DES Washington State DEPARTMENT OF ENTERPRISE SERVICES

CHECKLIST

TITLE	NUMBER	EFFECTIVE
EDGE Application Eligibility Review Checklist	FPS.01.01.F05	3/7/2025

ABOUT THIS FORM

This checklist is used by DES when reviewing applications for participation in the Washington EDGE Program. The purpose of the checklist is to:

- Make sure the applicant is eligible to participate in the program, and
- Document the review and outcome.

RELATED POLICY

FPS.01.01 Washington EDGE Pilot Program Policy

REQUIRED FORM(S)

- Washington EDGE Application (Form No. FPS.01.01.F01) (under development)
- Washington EDGE Application Addendum 1 – Owner Information (Form No. FPS.01.01.F02) (under development)
- Washington EDGE Application Addendum 2 – Parent Company Information (Form No. FPS.01.01.F03) (under development)

Application review

Business name:_____

ITEM		REQUIREMENT
1	☐	All required documents received and signed:
	☐	EDGE Program Participation Application
	☐	Washington EDGE Application Addendum 1 – Owner Information (One copy for anyone with ownership interest in the business)
	☐	Washington EDGE Application Addendum 2 – Parent Company Information (One copy for each parent company with ownership interest in the business)
2	☐	Applicant has no debarments, suspensions, or revocations:
	☐	Department of Labor & Industries
	☐	Department of Revenue
	☐	Employment Security Department

3	☐	Applicant holds the necessary licenses:
	☐	Contractor's licenses on application verified on LNI website.
	☐	Business license active with Department of Revenue.
	☐	Business is either a sole proprietor or business has been confirmed on the Washington Secretary of State website.
4	☐	Annual gross revenue is under $5 million averaged over the past 3 years.
	☐	Applicant's annual gross revenue is under $5 million averaged over the past 3 years.
	☐	Individuals with ownership interest don't have other businesses that put their individual annual gross revenue over $5 million averaged over the past 3 years.
5	☐	Other businesses owned by any owner of the applicant pose no conflict of interest.
6	☐	Ownership has 3 years of experience in the construction industry.

Application reviewed by:_____Date:_____

Status

☐ Accepted into EDGE

☐ Pending

Specify information needed:_____

_____

☐ Denied acceptance into EDGE.

Specify reason:_____

_____

Need a copy of a prior version of this checklist? Email **jack.zeigler@des.wa.gov**