**STATE OF WASHINGTON**

**DEPARTMENT OF ENTERPRISE SERVICES**

**FACILITY PROFESSIONAL SERVICES**

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| **Subcontractor List Form A****For HVAC, Plumbing, and Electrical** |

***Within One Hour of the Bid Submittal Time***

***Email FORM A as an attachment to:*** **FPSsubcontractorlist@des.wa.gov**

***Subject line on email shall include: Project No., Project Name, Contractor Name, Form A***

In compliance with the contract documents, the following subcontractor list is submitted:

# SUBCONTRACTOR LISTING – RCW 39.30.060

If the base bid and the sum of the additive alternates is one million dollars or more, the Bidder shall provide names of the subcontractors with whom the Bidder will **directly** subcontract for performance of the following work. If the Bidder intends to perform the work, the Bidder must enter its name for that category of work.

The Bidder shall not list more than one subcontractor for each category of work identified UNLESS subcontractors vary with bid alternates, in which case the Bidder must indicate which subcontractor will be used for which alternate. Substitutions are prohibited except as outlined in RCW 39.30.060.

**Failure of the Bidder to submit the NAMES of such subcontractors or to name itself to perform such work may render the Bidder’s bid nonresponsive and, therefore, VOID.**

**Bidders who name themselves to perform the work are expected to perform the work and the Department of Enterprise Services reserves the right to reject substitution of the bidder with a subcontractor unless the bidder demonstrates a change in circumstances from the time of bid submission that is outside of the control of the bidder.**

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| **Category of Work** | **Alternate Bid # (if applicable)** | **Firm Name** |
| 1. HVAC, Base Bid
 | n/a |  |
| * 1. HVAC, Alternate Bid
 |  |  |
| 1. Plumbing, Base Bid
 | n/a |  |
| * 1. Plumbing, Alternate Bid
 |  |  |
| 1. Electrical, Base Bid
 | n/a |  |
| * 1. Electrical, Alternate Bid
 |  |  |

Bidder may attach a separate sheet for additional alternate bid subcontractors.

Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name and Title of Authorized Person