

Small Works Roster

Standard Questionnaire and Financial Statement

Time Period for Enrollment is year round but all roster members membership will be from January 1st to the end of the year on December 31s of each year. And a no change document will have to be provided from year to year that enables SITC to back check current status.

All correspondence and inquiries pertaining to Prequalification of Bidders should be directed to:

Swinomish Planning Department

Construction Division

360-708-6531 Hondo Pell

Email: tespinosa@swinomish.nsn.us
rpell@swinomish.nsn.us

NOTE: Before executing this form, read all information and instructions pages carefully.

When Application is complete submit by email to tespinosa@swinomish.nsn.us Submission Date: _____

Name of Applicant or Firm:				
Street Address		City	State	Zip Code
PO Box		City	State	Zip Code
Telephone	Fax	Federal Employees (IRS) ID No.	Unified Business Identifier No. (UBI)	
Email for Prequalification			Email for Bidding Opportunities	
The above Applicant or Firm is:				
A Parent Firm of: _____				
A Subsidiary- Division of: _____				
This is a Small Works Roster for soliciting competitive bids on projects estimated to cost less than \$250,000. . Please indicate if your company is interested in being placed on the Small Works Roster. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Standard Questionnaire

Preparation of Standard Questionnaire

All answers and other entries must be specific, complete in detail, and typewritten or printed. Pencil is not acceptable.

A corporation, co-partnership, or joint venture must furnish all information requested in the appropriate form at the top of page 7. The execution of the affidavit on page 8 must be complete.

The Standard Questionnaire furnishes information for establishing prequalification. It must be properly filled out, executed, and received **to qualify for future projects using the Small Works Format.**

Prequalification may be established in any calendar quarter and is renewable annually.

Once a quarterly period is selected, prequalification should be renewed each year.

Standard Questionnaire

1. How many years has your organization been in business as a general contractor under your present business name? _____
2. How many years experience as a: (a) Prime Contractor _____ (b) Subcontractor _____ (c) Arch. / Engineer _____
(d) Environmental / Testing / Other professional _____
3. List the Projects your Organization has underway on this date and classes of work performed by your firm.

	Contract Amount \$	* Class of Work	Scheduled Completion Date	Prime or SUB OR OTHER	Title / Contract No.	Contracting Agency and Mailing Address, Name, Phone Number and Email of Owner/Agency Rep.
3a.						
3b.						
3c.						
3d.						

* SEE (5.) or P.4 for CLASSIFICATION SHEET

4. List projects your organization has completed in the past three (3) years as described on the attached Classes of Work Sheet. Minimum five (5) projects must be listed for consideration. If you were the prime contractor, provide owner's contact information. If you were a sub-contractor, provide the prime contractor's contact information.

	Contract Amount \$	* Class of Work	Scheduled Completion Date	Prime or SUB OR OTHER	Title / Contract No.	Contracting Agency and Contact Name, Phone Number and Email (Email for contacts is required for processing of the application.)
4a.						
4b.						
4c.						
4d.						
4e						
4f						
4g						
4h						
4i						
4j						
4k						
4l						
4m						

Attach additional sheet(s) if more space is needed

5. In which of the following classes of work do you feel your firm has the equipment and experienced personnel to qualify for the classification? (Indicated in parenthesis below each classification is suggested equipment for applicants.) Indicate those classes for which you feel your firm qualifies by marking (X) the appropriate box.

Class Number	Class Description	*List specific discipline or trade
1	<input type="checkbox"/> Electrical Engineer	
2	<input type="checkbox"/> Structural Engineer	
3	<input type="checkbox"/> Civil Engineer / Other Engineer	
4	<input type="checkbox"/> Architect / Designer	
5	<input type="checkbox"/> Testing Firm	
6	<input type="checkbox"/> Environmental	
7	<input type="checkbox"/> Surveyor	
8	<input type="checkbox"/> General Contractor / Construction	
9	<input type="checkbox"/> Sub-Contractor / Construction or other	*

List other applicable classes by title and number as shown in the Prequalification Work Classes Listing.

10		
11		
12		
13		
14		
15		
16		
17		

Financial Statement

Preparation of Financial Statement

For a firm showing a net worth in excess of \$100,000, the applicant must provide, with the questionnaire, a copy of its financial statement as audited or reviewed for its last fiscal year,

Example	Date of Financial Statement	Expiration Date of Prequalification
1st Quarter	July 1 to September 30	March 31 Following Year
2nd Quarter	October 1 to December 31	June 30 Following Year
3rd Quarter	January 1 to March 31	September 30 Following Year
4th Quarter	April 1 to June 30	December 31 Following Year

Additional information may be furnished for our consideration at any time. However, if there is a decrease in your financial position or significant changes within the structure of your organization, you must file a new Standard Questionnaire and Financial Statement form.

Financial Statement

1. End of Applicant's Fiscal Year Month _____ Day _____		2. Date of Year-End Financial Statement Month _____ Day _____ Year _____	
Total Tangible Assets _____		Total Liabilities _____ Net Worth _____	
3. Additional Financial Resource(s) (i.e., Bank Line of Credit, Parent Firm Allocation, etc.) Any additional financial resources shall have a notarized letter to document the Parent Firm Allocation. The required information within the letter must have the dollar amount, purpose of Parent Firm Allocation, and a termination date for the Parent Firm Allocation. If additional financial resources are used within your Financial Statement above, indicate in the "Yes" column below. A Parent Firm Allocation form is available online at: http://www.wsdot.wa.gov/biz/contaa/prequal/default.htm			
Source	Dollar Amount	Termination Date	Additional Resources
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Statement of Financial Ability

The firm certifies that its net worth has not substantially changed from that sum shown above in the Financial Statement.

The firm's largest bonded, successfully completed project is:	
The firm's bond for that project was:	Date that project was completed:
Name of Firm (As registered with the Washington State Dept. of Licensing)	
By (Authorized Signature)	Title

Type of Organization

<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Co-Partnership		<input type="checkbox"/> Joint Venture		<input type="checkbox"/> Coporation		<input type="checkbox"/> LLC	
Corporation					Co-Partnership or Joint Venture				
Date Incorporated (Month/Year)			In What State?		Date of Organization				
President's Name					Status <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Assoc.				
Vice President's Name					Is there any limitation on duration of Co-Partnership or Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Secretary's Name					If "Yes", Explain:				
Treasurer's Name									
If Out-of-State Corporation, have you complied with Washington's Corporation Laws? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Other Organization Affiliation: List those persons within your organization that have a business affiliation in any other organization involved in construction-oriented projects as contractor, subcontractor, supplier, or consultant.									
Name of Individual					Name and Location of Other Organization				

Non-Collusion

In order for your application for Prequalification to be considered, it is necessary to furnish the following information:

1. Has your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted of any offense that has resulted in your firm being barred from being or performing work for any State, Local, or Federal Government? If "Yes", attach a separate sheet(s) to this form giving the details involved, the names of the individuals, and their current employment status with your firm. Yes No
2. Has any officer, employee, or other member of your firm ever been indicted, pled guilty, pled nolo contendere, or been convicted of any illegal restraints of trade, including collusive bidding? If "Yes", attach a separate sheet(s) to this form giving the details involved. Yes No
3. Has your firm or any officer, employee, or member of your firm ever been debarred for violation of various Public Constraint Acts incorporating Labor Standards Provision? If "Yes", attach a separate sheet(s) to this form giving the details involved. Yes No
4. Is your firm under the protection of the bankruptcy court, has pending any petition in bankruptcy court, or have you made an assignment for the benefit of creditors? Yes No

Authorized Signatures

List the names and titles of those individuals in your organization who are authorized to execute proposals, contracts, bonds, and other documents and/or instruments on behalf of the organization.

Name	Title	Signature

Execution of the Affidavit

- Sole Proprietorship** Signature of the individual in the firm name under which business is conducted
- Co-Partnership** The signature of all partners, general and limited under the firm name, or the signature of their Attorney in Fact.
- Corporation** The signature of the authorized officer(s) of the corporation with corporate seal affixed if available.
- Joint Venture** Signatures of an authorized representative of each party to the joint venture. Corporate members of a joint venture shall also affix their corporate seal if available. (See page i)

Affidavit

The undersigned, being duly sworn, deposes and says that the foregoing is a true statement of facts concerning the sole proprietorship, corporation, co-partnership or joint venture herein named, as of the date indicated; that the Financial Statement taken from the books of said firm as individual is a true and accurate statement of the financial condition of said firm or individuals as of the date thereof; that the answers to the foregoing interrogatories are true; that this statement is for the express purpose of inducing the Washington State Department of Transportation to award the said firm or individual a contract; and that any depository, vendor, or other agency herein named is hereby authorized to supply the Washington State Department of Transportation or its agent with any information to verify this statement.

Name of Firm (As registered with Washington Secretary of State):

Authorized Signature _____

Authorized Signature _____

Authorized Signature _____

Authorized Signature _____

Subscribed and sworn to me this _____ day of _____, _____

Notary Public in and for the State of _____

residing at _____

Corporate Seal if available

Notary Seal

Statement Prepared By _____ Title _____ Date _____