INSERT AGENCY NAME HERE.

**DELIVER TO:** AGENCY ADDRESS.

|  |
| --- |
| **B I D F O R M** |

In compliance with the contract documents, the following bid form is submitted:

1) BASE BID (*Including Trench Excavation Safety Provisions)*

 $

**(Please print dollar amount in space above) (do not include Washington State Sales Tax)**

|  |  |
| --- | --- |
| TRENCH EXCAVATION SAFETY PROVISIONS | $  |

 (*Included also in Base Bid*)

If the bid amount contains any work which requires trenching exceeding a depth of four feet, all costs for trench safety shall be included in the Base Bid **and indicated above** for adequate trench safety systems in compliance with Chapter 39.04 RCW. 49.17 RCW and WAC 296-155-650. Bidder must include a lump sum dollar amount in blank above (even if the value is $0.00) to be responsive.

2) BID ALTERNATES: MAXIMUM ##. ALTERNATES *(Specify whether additive or deductive)*

 (1) $

 (2) $

**Do not include** Washington State Sales Tax **in alternate amounts**.

The Owner reserves the right to accept or reject any or all bids.

TIME FOR COMPLETION:

***Contract Time*** *-* The undersigned hereby agrees to Substantially Complete all the work under the Base Bid within ##. calendar days after the date of Notice to Proceed.

***Final Completion*** *–* All the Work shall be fully and finally completed in accordance with the contract documents within ##. calendar days after the date of Substantial Completion.

FEDERAL AND STATE REQUIREMENTS

The undersigned agrees to perform the requirements set out and incorporated by reference in attached in the CONTRACT DOCUMENTS.

LIQUIDATED DAMAGES

The undersigned agrees to pay the Owner as liquidated damages the sum of **$**0.00. for each consecutive calendar day that is in default after the Contract Time. Liquidated damages shall be deducted from the contract invoice after taxes and retainage.

ADDENDA

Bidder shall acknowledge any issued addendum below.Failure to acknowledge any addenda *may* result in a determination that a bid is non-responsive.

**BIDDER INFORMATION**

|  |
| --- |
| Type of Business:[ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation (State of Incorporation: \_\_\_) [ ]  Other |
| Business Address: | City: | State: | Zip Code: |
| Business Telephone Number: | Contact E-mail Address: | Alternate Contact: |
| **State of Washington** numbers for the following: (mark “NA” if not applicable) |
| State of Washington Contractor’s License No.: | UBI No.: | Federal Tax ID No.: |
| Electrical Contractor No.: | Plumber Contractor No.: | Elevator Contractor No.: |
| Receipt is hereby acknowledged of Addenda No(s).: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ |
| [ ]  Bidder attests they are compliant with the responsible bidder criteria requirement of RCW 39.04.350. |

**REPRESENTATIVE AUTHORIZED TO SIGN FOR BIDDER:**

"I declare that I am an authorized representative for the Bidder and that the foregoing is true and correct."

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Contractor Certification
Wage Theft Prevention – Responsible Bidder Criteria
Public Works Contracts**

**Return this signed “Contractor Certification” with your signed Bid Form or within** number.##. **business days of request by Owner.**

*Prior to awarding a public works contract,* THE AGENCY.*,* DEPARTMENT. *is required to determine that a bidder meets the responsibility criteria to be considered a ‘responsible bidder’ and is qualified to be awarded a public works project. See* [*RCW 39.04.350(1)(g) & (2)*](http://app.leg.wa.gov/RCW/default.aspx?cite=39.04.350)*. Pursuant to legislative enactment in 2017, the responsibility criteria include a contractor certification that the contractor has not willfully violated Washington’s wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).*

|  |  |
| --- | --- |
| No: Project  | ####-### X (#-#). |
| Name: Project  | Project Name. |
| Procurement Solicitation Date: | Advertisement Date. |

I hereby certify, on behalf of the firm identified below, as follows (check one):

* **No Wage Violations**. This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](http://app.leg.wa.gov/RCW/default.aspx?cite=49.48.082), any provision of RCW chapters [49.46](http://app.leg.wa.gov/RCW/default.aspx?cite=49.46), [49.48](http://app.leg.wa.gov/RCW/default.aspx?cite=49.48), or [49.52](http://app.leg.wa.gov/RCW/default.aspx?cite=49.52) within three (3) years prior to the date of the above-referenced procurement solicitation date.

or

* **Violations of Wage Laws**. This firm has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](http://app.leg.wa.gov/RCW/default.aspx?cite=49.48.082), a provision of RCW chapters [49.46](http://app.leg.wa.gov/RCW/default.aspx?cite=49.46), [49.48](http://app.leg.wa.gov/RCW/default.aspx?cite=49.48), or [49.52](http://app.leg.wa.gov/RCW/default.aspx?cite=49.52) within three (3) years prior to the date of the above-referenced procurement solicitation date.

# I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

|  |
| --- |
| Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Contractor/Bidder – Print full legal entity name of firm |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of authorized personTitle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of person signing certificateDate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name of person making certifications for firmPlace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print city and state where signed |