

Sequim School District #323

Small Works Packet

REQUESTED DOCUMENTS



Application (form attached)



Certificate of Liability Insurance



Certificate of Workers Compensation Coverage
(*online - Washington Dept. of Labor & Industries*)
<http://www.lni.wa.gov> (sample attached)



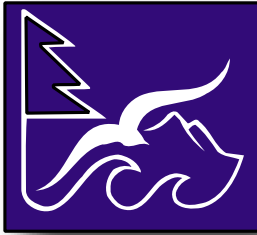
W-9 Request for Taxpayer Identification Number and Certification (form attached)



AHERA Notice (form attached)

***Other documentation may be required, such as, but not limited to;
L & I Forms,**

- 1) Statement of Intent to Pay Prevailing Wage (To be submitted after contract is awarded and before work begins.)**
- 2) Affidavit of Wages Paid (To be submitted after work is completed and before release of final payment.)**



Sequim School District No. 323

"All Students Will Experience Success"

503 North Sequim Avenue, Sequim, WA 98382
Telephone: (360) 582-3260, FAX: (360) 683-6303,
www.sequim.k12.wa.us

Please fill out all fields below. Incomplete applications will not be considered.

Company/Firm:		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please list) _____	
Contact(s)/Title(s):		Number of Employees:	
Address:	City:	State:	Zip:
Telephone:	Cell Phone:	Fax:	
E-mail:		Web Address (if applicable):	

Are you bonded in Washington State?	Yes	No	List Bonding limit \$ _____
Name of Insurance Co. _____ Policy # _____		Amount _____ Expiration Date _____	
WA Contractors Registration # _____		UBI # _____	

References – Municipality or School District Preferred: List Agency Name, Contact & Phone Number:
1. _____
2. _____

IMPORTANT: Please indicate areas of interest on the following page.

In our policies and practices we agree to provide equal opportunities for all persons without regard to race, color, religion, national origin, handicaps, age, marital status, sex, Vietnam-era or disabled veteran status or other extraneous factors.

By signing below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.

Print Name and Title

Signature

Date

Prior to contracting, the District may require additional information – such as references, statement of qualifications, Insurance requirements, performance bond, etc. If you wish to provide such information now, please attach the data to this form.

Please check all areas your company has expertise in and licensed to perform.

<input type="checkbox"/> alarm systems (fire & security)	<input type="checkbox"/> irrigation installation
<input type="checkbox"/> asbestos/lead abatement	<input type="checkbox"/> maintenance (window washing, carpet cleaning)
<input type="checkbox"/> asphalt paving, asphalt patching	<input type="checkbox"/> masonry
<input type="checkbox"/> carpet	<input type="checkbox"/> metal fabrication
<input type="checkbox"/> carpentry, remodeling	<input type="checkbox"/> painting
<input type="checkbox"/> concrete – curb, gutter and sidewalk, flat work	<input type="checkbox"/> playground equipment
<input type="checkbox"/> concrete – retaining walls, foundations	<input type="checkbox"/> plumbing
<input type="checkbox"/> data/telecom installation	<input type="checkbox"/> pest control
<input type="checkbox"/> bleachers indoor, outdoor	<input type="checkbox"/> portable moving
<input type="checkbox"/> demolition	<input type="checkbox"/> pressure washing
<input type="checkbox"/> earthwork, grading	<input type="checkbox"/> roofing
<input type="checkbox"/> electrical	<input type="checkbox"/> sewer storm drains
<input type="checkbox"/> elevator service	<input type="checkbox"/> environmental work, air quality, water, etc.
<input type="checkbox"/> fire sprinkler systems/extinguishers	<input type="checkbox"/> signage, reader board
<input type="checkbox"/> fencing	<input type="checkbox"/> sanitary sewer
<input type="checkbox"/> flooring	<input type="checkbox"/> track, courts surfacing
<input type="checkbox"/> general building construction	<input type="checkbox"/> traffic, parking & pavement markings
<input type="checkbox"/> restaurant equipment - ovens, dishwasher	<input type="checkbox"/> underground storage tank removal
<input type="checkbox"/> grounds maintenance (including tree service), sports fields	<input type="checkbox"/> underground utilities
<input type="checkbox"/> hazardous materials clean up	<input type="checkbox"/> waterproofing
<input type="checkbox"/> HVAC	<input type="checkbox"/> windows and glazing

Other (Please specify): _____

All work performed for Sequim School District must be executed in compliance with Chapter 39.12 RCW, The Washington State Public Works Act, also known as the Prevailing Wage Law.

By signing this application, I certify compliance with the above requirements. Additionally, if awarded a small works job, I agree to provide a Certificate of Insurance and the District has the right to retain 5% of the payment pending appropriate agency releases. Further, I understand, the District is under no obligation to actually award work based on this application and the District has the right to remove this application from the small works roster at any time

(District Use Only)

Sequim School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Title IX Coordinators, Civil Rights Compliance Coordinators: Randy Hill, 601 N. Sequim Ave., Sequim, WA 98382, 360-582-3609, rhill@sequim.k12.wa.us or Karen Sande, 503 N. Sequim Ave., Sequim, WA 98382, 360-582-3261, ksande@sequim.k12.wa.us and for Section 504/ADA Coordinator, Matt Duchow, 503 N. Sequim Ave., Sequim, WA 98382, 360-582-3401, mduchow@sequim.k12.wa.us



Sequim School District

Notice to Contractors

Please be informed:

Sequim School District complies with the U.S. Environmental Protection Agency (EPA) Asbestos Hazard Emergency Response Act (AHERA). Compliance results and information are on file in each school building office. If after review you have further questions, please contact the Maintenance and Operation Department at (360)582.3275.

Company Name

Company Authorized Representative

Date

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								


Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign
Here**

Signature of
U.S. person ▶ 

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,