ YES ❒ NO ❒ UNKNOWN

Final Project will be handicap accessible per Federal ADA guidelines:
❒ YES ❒ NO ❒ UNKNOWN

QUALIFICATIONS/EXPERIENCE–State in detail previous experience in completing similar projects. Include key personnel involved in project, references and, if possible, provide photographs.

PROPERTY OWNERSHIP DISCLOSURE--ATTACHMENT #2

Comprehensive List of Properties Owned by Applicant*: You must list all properties that you own, as well as any property owned by any business in which you have at least a 10% interest. Failure to list all properties owned may result in rejection of bid.

Name on Deed:_____

☐ **Single Owner** ☐ **Multiple Owners** ☐ **Business Interest**_____**%**

_____

Street Address of Parcel **City/Town**

_____

Tax Map Number **Class Code**

Name on Deed:_____

☐ **Single Owner** ☐ **Multiple Owners** ☐ **Business Interest**_____**%**

_____

Street Address of Parcel **City/Town**

_____

Tax Map Number **Class Code**

Name on Deed:_____

☐ **Single Owner** ☐ **Multiple Owners** ☐ **Business Interest**_____**%**

_____

Street Address of Parcel **City/Town**

_____

Tax Map Number **Class Code**

****Attach as many pages as needed to fully disclose properties owned in Albany County.***