



## Small Works Roster Application Packet

FOR

Snoqualmie Valley Watershed Improvement District

FOR INFORMATION REGARDING THIS PACKET, PLEASE CONTACT:

Snoqualmie Valley Watershed Improvement District  
PO Box 1148, Carnation WA 98014  
425-549-0316  
erin@svwid.com  
laine@svwid.com



Dear Contractor:

On behalf of the Snoqualmie Valley Watershed Improvement District (“District”), thank you for your interest in our Small Works Roster. The District’s mission is to give our members a voice, lend a hand, and find solutions when it comes to the challenges of managing access to water and related drainage issues.

If you are interested in being placed on the District’s Small Works Roster, please submit a completed application and have it signed by an authorized agent of the company with copies of any requested documents.

We look forward to working with you and please reach out with any questions.

Sincerely,

Erin Ericson  
Executive Director



**SMALL WORKS ROSTER APPLICATION FOR CONTRACTORS**

To: Snoqualmie Valley Watershed Improvement District  
 PO Box 1148, Carnation WA 98014  
 Attention: Small Works Roster  
 Telephone: 425-549-0316  
 Emails: erin@svwid.com, lainey@svwid.com

Contractors wishing to make application to the Snoqualmie Valley Watershed Improvement District, as a responsible contractor for placement on the Small Works Roster for contracts less than \$350,000 (not including sales tax), pursuant to the District’s Small Works Roster Resolution, shall complete and submit the following application and related documents. Incomplete applications will not be accepted.

Name of Applicant or Firm (As registered with Washington Secretary of State)			
Trade or DBA			
Street Address	City	State	Zip Code
PO Box	City	State	Zip Code
Contact Person	Telephone	Fax	
E-Mail	Date Submitted	FEIN/Tax ID	
Unified Business Identifier Number (UBI)		Washington Contractor License Number	
<b>Type of Organization</b>			
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership/Joint Venture	<input type="checkbox"/> Sole Proprietorship
<b>Corporation</b>			
Date Incorporated	In What State?	If Out-of-State Corporation, have you complied with Washington’s Corporation Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of Registered Agent		Names and Addresses of Officers	

<b>LLC</b>		
Date Formed	In What State?	If Out-of-State Corporation, have you registered as a foreign corporation with the Washington Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Member Managed or <input type="checkbox"/> Manager Managed		Names and Addresses of Members or Managers
Name and Address of Registered Agent		
<b>Partnership/Joint Venture</b>		
Date Established	Status: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Assoc.	
Names and Addresses of Partners		Is there any limitation on duration of Partnership or Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Explain:

List the names and titled of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization Specify if more than one signature is required.

Name	Title	Signature Authority

## NON-COLLUSION

In order for your application to be considered, it is necessary to furnish the following information:

1. Has your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted of any offense that has resulted in your firm being barred from bidding or performing work for any State, Local, or Federal Government?  Yes  No

If “Yes”, **attach** a separate sheet(s) to this form detailing the circumstances involved, the names of the individuals involved, and their current employment status with your firm.

2. Has any officer, employee, or other member of your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted for any illegal restraints of trade, including collusive bidding?  Yes  No

If “Yes”, **attach** a separate sheet(s) to this form detailing the circumstances involved, the names of the individuals involved, and their current employment status with your firm.

3. Has your firm, or any officer, employee, or member of your firm ever been debarred for violation of any of the various Public Constraint Acts that incorporate Labor Standards Provision?  Yes  No

If “Yes”, **attach** a separate sheet(s) to this form detailing the circumstances involved, the names of the individuals involved, and their current employment status with your firm.

4. Is your firm under the protection of the bankruptcy court, does your firm have any pending petition to the bankruptcy court, or has your firm made an assignment for the benefit of any creditors? Check “Yes” if you answer “Yes” to any of these questions.  Yes  No

### SMALL WORKS QUESTIONNAIRE

1. How many years has your organization been in business as a general contractor under your current business name?
  
2. Has your organization paid all current license and registration fees to the State of Washington?  
 Yes  No
  
3. Has your organization ever failed to complete any work awarded to it, or, have any claims relating to performance ever been filed against your organization?  
 Yes  No

If “Yes”, detail the circumstances and reasons why:

4. In which of the following classes of work do you feel your organization has the equipment and experienced personnel to qualify for classification? Indicate those classes for which you feel your firm qualifies by checking the appropriate box.

*Note: Work must be self-performed to be considered.*

Class Number	Class Description	Qualified
1	Asphalt/ Concrete Paving	<input type="checkbox"/>
2	Bituminous Surface Paving	<input type="checkbox"/>
3	Building Construction & Remodeling	<input type="checkbox"/>
4	Cabinetry	<input type="checkbox"/>
5	Communication Cable Installation & repair	<input type="checkbox"/>
6	Concrete & Masonry	<input type="checkbox"/>
7	Crane & Operator	<input type="checkbox"/>
8	Doors, Windows, Overhead doors	<input type="checkbox"/>
9	Earthwork and Grading	<input type="checkbox"/>
10	Electric – Commercial and Industrial	<input type="checkbox"/>
11	Fencing – Chain link and Barbed Wire	<input type="checkbox"/>
12	Fire Extinguisher Service	<input type="checkbox"/>
13	General Construction by General Contractor	<input type="checkbox"/>
14	Gravel Surfacing	<input type="checkbox"/>
15	Heating & Venting Systems Installation and Repair	<input type="checkbox"/>
16	Painting and Industrial Coatings	<input type="checkbox"/>

17	Steel Fabrication and Welding, Machine Work	<input type="checkbox"/>
18	Computer Software/Hardware Installer/Maintenance	<input type="checkbox"/>
19	Janitorial Cleaning & Supplies	<input type="checkbox"/>
20	Plumbing – Installation and Repair	<input type="checkbox"/>
21		<input type="checkbox"/>
22		<input type="checkbox"/>

- Attach** a general resume setting forth applicant’s experience, technical qualifications, and organizational ability to perform all the proposed construction classifications selected under Item 4 above. **Attach** a list of your supervisory personnel, their qualifications, and their years of experience. **Attach** a list of the number and type of craftsmen available and the equipment available for work, including the age and location of the equipment.
- List the names, contact information, and a description of the project for at least three (3) clients for whom you have performed similar work in the last two (2) years:

Contracting Agency and Contact Name, Phone, and Email	Description of Work	Class Number(s) (as listed in Item 4 above)	Contract Amount

- What is the maximum amount of work, expressed in dollars, which you consider you are capable of undertaking?  
\$
- Set forth the name and address of the applicant’s bank, including the branch and name of the individual in said bank to be contacted for financial reference.

Bank Name, Branch, and Address	Contact Name	Phone
		Email

9. Qualified applicants must provide proof of bonding capacity for construction project performance and payment bond each in the amount of up to Three Hundred And Fifty Thousand Dollars (\$350,000). Set forth the name and address of the applicant's bonding company, including the name of the individual to be contacted for verification.

Bonding Company Name and Address	Contact Name	Phone
	Bonding Capacity	Email

10. **Attach** a copy of your insurance ACORD certificate Form 25, showing the insuring company(ies), policy effective dates, limits of liability, and the Schedule of Forms and Endorsements.

11. Does the applicant business meet the following definitions, check "Yes" or "No":

- Properly licensed or registered to perform such work in this state in accordance with RCW 39.04.350.  
 Yes  No
- A woman and minority owned-business as described in RCW 39.04.030(7)(b).  
 Yes  No
- A veteran owned business as defined in RCW 43.60A.010.  
 Yes  No
- A small business as defined in RCW 39.04.010.  
 Yes  No

12. The District hereby agrees to receive notifications and other communications by email pursuant to RCW 39.04.151(1)(e) to the following email addresses:

Please initial the following requirements:

13. Affirm that the applicant will pay wages and benefits to craftsmen employed on work which prevail in the locality of the work as determined by the Department of Labor and Industries. The contractor will file the necessary Intent to Pay Prevailing Wages and Affidavit of Wages Paid forms with the Department of Labor and Industries. No \_\_\_\_\_

monies owed the contractor will be disbursed until the Intent to Pay Prevailing Wages form is received by the District.

14. With respect to all projects awarded under the Roster, the applicant agrees to comply with all applicable government regulations regarding nondiscrimination in employment and employment practices on the basis of marital status, sex, race, color, religion, or national origin. \_\_\_\_\_
15. The applicant agrees to, within ten (10) days of award of each Roster project, to provide a performance and payment bond from a corporate surety licensed to do business in the State of Washington in the form supplied by the District with the solicitation for quotation in and amount equal to the Contract price. The price of the performance and payment bond shall be considered incidental to the bid items detailed in the proposal. \_\_\_\_\_
16. The applicant agrees to submit, within ten (10) days of award of each Roster project, a completed Insurance Certificate naming the Snoqualmie Valley Watershed Improvement District as an additional insured. \_\_\_\_\_

### CERTIFICATION

I certify that the information supplied herein is correct and current as of the date given and that the applicant has the necessary skills, equipment, personnel, and financial ability to perform all categories of work designated herein, and desires to be included on the Snoqualmie Valley Watershed Improvement District's Small Works Roster and the opportunity to submit quotations for small works projects within those designated categories.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type / Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date