P.U.D. #1 OF FERRY COUNTY SMALL WORKS ROSTER APPLICATION

Business Name and Address:			Contact Person:			
			Busine	ss Tele	ephone ()
			Cell ()		
			Fax ()		
WA State Business or Contractor's License No. :						
Provide a copy of your current Certificate of Liability Insurance. <u>If</u> you are selected to perform work for the Utility you will be asked to provide an updated Certificate of Liability Insurance naming the Utility as an additional insured.						
Bonded			Yes		No	
Bonded for projects	up to \$300,000.00		Yes		No	
Indicate below the you are available t				D	escription	
1. ()	Construc	tion Ser	vices -	Including Bui	ilding Contractors
2. ()	Electrical Line Maintenance / Construction Services				
3. ()	Materials				
4. ()	Right-of-way Clearing				
5. ()	Excavation				
6. ()	Equipment - Including Vehicles				
7. ()	IT Services and Software				
8. ()	Supplies				
9. ()	Janitorial Services				
Provide the names and telephone number of three (3) clients who can verify your experience or can recommend your service:						

1.	Name	Telephone ()
2.	Name	Telephone ()
3.	Name	Telephone ()

Ferry County P.U.D. policy for awarding contracts from a Small Works Roster

- 1. The P.U.D. will consider construction projects with an estimated value of less than \$300,000 and for services with an estimated value of less than \$35,000 for award using the Small Works Roster.
- 2. If such project deemed advisable to award through small works, the P.U.D. will invite proposals from all contracts on the roster qualified for the type of work involved, resolving the right to limit the invitation total to five (5) if more than five (5) contractors are on the roster for the type of work.
- 3. The invitation shall describe the work and provide a proposal for the contractor to bid on the project, along with a bid deadline.
- 4. The P.U.D. will award the project to the lowest responsible bidder, reserving its right under applicable law to reject any or all bids, and to waive procedural irregularities.
- 5. This Small Works Roster shall expire after a 24 month period.

Signature:

Date: _____

Return to: P.U.D. #1 of Ferry County P. O. Box 1039 Republic, WA 99166

Revised October 31, 2016