



SMALL WORKS ROSTER APPLICATION

**SMALL WORKS ROSTER
APPLICATION INFORMATION SHEET**

Purpose: The District uses a Small Works Roster for projects under \$350,000.00 in lieu of a formal sealed bid process, as authorized in RCW 54.04.070. This application is established to document technical and financial responsibility of all Contractors placed on the Small Works Roster. Based on applications, the District will establish a roster of qualified Contractors who may be solicited for proposals for small works projects. The roster will be updated annually and will be revised as required. Contractors may be removed from the roster at any time at the discretion of the District or at the written request of the Contractor. Contractors must have a current business license in Washington to receive a contract award.

Filing: The Small Works Roster application must be signed by an officer of the firm and sworn to before a Notary Public and shall be submitted on initial application for the roster and at such other times as the District shall require.

Along with the application we have included the following information:

1. Contractor Information Sheet (page 3)
2. Waiver in Lieu of Performance Bond (page 8)
3. Questionnaire for Prequalification of Contractors (page 9)
4. Questionnaire for Telecommunications Work (page 11)

The completed application must be returned to Purchasing at:

<u>Mail to:</u>	P.O. Box 2407	<u>Deliver to:</u>	1411 W. Clark Street
	Pasco WA 99302		Pasco WA 99301

If you have any questions regarding this procedure, please call Julie Anderson at (509) 546-5950.

CONTRACTOR INFORMATION

Annually, the District will advertise its intentions to update the Small Works Roster.

To be placed on the District's Small Works Roster, each Contractor must provide a completed application.

Prior to performing any work on a Small Works project awarded to it, a Contractor must provide the following:

1. Payment Bond,
2. Performance bond or optional Waiver in Lieu of Performance Bond (contracts under \$150,000.00),
3. Certificate of insurance, and
4. Statement of Intent to Pay Prevailing Wages.

Additionally, both the District and the Contractor must execute a Small Works Contract before a Contractor commences work on a Small Works project awarded to it.

Upon completion of each project, the Contractor must submit an invoice to the District.

After a Contractor has not been responsive to four or more Request for Quotes, the District may send a letter of intent to the Contractor requiring them to re-submit their request to remain on the Small Works Roster.

SMALL WORKS ROSTER APPLICATION

Please complete the following application in order to be placed on the District's Small Works Roster. An incomplete application will not be accepted.

You are notified that the District complies with the prevailing wage law of the State of Washington (RCW 39.12) and requires all contractors to comply.

Questions concerning this application may be directed to: purchasing@franklinpud.com

1. Name of Firm: _____
2. Contact Name: _____
3. Business Address: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____

(All Invitations to Quote will be sent via e-mail in PDF format; requests of hard copies in lieu of e-mail will be considered on a case by case basis by the District.)

FAX: _____

4. Check appropriate: Incorporated Partnership
 Sole Proprietorship
5. If incorporated, state resident agent's name and address. If partnership or sole proprietorship, state managing person's name and address.

Name: _____
Mailing Address: _____
City, State, Zip: _____

6. Year present firm established: _____
7. Federal Tax ID No.: _____
8. Provide a copy of the State of Washington Contractor's Registration Number.

Contractor's Registration Number: _____
Contractor's UBI Number: _____

9. Labor and Industries Insurance Premiums: Has your company been reporting and is it current in paying L&I insurance premiums? (This will be verified before awarding any contracts)

YES___ NO __

10. Financial Responsibility: Provide evidence of ability to secure a \$300,000.00 payment or performance bond. Identify bank and bonding agent used.

11. List references of required like jobs:

Firm Name/Address: _____

Contact Name: _____

Telephone: _____

Project: _____

Dollar Amount: _____

Firm Name/Address: _____

Contact Name: _____

Telephone: _____

Project: _____

Dollar Amount: _____

Firm Name/Address: _____

Contact Name: _____

Telephone: _____

Project: _____

Dollar Amount: _____

Firm Name/Address: _____

Contact Name: _____

Telephone: _____

Project: _____

Dollar Amount: _____

12. Insurance: Is the firm able to provide the District with an insurance certificate for \$3,000,000.00 per occurrence? Yes _____ No _____

13. Check appropriate box for work you are interested in and qualified to perform. Attach brochures, equipment list, etc., where available.

<u>Electrical</u>	
<input type="checkbox"/> High Voltage Overhead - Distribution	<input type="checkbox"/> Street Lights
<input type="checkbox"/> High Voltage Overhead - Transmission	<input type="checkbox"/> Substation Construction
<input type="checkbox"/> High Voltage Underground - Distribution	<input type="checkbox"/> Substation Footings
<input type="checkbox"/> Meter Testing	<input type="checkbox"/> Substation Maintenance
<input type="checkbox"/> Pole Testing & Treatment	<input type="checkbox"/> Tree Trimming

<u>Non- Electrical</u>	
<input type="checkbox"/> Auto Detailing	<input type="checkbox"/> Janitorial
<input type="checkbox"/> Auto Maintenance/Repair	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Building Construction	<input type="checkbox"/> Landscape Maintenance
<input type="checkbox"/> Concrete-General	<input type="checkbox"/> Painting
<input type="checkbox"/> Cranes	<input type="checkbox"/> Paving
<input type="checkbox"/> Electrician	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fencing	<input type="checkbox"/> Roofing
<input type="checkbox"/> Flooring	<input type="checkbox"/> Steel Fabrication
<input type="checkbox"/> Grading/Excavation	<input type="checkbox"/> Tree Trimming
<input type="checkbox"/> Hazardous Waste Management	<input type="checkbox"/> Trenching/Backfill
<input type="checkbox"/> Heating/AC	<input type="checkbox"/> Weed Control
<input type="checkbox"/> Hydroseeding	<input type="checkbox"/> Other

<u>Broadband</u>	
<input type="checkbox"/> Certified Tel-Com Cabling	<input type="checkbox"/> Fiber Optics/Cabling-OSP Construction
<input type="checkbox"/> Fiber Optics Splicing	

- **Applicants who checked at least one box in the Electrical group must complete the attached “Questionnaire for Pre-Qualification of Contractors”**
- **Applicants who checked at least one box in the Broadband group must complete the attached “Questionnaire for Telecommunications Work”**

Other (explain): _____

- Signature Block on Next Page -

Name of Contractor

By: _____
Signature/Title

Address

City/State

Telephone Number

Fax Number

Washington State Contractor's Registration Number

Subscribed and sworn before me on the _____ day of _____, 20__.

Notary Public in and for the
State of _____
Residing in _____
My Commission expires _____

WAIVER IN LIEU OF PERFORMANCE BOND

RCW 39.08.010 provide that on contracts of one hundred fifty thousand dollars or less, the District may, in lieu of the performance bond and, as an option to the contractor, retain ten percent of the contract amount for a period of thirty (30) days or until receipt of all necessary releases from the Department of Revenue, Employment Security Department and Department of Labor and Industries and settlement of any liens filed under Chapter 60.28 RCW, whichever is later:

If you wish to choose this option please sign below.

In lieu of the performance bond, I choose to have 10% retained as explained above. The District reserves the right to require a performance bond for any particular Small Works project.

Contractor/Company (Print)

Name (Print)

Title (Print)

Date

Signature

**QUESTIONNAIRE
FOR
PRE-QUALIFICATION OF CONTRACTORS**

Page 1 of 2

1. If a current year Pre-Qualification application has been completed, you do not need to fill out the remaining portion of this questionnaire.
2. Number of years applicant has performed the type of work for which applicant is seeking pre-qualification _____
5. Please check the maximum dollar amount of work in one contract that you are capable of undertaking:
 \$100,000 \$300,000 \$500,000 \$750,000 Other: _____
4. Name and address of applicant's bank including the branch, telephone number and name of the individual in said bank to be contacted for financial reference:

5. Affirm that applicant will pay wages and benefits according to the Prevailing Wage laws of Washington State: YES ____ NO ____
6. Affirm that applicant will comply with government regulations regarding non-discrimination employment practices on the basis of sex, race, color or national origin and applicant shall also abide by the Drug Free Workplace Act of 1988:
YES ____ NO ____
7. Applicant recognizes and agrees that under the provisions of RCW 54.04.080 the District has the right to reconsider or reevaluate the pre-qualification status of applicant at any time or for any reason at the sole judgment of the District Commission:
YES ____ NO ____
8. Affirm that applicant is a registered contractor under the provisions of RCW 18.27 and has paid all current fees to the State of Washington: YES ____ NO ____
9. Affirm that applicant has not been disqualified from bidding on any public works contracts under RCW 39.06.010 or 39.12.065(3): YES ____ NO ____
10. The following must be included with your application:
 - Attach a copy of your certificate of registration in the State of Washington.
 - Attach your last fiscal year's balance sheet.
 - Attach a list of clients served in the last three (3) years including their name, addresses, location of the jobs performed, and contract amounts of the larger contracts.

**QUESTIONNAIRE
FOR
PRE-QUALIFICATION OF CONTRACTORS**
Page 2 of 2

- Attach a general resume including the following information:
 - (a) Experience.
 - (b) Technical Qualifications.
 - (c) Ability to perform work for which applicant seeks pre-qualification.
- Attach a list of supervisory personnel and their qualifications and years of experience.
- Attach list of the number and type of craftsman available and routinely employed.
- Attach list of equipment including age of equipment available for work.
- Attach at least three (3) recent electric utility clients for references, include name of contact person, company, location and CURRENT phone number.

Note: This questionnaire or a full Pre-Qualification Application must be completed annually by the Contractors.

Name of Contractor

By: _____
Signature/Title

Address

City/State

Telephone Number

Fax Number

Washington State Contractor's Registration Number

For District Use Only:

Approved: _____

Not Approved: _____

Signature of District Representative

Date

**QUESTIONNAIRE
FOR
TELECOMMUNICATIONS WORK**
Page 1 of 2

Applicants wanting to be considered for Franklin PUD fiber telecommunications projects must fill out the following questionnaire to be considered for any Small Works project.

Does your firm have experience with the following? Please circle Yes or No.

- | | | |
|--|-----|----|
| 1. Aerial placing of ADSS and lashed overhead fiber | YES | NO |
| 2. Placing and construction of underground fiber | YES | NO |
| 3. Placing and construction of underground vaults and conduit | YES | NO |
| 4. Optical Time Domain Reflectometer (OTDR) testing | YES | NO |
| 5. Optical loss / power testing | YES | NO |
| 6. Fusion splicing of fiber | YES | NO |
| 7. Pulling of fiber optic cabling | YES | NO |
| 8. Use of fiber specific pulling machinery (pullers, tensioners, etc.) | YES | NO |
| 9. Structured Cabling | YES | NO |

How long have you been a Contractor in the State of Washington? _____ YEARS

How long have you been working on fiber optic installations? _____ YEARS

- | | | |
|--|-----|----|
| Do you have trained splicing crews for fiber? | YES | NO |
| Do you use sub-contractors for fiber splicing? | YES | NO |
| Do you have electrical linemen for hanging fiber in the power space? | YES | NO |
| Do you use sub-contractors for electrical work | YES | NO |

How many work crews do you have available for work? _____ Crews

References:

Applicant must have experience installing single-mode Fiber Optic cable. Please list at least 3 previous jobs you have done that involve single-mode fiber optic installations.

Company:	Contact Person:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**QUESTIONNAIRE
FOR
TELECOMMUNICATIONS WORK**
Page 2 of 2

For the list below, please answer if you own, can rent, and have or have not used the equipment

Equipment:	Qty Owned:	Can Rent:		Have used before:	
Trucks	_____	Yes	No	Yes	No
Bucket Truck	_____	Yes	No	Yes	No
Backhoe	_____	Yes	No	Yes	No
Trencher	_____	Yes	No	Yes	No
Fiber puller	_____	Yes	No	Yes	No
Tensioner	_____	Yes	No	Yes	No
Tension meter	_____	Yes	No	Yes	No
Boring machine	_____	Yes	No	Yes	No
Directional boring	_____	Yes	No	Yes	No
Fusion splicer	_____	Yes	No	Yes	No
OTDR	_____	Yes	No	Yes	No
Optical power meter	_____	Yes	No	Yes	No
Splicing tent	_____	Yes	No	Yes	No
Figure 8 trailer	_____	Yes	No	Yes	No
Cable dollies	_____	Yes	No	Yes	No
Bu11wheel	_____	Yes	No	Yes	No
Pulling equipment for innerduct	_____	Yes	No	Yes	No

Name of Contractor

By: _____
Signature/Title

Address

City/State

Telephone Number

Fax Number

Washington State Contractor's Registration Number

For District Use Only:	
Approved: _____	Not Approved: _____
Signature _____	Date: _____