**STATE OF WASHINGTON**

**DEPARTMENT OF ENTERPRISE SERVICES**

**FACILITY PROFESSIONAL SERVICES**

**MAIL TO: PO BOX 41476, OLYMPIA, WA 98504-1476**

**HAND DELIVER TO: 1500 JEFFERSON ST. SE**

**OLYMPIA, WASHINGTON 98501**

**(SECURE BID BOX IN FRONT OF BUILDING)**

**Change submittal location as appropriate – remove this line in final Bid Form**

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| **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 *(Specify whether additive or deductive)*

(1) $

(2) $

(3) $

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

The Owner reserves the right to accept or reject any or all bid prices within sixty (60) days of the bid date.

TIME FOR COMPLETION:

***Contract Time*** *-* The undersigned hereby agrees to Substantially Complete all the work under the Base Bid (and accepted Alternates) 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 “DIVISION 00 SPECIAL CONDITIONS” section in the specifications, if applicable.

COVID-19 SAFETY AND VACCINATION VERIFICATION DECLARATION REQUIREMENTS

The undersigned agrees to comply with the requirements in the Supplemental Conditions for Washington State Facility Construction and provide the Vaccination Verification Declaration prior to award of the contract.

LIQUIDATED DAMAGES

The undersigned agrees to pay the Owner as liquidated damages the sum of $\_\_\_\_\_\_\_\_ 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.

RECEIPT OF ADDENDA

Receipt of the following addenda is acknowledged:

Addendum No. Addendum No.

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Name of Firm

NOTE: *If Bidder is a corporation, write State of Incorporation; if a partnership, give full names and addresses of all parties below*.

Signed by Official Capacity

Print Name

Address

City State Zip Code

Date Telephone FAX

State of Washington Contractor's License No.

Federal Tax ID # E-mail address:

Employment Security Department No.

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

**Return this signed “Contractor Certification” with your signed Bid Form or within two (2) business days of request by Owner.**

*Prior to awarding a public works contract, the Washington State Department of Enterprise Services 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).*

|  |  |
| --- | --- |
| Project No.: |  |
| Project Name: |  |
| Procurement Solicitation 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 person  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title of person signing certificate  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name of person making certifications for firm  Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print city and state where signed |