

**ADDENDUM:**

**6**

**TODAY'S DATE:**

**10/21/24**

**PROJECT NAME:** Cedar Grove Roof Replacement

**CONTACT / TITLE:** Carl Frankel

**PROJECT MANAGER**

**PHONE / EMAIL:** 206-574-1249

Carlf@kcha.org

**This Addendum is used to Identify Items in the Original Documents with Action as Follows:**

☒ **BID**

☐ **RFQ**

☐ **RFP**

☐ **CLARIFY**

☒ **CHANGE**

☐ **DELETE**

☐ **ADD**

☐ **SUBSTITUTE**

**29 Page(s) Total for this Addenda including this page.**

- 1. CHANGE:** Previously issued Addendum #4 was missing three sections. Addendum #6, includes the three omitted sections. Please use this complete Section B for your bid.

**END OF ADDENDUM # 6**



## B - SECTION

### **CEDAR GROVE ROOF REPLACEMENT**

1413 4<sup>th</sup> St., SEDRO-WOOLLEY, WA 98284

**DUE DATE:** October 23, 2024

**TIME:** 1:00 pm

In order to be considered as **RESPONSIVE BIDS**, all bidders **MUST** submit the following **Signed Documents (each single sided)** no later than the **Bid Due Date and Time**.

### **Forms to Return if Bidding**

- B.1 Bid Form**
- B.2 Bidder's Experience Record**
- B.3 Contractor Certification**
- B.4 Non-Collusive Affidavit**
- B.5 Equal Opportunity**
- B.6 Bid Security (Submit only for bids greater than \$150,000)**
- B.7 Debarment / Suspension Compliance Certification**
- B.8 Proposed Subcontractor List**
- B.9 Section 3**
  - a. Business Certification**
  - b. Subcontractor Work Plan**
- B.10 Harassment and Discrimination Policies**
- B.11 WMBE Survey (Form is not required to be responsive, but requested)**
- B.12 Preliminary Project Schedule – Provided by Contractor**



## BID FORM – RETURN EACH FORM SINGLE SIDED

**BID TO:**

KING COUNTY HOUSING AUTHORITY  
CAPITAL CONSTRUCTION DEPARTMENT  
700 Andover Park West, Suite C \* Tukwila, WA 98188

**PROJECT NAME AND LOCATION:**

Cedar Grove Roof Replacement  
1413 4<sup>th</sup> St., Sedro-Woolley, WA 98284

**SCOPE OF WORK:**

The Cedar Grove project consists of two (2) separate sites in the City of Sedro-Woolley located in Skagit County. Both sites were built in 1971 and have similar styles and materials. All units at both sites are two (2) story structures. The Community Building is one (1) story with clerestory windows and is not included in this project. The typical existing roof construction consists of roof trusses, ½” sheathing, vapor barrier and asphalt shingles. The tenant population is comprised of families with children and will be occupied during the entire project. The Contractor must provide a safe, clean working environment. Since work will be mostly overhead, the Contractor will need to use caution tape, fencing, spotters and all other means to secure areas below work zones. The Roof Replacement Project at Site #1 & Site #2 is comprised of (but not limited to) demolition and replacement of all existing roofing, underlayment, vents, vent ridge structures, boots, fall arrest system, gutters, downspouts, fascia, barge boards, soffits and all appurtenances per plans, Specifications and Scope of Work.

Roof Work to Include: Extend rafter tails (in specific areas only) and re-sheath to create a continuous roof edge at each section, infill ridge vent structures to match existing roof plane, replace barge boards, fascia and soffits. Replace areas of damaged roof sheathing, install new vapor barriers, underlayment and composite shingles, vents, boots, fall arrest system, gutters and downspouts tying into existing drain locations and all other work per Plans, Specifications and Scope of Work. These roof upgrades apply to all roofs at Site #1 Building (A) 804-814 and Building (B) 816-822 Bingham Place, Sedro Woolley 98284: Site #2 Building (C) 622-630 Jennings Street, Sedro-Woolley 98284.

**For complete scope, please see E.1 Scope of Work and Technical Specifications**

**BASE BID:**

Bidders must provide a cost for **each and every** bid item (even if the amount is **\$0.00**), for the bid to be considered responsive. Where conflict occurs between the bid item values entered and the total amount written, the bid item price(s) shall prevail, and totals will be corrected to conform thereto. The work of the various items is described throughout the Contract Documents.

**Total Base Bid Lump Sum Amount (Gross Contract Price)** should include all applicable taxes. King County Housing Authority (KCHA) will only pay this Gross Contract Price. Contractors shall review the State of Washington Department of Revenue Ruling WAC 458-20-17001 (included in bid documents) and all other applicable documents for tax obligations.

**Contractor must pay the attached ☐ Davis Bacon / ☒ Non-Routine Maintenance** as the Minimum Wages and Fringe Benefits for the construction workers under this contract.

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT

The Bidder agrees to accept as full payment for the Work, as specified in the Contract Documents, and based upon the undersigned's own estimate of quantities and costs, the following stipulated sums.

<b>BASE BID: SITE 1 Buildings A (6 Units) and B (4 Units) Bingham Place</b>		
<b>A.</b>	<b>Materials</b> , including all applicable Taxes	\$
<b>B.</b>	<b>Labor</b>	\$
<b>C.</b>	<b>O &amp; P</b> , including all applicable Fees	\$
<b>TOTAL BID AMOUNT: (all costs inclusive – A, B, and C)</b>		
		<b>And No/100 Dollars</b>
Enter Written Total Bid Amount above. NOTE: PRINT dollar amount, round to nearest dollar, no cents.		

**UNIT PRICES:**

Unit prices are considered for use when small quantities are needed and additional competitive bidding is not required for price justification. An unforeseen condition requiring large quantities resulting in a substantial change in scope of new work will not be considered applicable for unit pricing. Large deviations in the scope of work will be addressed and evaluated through a bid process or on a Time Material basis as stipulated in the contract documents. Acceptance of any unit pricing is at the Owner's discretion.

<b>UNIT PRICE # 1 ROOF SHEATHING CDX</b>		
Contractor to provide a Unit price based for addition/deduct of one (1) 4'x8' (32SF) x 1/2" CDX to include removal and legal disposal of existing 1/2" plywood sheathing and install new 1/2" CDX plywood. These unit values shall include full compensation for furnishing, placing, removing, legal disposal, installing, all labor and necessary equipment related to this item. All damaged sheathing must be reviewed and approved by the Owner's representative prior to the removal and replacement.		
<b>A.</b>	<b>Materials</b> , including all applicable Taxes	\$
<b>B.</b>	<b>Labor</b>	\$
<b>C.</b>	<b>O &amp; P</b> , including all applicable Fees	\$
<b>TOTAL BID AMOUNT: (all costs inclusive – A, B, and C)</b>		\$
		<b>And No/100 Dollars</b>
Enter Written Total Bid Amount above. NOTE: PRINT dollar amount, round to nearest dollar, no cents.		

<b>UNIT PRICE #2 JOURNEYMAN CARPENTER WAGE RATE</b>		
Provide hourly rate for Journeyman Carpenter. This unit price will be used for change order purposes for addition or deduction of cost associated for work.		
<b>A.</b>	<b>Rate</b>	\$
<b>B.</b>	<b>Fringe Benefits</b>	\$
<b>TOTAL BID AMOUNT: (all costs inclusive – A and B)</b>		\$
		<b>And No/100 Dollars</b>
Enter Written Total Bid Amount above. NOTE: PRINT dollar amount, round to nearest dollar, no cents.		

**COMPLETE BID:**

Contractor shall include all costs of doing the work shown, described, and intended by the Contract Documents, within the lump sum bid prices in the Proposal.

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**LOW BIDDER DETERMINATION:**

The determination of the Low Bidder will be determined on the basis of the Grand Total of the Total Base Bid Price plus Owner-Directed Work Total. The Owner reserves the right to accept any, all, or no Additive items at the time of Award, or at any time thereafter.

**RIGHT TO AWARD THE CONTRACT:**

KCHA reserves the right to award the Contract to the Contractor based on the Contractor's Qualifications, Bonding Capacity and ability to Complete the Project within the Completion Time allowed for project. If written notice of the acceptance of this bid is mailed, or delivered to the undersigned within Seven (7) days after the opening thereof, or at any time thereafter before this bid is withdrawn, the undersigned agrees to execute and deliver a Contract in the prescribed form within Seven (7) calendar days after the Contract is presented for signature.

**RIGHT TO REJECT BIDS:**

KCHA Reserves the Right to Reject any and all Bids and select any bid options (Base Bid/Alternate Bid or both). In addition, KCHA Reserves the Right to Refuse to Award a Bid to a Contractor based on the Contractor's Past Performance, and/or Unresolved Issues with KCHA, as well as unresolved issues with Washington State Labor & Industries. No Extension of Completion is allowed.

KCHA also Reserves the Right to Reject all bids, for any reason, prior to Contract Execution.

The undersigned hereby agrees that this proposal shall be a Valid and Firm Offer for the following calendar days from the date of the Bid Opening.

**Calendar Days: SIXTY (60)**

If the Contractor's Bid is determined to be "Not Responsible", KCHA will issue in writing the specific reasons for this determination. Your company will be allowed to appeal this decision. The appeal must be in writing. The appeal must be delivered to KCHA at the address provided in the determination of 'Not Responsible' within two (2) business days after KCHA makes the decision. The appeal may include additional information that was not included in the original Bid Documents. KCHA will make a final determination after the receipt of the appeal. The final determination may not be appealed.

**ADDENDUM RECEIPT: (Receipt of the following Addenda is acknowledged)**

Addendum No.: \_\_\_\_\_  
Addendum No.: \_\_\_\_\_  
Addendum No.: \_\_\_\_\_  
Addendum No.: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

NO ADDENDA were received

☐

**START TIME OF CONSTRUCTION:**

Construction for the project must be started in accordance with the written Notice to Proceed Date issued by KCHA.

**COMPLETION TIME OF CONSTRUCTION:**

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT**

The undersigned hereby agrees to significantly complete the project within the construction period or duration (**Construction Period/Duration: NTP “construction start” to physical completion**) all the work required under the Contract and in accordance with the Contract Documents. Time allowed to complete the project (including punch list items) shall be the following number of Calendar Days from the Notice to Proceed Date issued by KCHA:

**Calendar Days: SIXTY (60)\***

*\* This is total construction time and does not include any delays that may be caused by supply chain issues.*

**PRELIMINARY SCHEDULE:**

**MANDATORY:** Contractor is to **provide** a preliminary Master Project Schedule in Microsoft Project, Primavera or similar and will include task durations and a project duration/completion date **at time of bid**.

**METHOD OF PAYMENT:**

Contract Amount shall be paid by KCHA to the Contractor monthly from the date of Contract, based on Contractor’s Invoice of percentage of ‘Completion’. Contractor shall use the AIA-G702 and G703 forms for Application and Certificate for Payment for Invoice Submittal.

**CONTRACT RETENTION:**

KCHA will withhold Contract Retention at the following Rate, pursuant to the General Conditions and will be released upon receipt of the Proper clearances from all pertinent state agencies. Release of Retention will not be made until All Requirements for Release, including clearances from State Agencies are received.

**Retention Rate: FIVE PERCENT (5%)**

**CLOSEOUT PERCENTAGE:**

Contractor to include in his Schedule of Values **Closeout Costs**; this is a percentage of the contract bid amount for costs associated with closing out the project as described in Section 01 77 00.

**Closeout Percentage: FIVE PERCENT (5%)**

**LIQUIDATED DAMAGES:**

Timely performance and completion of the Work is essential to the Owner and time limits stated in the Agreement are of the essence. Owner will incur serious and substantial damages if Substantial Completion of the Work or Contract Completion of the entire project does not occur in the time limits defined in the Contract or subsequent change order. Liquidated damages are not assessed as a penalty, but as liquidated damages for breach of contract. The amount is fixed and agreed upon by the Contractor and Owner due to the extreme difficulty and impracticability of fixing and ascertaining the actual damages the Owner would sustain.

This amount is construed as actual amount of damages to the Owner and may be retained by the Owner and deducted from any payments to the Contractor. Assessment of liquidated damages does not release the Contractor for obligations in the Agreement. If different and separate completion dates are stated in the Agreement (or subsequent change order) for separate parts or stages of the Work, the amount of liquidated damages shall apply and may be assessed on those parts or stages of the Work which are delays.

Bidding Contractor’s Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT**

If the Contractor fails to complete the Work by the Time for Substantial Completion stated above (or amended by a subsequent change order), then the Contractor agrees to abide by all provision of the Liquidated Damages clause to the Contract. Liquidated Damages shall be in the following DOLLAR AMOUNT per Calendar Days and will be assessed for each day that the Contractor exceeds the time for substantial completion stated above as follows:

**Dollar Amount: FIVE HUNDRED DOLLARS AND NO/100 (\$500.00)**

**INDEMNIFICATION AND HOLD HARMLESS:**

The Contractor hereby agrees that, to the fullest extent permitted by law, it will defend, indemnify and hold KCHA and its officials, partners, volunteers, agents and employees (the “Indemnities”) harmless from and against any and all claims, losses, damages and expenses, including attorney’s fees incurred with respect thereto or in enforcing this indemnity, which in any manner arise out of or in connection with, or result from:

1. The Work to be performed pursuant to this contract (the ‘Work’), or
2. Any Act or Omission of:
  - a. The Contractor;
  - b. Any Subcontractor, Lower Tier Contractor, or Supplier engaged with respect to the Work;
  - c. Any other party acting at the direction, at the request or under the control of the Contractor with respect to this contract or the Work; or
  - d. The Officers, Directors, Partners, Employees, Volunteers or Agents of any of the foregoing, or the successors in interest of any of them.

Notwithstanding the foregoing, however, the Contractor shall not be required to indemnify and Indemnatee against liability for damages arising out of bodily injury to persons or damage to property caused by or resulting from the intentional misconduct or sole negligence of the Indemnatee, and if such damages are caused by or result from the concurrent negligence of the Indemnatee and the Contractor or its employees or agents, then the Contractor’s indemnity hereunder shall be limited to the extent of the negligence of the Contractor or its employees or agents. For purposes of this Indemnity, the Contractor waives its immunity under industrial insurance, Title 51 of the Revised Code of Washington, and acknowledges that the parties have negotiated this waiver for the purposes of this agreement.

The Contractor hereby agrees to require all its Subcontractors or anyone acting under its direction or control or on its behalf in connection with or incidental to the performance of this contract to execute an indemnity agreement substantively identical to the proceeding one, specifically naming KCHA as an indemnitee, and the Contractor’s failure to do so shall constitute a material breach of this contract by the Contractor.

**LOCAL RESIDENCE HIRING AND CONTRACTING REQUIREMENTS FOR SECTION 3:**

The undersigned agrees to adhere to the Local Resident Hiring and Contracting Requirements as defined in the Section 3 Documents. Failure to comply with this program “to the greatest extent feasible” may result in the withholding of progress payments until the breach of the contract is remedied. See Section 3 Certification Forms attached.

I certify, under penalty of perjury, that my company ☐ **Is a Section 3 Business**

☐ **Is Not a Section 3 Business**

(For further clarification for Section 3 Certification, refer to Sections A.8 and B.10.a)

Bidding Contractor’s Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT**

**BID WITHDRAWAL AFTER BID OPENING:**

1. A bidder who submits an erroneous low bid may withdraw the bid at the risk of forfeiting the bid bond. The bid withdrawal is permissible if there was an obvious error in the low bid and the mistake is readily apparent from the bid itself. The bidder must notify KCHA and submit evidence of the error within twenty-four (24) hours of the bid opening.
2. Evaluating factors for return or forfeiture of bid bonds should include:
  - a. Whether the bidder acted in good faith;
  - b. Whether the bidder acted without gross negligence;
  - c. Whether the bidder gave prompt notice of the error;
  - d. Whether the bidder will suffer substantial detriment by forfeiture;
  - e. Whether KCHA's status has not greatly changed, and no substantial hardship will be caused.
3. Any low bidder who withdraws its bid is prohibited from bidding on the same project if it is subsequently re-solicited.

**NOTIFICATION:**

Contractors submitting bids must have current industrial insurance and not be disqualified from bidding (not suspended or debarred by any federal, state, or other public agency).

All or a portion of this contract is paid for by Federal Funds. As a result, Successful Contractors are subject to the following statutes: Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the Architectural Barriers Act of 1968 and the Fair Housing Act of 1988.

It will be the Contractor's obligation to comply with pertinent laws and implementing regulations, which provide for non-discrimination and accessibility in Federally Funded Housing and Non-Housing Programs for people with Disabilities. To read the full text of the Notice go to [www.kcha.org/business/requirements](http://www.kcha.org/business/requirements) Scroll down to Fair Housing Laws and Read: **Fair Housing / Accessibility Notice**

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_





**KCHA – CEDAR GROVE ROOF REPLACEMENT**  
**CAPITAL CONSTRUCTION DEPARTMENT**

**The undersigned acknowledges:**

1. To have carefully reviewed and understood the scope of work and requirements under the Contract Documents and the complete scope of work as required under the Bid Proposal,
2. To have been provided the opportunity to physically assess the project site,
3. And affirms that the bid entered herein, shall be a complete bid in accordance with the terms of the Contract Documents,
4. That no person or company was employed or retained to solicit or obtain this contract and no payment of, or agreement to pay any person or company to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.
  - a. Should any misrepresentation of the bidder be found, KCHA will have the right to 1) terminate the contract; 2) at its discretion, deduct from the contract payment amounts the amount of any commission, percentage, brokerage, or other contingent fee; or 3) any other remedy pursuant to the contract.
5. And hereby agrees to complete the Work required under the terms of the Contract Documents by the Completion Dates enumerated therein, and
6. That all Documents Submitted to KCHA will become Public Records, as per RCW 42.56. If you are submitting information, which you think is confidential and / or proprietary to your business; KCHA recommends that you do not submit that information, as KCHA cannot guarantee that type of information will be withheld from a public disclosure request.

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT**  
**CAPITAL CONSTRUCTION DEPARTMENT**

**COMPANY INFORMATION** *(please print all information):*

**Name of Bidder's Company**

\_\_\_\_\_

**Physical Street Address:**

**(Contractor MUST have a Physical Street Address)**

\_\_\_\_\_

**City-State-Zip:**

\_\_\_\_\_

**Mailing Address if different than Physical:**

\_\_\_\_\_

**City-State-Zip:**

\_\_\_\_\_

**Telephone:**

\_\_\_\_\_

**Name of Person Authorized to Sign Contract:**

*(if Company is Awarded Contract)*

\_\_\_\_\_

**Title of Person Authorized to Sign Contract:**

*(if Company is Awarded Contract)*

\_\_\_\_\_

**Email Address of Person Authorized to Sign Contract:**

*(if Company is Awarded Contract)*

\_\_\_\_\_

**Website:**

\_\_\_\_\_

**Contractor's License (WA State) Number:**

\_\_\_\_\_

**UBI (Unified Business License) Number:**

\_\_\_\_\_

**Employment Security Account Number:**

\_\_\_\_\_

**State Excise Tax Registration Number:**

\_\_\_\_\_

**Federal Tax I.D. Number:**

\_\_\_\_\_

☐ Exempt

**Public Works Training (RCW39.04.350):**

☐ Not Exempt – signed Compliance Statement  
in Accordance with RCW 9A.72.085 is  
provided

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT**  
**CAPITAL CONSTRUCTION DEPARTMENT**

- ☐ Check Box if your company is a Corporation and name the State Incorporated in below.
- ☐ Check Box if your company is a Partnership and provide Full Name(s) and Address of all parties below.
- ☐ Check Box if your company is also known as (aka) and list that name and address below.

_____	_____
_____	_____
_____	_____

**NOTE:** The penalty for making false statements in offer is prescribed in 18 U.S.C. 1001.

SUBMITTED ON: \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Print Name and Title

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**BIDDER'S EXPERIENCE RECORD – RETURN EACH FORM SINGLE SIDED**

**KCHA WILL AWARD CONTRACTS ONLY TO RESPONSIBLE PROSPECTIVE CONTRACTORS WHO HAVE THE ABILITY TO PERFORM SUCCESSFULLY UNDER THE TERMS AND CONDITIONS OF THE PROPOSED CONTRACT. PRINT ALL INFORMATION.**

*ATTACH ADDITIONAL SHEETS AS NECESSARY TO FULLY PROVIDE THE INFORMATION REQUIRED.*

**NAME OF BIDDER:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY-STATE-ZIP:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY-STATE-ZIP:** \_\_\_\_\_

**CONTRACTOR'S LICENSE NUMBER:** \_\_\_\_\_ **EMPLOYMENT SECURITY NUMBER:** \_\_\_\_\_  
(Must be a valid WA State License)

**BOND REGISTRATION NUMBER:** \_\_\_\_\_ **L&I's WORKERS' COMP. ACCT. ID:** \_\_\_\_\_

**L&I PUBLIC WORKS TRAINING:** YES NO

**BIDDER IS A(N):** INDIVIDUAL PARTNERSHIP  
JOINT VENTURE INCORPORATION IN STATE OF \_\_\_\_\_

**CONTINUOUSLY BEEN IN BUSINESS FROM YEAR** \_\_\_\_\_ **NO. OF REGULAR FULL TIME EMPLOYEES** \_\_\_\_\_

**TOTAL NUMBER OF PROJECT COMPLETED IN THE PAST 5 YEARS** \_\_\_\_\_

**NUMBER OF PROJECTS COMPLETED** \_\_\_\_\_ **AHEAD** \_\_\_\_\_ **ON-TIME** \_\_\_\_\_ **BEHIND**

**BIDDER HAS HAD EXPERIENCE IN WORK COMPARABLE TO THAT REQUIRED FOR THIS PROJECT**

**AS FOLLOWS:** **AS PRIME CONTRACTOR:** \_\_\_\_\_ **AS SUB-CONTRACTOR:** \_\_\_\_\_  
NO. OF YEARS NO. OF YEARS

**BIDDERS LIST THE FOLLOWING INFORMATION: PRINT ALL INFORMATION**

**NAME OF BONDING COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**BONDING CAPACITY:** \_\_\_\_\_



**KCHA - CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT**

LIST THE SUPERVISORY PERSONNEL TO BE EMPLOYED BY THE BIDDER AND AVAILABLE FOR, AND INTENDED TO WORK ON THIS PROJECT (PROJECT MANAGER, PRINCIPAL FOREPERSON, SUPERINTENDENTS AND ENGINEERS): **PRINT ALL INFORMATION**

NAME	TITLE	HOW LONG WITH BIDDER

LIST ALL PUBLICLY FUNDED PROJECTS OF SIMILAR NATURE & SIZE COMPLETED BY BIDDER WITHIN THE PAST 5 YEARS. INCLUDE A REFERENCE FOR EACH. IF NECESSARY, ATTACH A SEPARATE SHEET(S), USING THE FORMAT BELOW. **PRINT ALL INFORMATION**

**PROJECT NAME:** \_\_\_\_\_  
**OWNER/CONTACT NAME & NUMBER:** \_\_\_\_\_  
**TOTAL CONTRACT AMOUNT:** \_\_\_\_\_  
**IF SUB, YOUR CONTRACT AMOUNT:** \_\_\_\_\_  
**YEAR PROJECT COMPLETED:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_  
**OWNER/CONTACT NAME & NUMBER:** \_\_\_\_\_  
**TOTAL CONTRACT AMOUNT:** \_\_\_\_\_  
**IF SUB, YOUR CONTRACT AMOUNT:** \_\_\_\_\_  
**YEAR PROJECT COMPLETED:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_  
**OWNER/CONTACT NAME & NUMBER:** \_\_\_\_\_  
**TOTAL CONTRACT AMOUNT:** \_\_\_\_\_  
**IF SUB, YOUR CONTRACT AMOUNT:** \_\_\_\_\_  
**YEAR PROJECT COMPLETED:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_  
**OWNER/CONTACT NAME & NUMBER:** \_\_\_\_\_  
**TOTAL CONTRACT AMOUNT:** \_\_\_\_\_  
**IF SUB, YOUR CONTRACT AMOUNT:** \_\_\_\_\_  
**YEAR PROJECT COMPLETED:** \_\_\_\_\_



KCHA - CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT

IF ANY OF THE PROJECTS LISTED ABOVE WERE NOT COMPLETED WITHIN THEIR ORIGINALLY SCHEDULED PERIOD, EXPLAIN WHY: **PRINT ALL INFORMATION**

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LIST ALL PROJECTS UNDERTAKEN IN THE LAST 5 YEARS WHICH HAVE RESULTED IN PARTIAL OR FINAL SETTLEMENT OF THE CONTRACT BY ARBITRATION OR LITIGATION IN THE COURTS: **PRINT ALL INFORMATION**

NAME OF CLIENT & PROJECT	CONTRACT AMT.	TOTAL CLAIM ARBITRATED / LITIGATED	AMT. OF SETTLEMENTS OF CLAIM

HAS BIDDER, OR ANY REPRESENTATIVE OR PARTNER THEREOF, EVER FAILED TO COMPLETE A CONTRACT? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN \_\_\_\_\_

HAS THE BIDDER EVER HAD ANY PAYMENT / PERFORMANCE BOND CALLED AS A RESULT OF THIS WORK? **PRINT ALL INFORMATION**

NO YES IF YES, COMPLETE THE FOLLOWING:

PROJECT NAME	CONTRACTING PARTY	BOND AMOUNT

HAS BIDDER EVER BEEN FOUND GUILTY OF VIOLATING ANY STATE OR FEDERAL EMPLOYMENT LAWS? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN \_\_\_\_\_

HAS BIDDER EVER FILED FOR PROTECTION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY LAWS OR STATE INSOLVENCY LAWS? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN \_\_\_\_\_



KCHA - CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT

HAS ANY ADVERSE LEGAL JUDGEMENT RELATED TO CONSTRUCTION BEEN RENDERED AGAINST THE BIDDER IN THE LATE 5 YEARS? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN \_\_\_\_\_

HAS BIDDER OR ANY OF ITS EMPLOYEES FILED ANY CLAIMS WITH WASHINGTON STATE WORKER'S COMPENSATION OR OTHER INSURANCE COMPANY FOR ACCIDENTS RESULTING IN FATAL INJURY OR DISMEMBERMENT IN THE PAST 5 YEARS? **PRINT ALL INFORMATION**

NO YES IF YES, COMPLETE THE FOLLOWING:

DATE	TYPE OF INJURY	AGENCY RECEIVING CLAIM
_____	_____	_____
_____	_____	_____

BIDDER'S EXPERIENCE MODIFICATION RATE (EMR): 2021 \_\_\_\_\_ 2022 \_\_\_\_\_ 2023 \_\_\_\_\_  
(IF BIDDER IS SELF-INSURED, ATTACH PROOF OF EMR STATED, SHOWING COMPLETE WORKSHEET CALCULATIONS)

**NOTES TO BIDDERS: SAFETY IS A PRIMARY CONCERN ON THIS PROJECT.** KCHA reserves the right to disqualify Bidders where either the current or three (3) year average of the Experience Modification Rate (EMR) EXCEEDS 1.0. KCHA may require additional information from Bidders that have an EMR of more than 1.0.

DESCRIBE ALL VIOLATION CITATIONS ISSUED AGAINST BIDDER IN THE LAST 5 YEARS UNDER OSHA, WISHA OR OTHER APPLICABLE WORKPLACE SAFETY PROGRAMS. **PRINT ALL INFORMATION**

SUBJECT OF VIOLATION	DATE OF INSPECTION / INCIDENT	OSHA ACTIVITY NO.	CLOSED / PENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ADDITIONAL INFORMATION:**

BEFORE A BID IS CONSIDERED FOR AWARD, THE BIDDER MAY BE REQUESTED BY KCHA TO SUBMIT A STATEMENT OR OTHER DOCUMENTATION REGARDING ANY OF THE BASIC QUALIFICATIONS LISTED ABOVE. FAILURE BY THE BIDDER TO PROVIDE SUCH ADDITIONAL INFORMATION SHALL RENDER THE BIDDER NON-RESPONSIVE AND NON-RESPONSIBLE, AND INELIGIBLE FOR AWARD.

THE UNDERSIGNED WARRANTS UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE, TRUE AND ACCURATE TO THE BEST OF HIS / HER KNOWLEDGE. THE UNDERSIGNED AUTHORIZES THE KING COUNTY HOUSING AUTHORITY TO VERIFY ALL INFORMATION CONTAINED HEREIN. (IF THIS INFORMATION IS NOT COMPLETE AND ACCURATE THE BID MAY BE CONSIDERED NON-RESPONSIVE.)

\_\_\_\_\_  
BIDDER'S SIGNATURE BIDDER'S NAME (PLEASE PRINT)

\_\_\_\_\_  
BIDDER'S TITLE (PLEASE PRINT) DATE



**CONTRACTOR CERTIFICATION – RETURN EACH FORM SINGLE SIDED**

**PROJECT NAME: CEDAR GROVE ROOF REPLACEMENT**

**NAME OF COMPANY:** \_\_\_\_\_

**PHYSICAL STREET ADDRESS:** \_\_\_\_\_

**CITY – STATE – ZIP:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY – STATE – ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FEDERAL TAX ID NO.:** \_\_\_\_\_ **WA STATE UBI NO.:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_ **CORPORATION** \_\_\_\_\_ **LLC - PARTNERSHIP** \_\_\_\_\_ **SOLE PROPRIETOR**

**OWNERS OF THIS COMPANY** (List All Owners from the inception of the Company. Use an additional sheet of paper if necessary.)

<b>NAME OF OWNER(S)</b>	<b>DATE(S) OF OWNERSHIP (from – to)</b>
_____	_____
_____	_____
_____	_____

**UNDER PENALTIES OF PERJURY,** \_\_\_\_\_ **I /** \_\_\_\_\_ **We** hereby certify that: (Check the appropriate responses)

1. There are no contractual obligation or other disabilities that would prevent the achievement of the various requirements contained in the Bid Documents to the greatest extent feasible and with good faith efforts to attempt to meet the attached goals.
2. \_\_\_\_\_ **I /** \_\_\_\_\_ **We** do not and will not maintain, nor permit \_\_\_\_\_ **My /** \_\_\_\_\_ **Our** employees to work in a location where segregated facilities are maintained, except for separate or single-user toilets and changing facilities, if necessary, to assure privacy between the sexes.
3. Any facility used in the performance of this project \_\_\_\_\_ **Is /** \_\_\_\_\_ **Is Not** listed on the Environmental Protection Agency list of violating facilities; and,
4. \_\_\_\_\_ **I /** \_\_\_\_\_ **We** will notify KCHA, PRIOR TO award, of the receipt of any communication from the Environmental Protection Agency indicating that any facility proposed to be used in the performance of this project is under consideration to be listed on the EPA List of Violating Facilities; and,
5. \_\_\_\_\_ **I /** \_\_\_\_\_ **We** will include a certification substantially the same as this certification in every non-exempt contract.
6. \_\_\_\_\_ **I /** \_\_\_\_\_ **We** that \_\_\_\_\_ **Have /** \_\_\_\_\_ **Have Not** participated in an Equal Employment Opportunity Plan in the past that required filing reports with the Government; and that if \_\_\_\_\_ **I /** \_\_\_\_\_ **We** have, \_\_\_\_\_ **I /** \_\_\_\_\_ **We** \_\_\_\_\_ **Have /** \_\_\_\_\_ **Have Not** filed all reports due. If not, the reports will be filed within the next (\_\_\_\_\_) days.

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_





KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT

7. The number shown on this form is the correct Taxpayer Identification Number OR if no Taxpayer Identification Number is listed, a notarized explanation as to why is attached to these Bid Documents and

8. \_\_\_\_\_ I / \_\_\_\_\_ We further certify that \_\_\_\_\_ I / \_\_\_\_\_ We are **not** subject to Backup Withholding because;

\_\_\_\_\_ Exempt from Backup Withholding, or  
\_\_\_\_\_ No notification from the Internal Revenue Service (IRS) for failing to report all interest or  
\_\_\_\_\_ dividends, or

\_\_\_\_\_ No long subject to Backup Withholding per notification from the IRS

*(If you ARE subject to Backup Withholding, leave \$5 blank and go to #6)*

9. \_\_\_\_\_ I / \_\_\_\_\_ We have been notified by the IRS that \_\_\_\_\_ I Am / \_\_\_\_\_ We Are currently subject to Backup Withholding because of under reporting interest or dividends.

**(If you filled out #5 – you are NOT subject to Backup Withholding, leave #6 blank)**

\_\_\_\_\_, who is by title the \_\_\_\_\_  
of our firm/company and has been designated, as the responsible official to ensure required reports are submitted, and record keeping complies with all the applicable regulations.

**AUTHORIZED OFFICIAL:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE (PLEASE PRINT)

\_\_\_\_\_  
DATE





**EQUAL OPPORTUNITY CLAUSE – RETURN EACH FORM SINGLE SIDED**

DURING THE PERFORMANCE OF THIS CONTRACT, THE CONTRACTOR AGREES AS FOLLOWS:

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin, citizenship status, creed, age, marital status, physical or mental disability, sexual orientation, political ideology, or status as a Vietnam era or specially disabled veteran. The Contractor will take affirmative action to ensure that applicants are employed and the employees are treated during employment without regard to the aforementioned conditions. Such action shall include, but not be limited to, the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Contracting Officer setting forth the provisions of this nondiscrimination clause.
2. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to the aforementioned conditions of paragraph 1 above.
3. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the Contractor's commitments under Section 202 of Executive Order 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The Contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations and relevant orders of the Secretary of Labor.
5. The Contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations and relevant orders of the Secretary of Labor, or pursuant thereto, and will permit access to his/her books, records and accounts by the Owner and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations and orders.
6. In the event of the Contractor's non-compliance with the non-discrimination clauses of the Contract or with any of such rules, regulations or orders, this Contract may be canceled, terminated or suspended in whole or in part and the Contractor may be declared ineligible for further Government Contracts, in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rules, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
7. The Contractor will include the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulation, or order of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the Owner may direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the Owner, the Contractor may request the United States to enter into such litigation to protect the interests of the United States.

**AUTHORIZED OFFICIAL:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE (PLEASE PRINT)

\_\_\_\_\_  
DATE

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**BID SECURITY – RETURN EACH FORM SINGLE SIDED**

**BID DEPOSIT:**

The undersigned Principal hereby deposits a Bid Deposit with the King County Housing Authority in the form of a cash deposit, certified or cashier's check, or postal money order in the amount of:

\_\_\_\_\_ Dollars (\$\_\_\_\_\_)

-- OR --

**BID BOND:**

The undersigned, \_\_\_\_\_ (Principal), and

\_\_\_\_\_ (Surety), are held and firmly bound unto the  
King County Housing Authority (Owner) in the penal sum of:

\_\_\_\_\_ Dollars (\$\_\_\_\_\_),  
which for the payment of which Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally. The liability of surety under this Bid Bond shall be limited to the penal sum of this Bid Bond.

**CONDITIONS:**

The Bid Deposit or Bid Bond shall be an amount not less than **five percent (5%)** of the total bid, including any Alternates, Additives, and Owner-Directed Work, if any, including sales tax, if any, and is submitted by Principal to Owner in connection with a Proposal in according to the terms of the Proposal and Bid Documents for:

**CEDAR GROVE ROOF REPLACEMENT**

**NOW THEREFORE:**

- a. If Principal requests, in writing, to withdraw its Bid, prior to Bid Opening, or
- b. If the Proposal is rejected by Owner, or
- c. Owner in accordance with the terms of the Proposal and furnishes a bond for the faithful performance of said Project and for the payment of all persons performing labor or furnishing materials in connection therewith, with Surety or Sureties approved by Owner,

then this Bid Security shall be released; otherwise it shall remain in full force and effect and Principal shall forfeit the Bid Deposit or Surety shall immediately pay and forfeit to Owner the amount of the Bid Bond, as penalty and liquidated damages.

The obligations of Surety and its Bid Bond shall be in no way impaired or affected by any extension of time within which Owner may accept bids; and Surety does hereby waive notice of any such extension.

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT**

SIGNED AND DATED THIS \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_.

**ATTEST to Principal's Signature:**

\_\_\_\_\_  
PRINCIPAL (Print Company Name)

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Please Print)

Corporate Seal (if Applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Please Print)

**ATTEST to Surety's Signature:**

\_\_\_\_\_  
SURETY (Print Company Name)

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Please Print)

Corporate Seal (if Applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (Please Print)

The above is Attorney in Fact:

Yes \_\_\_\_\_ No \_\_\_\_\_  
(If Yes, attach Power of Attorney)

**Local Office of Agent and / or Surety Company (please print):**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Power of Attorney of person signing for Surety Company must be attached to this Bond Form.

Surety Companies executing Bonds must appear on the current Authorized Insurance List in the State of Washington.

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**DEBARMENT / SUSPENSION COMPLIANCE CERTIFICATION**  
**RETURN EACH FORM SINGLE SIDED**

**The Bidder certifies to the best of its knowledge and belief, that it and its principals:**

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not within a three (3) -year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

**BIDDING COMPANY**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Physical Street Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN to before me:**

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT

**SUBCONTRACTOR – FIRST TIER – LISTING – RETURN EACH FORM SINGLE SIDED**

NAME OF BIDDING COMPANY: \_\_\_\_\_

PHYSICAL STREET ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

1. List Approximate Percent (%) of Work Your Company will actually Perform: \_\_\_\_\_

2. Do You Intend on using Subcontractor(s) for this Project? ☐ Yes ☐ No

3. **(If Yes, you must** show on this form the name and information of **All First Tier Subcontractors** performing work that will be associated with this Bid.) Attach additional sheets if necessary. This form needs to be completed to the best of the Bidder's ability at time of bid. If Bidder is Awarded Contract a final subcontractor list will be submitted prior to Notice to Proceed. **PRINT ALL INFORMATION**

**SUBCONTRACTOR – FIRST TIER - LIST**

Business Name: \_\_\_\_\_ Trade: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

UBI No.: \_\_\_\_\_

Business Name: \_\_\_\_\_ Trade: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

UBI No.: \_\_\_\_\_

Business Name: \_\_\_\_\_ Trade: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

UBI No.: \_\_\_\_\_

Business Name: \_\_\_\_\_ Trade: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

UBI No.: \_\_\_\_\_

The Bidder hereby certifies that the information contained in this Proposed Subcontractor List, including any attached sheets, is accurate, complete, and current:

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



## SECTION 3 – BUSINESS CERTIFICATION RETURN FORM SINGLE SIDED

**THIS FORM MUST BE SIGNED AND RETURNED**

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Type of Trade or Business: \_\_\_\_\_

Current Number of Regular, Full Time Employees (Puget Sound Region): \_\_\_\_\_

1. Have over **75 percent** of the labor hours performed for your business over the prior three-month period been performed by Section 3 workers?

\_\_\_ Yes \_\_\_ No

**If “yes” is checked, submit the section 3 Individual Certification form(s) for all the regular, full-time employees (Puget Sound Region).**

2. Is **51% or more** of your business owned and controlled by low- or very low-income persons (persons who earn 80% or less of the median income level for the past 12 months - see attached income guidelines)?

\_\_\_ Yes \_\_\_ No

**If “yes” is checked, submit either the section 3 Individual Certification form(s) or the Section 3 Subcontractor Business Work Plan form.**

3. Does your business provide economic opportunities for KCHA residents at the site(s) where the work will take place?

\_\_\_ Yes \_\_\_ No

**If “yes” is checked, please provide supporting documentation.**

4. Does your business provide economic opportunities for residents of other KCHA developments or Section-8 assisted housing managed by KCHA?

\_\_\_ Yes \_\_\_ No

**If “yes” is checked, please provide supporting documentation.**

5. Does your business provide economic opportunities to Section 3 workers residing within the metropolitan area (Puget Sound Region)?

\_\_\_ Yes \_\_\_ No

**If “yes” is checked, please provide supporting documentation.**





**I certify, under penalty of perjury, that my company \_\_\_ Is \_\_\_ Is Not a Section 3 Business.**

I further certify that, **if my company is awarded the bid, and needs to hire additional employees for the project**, we will carry out Section 3 hiring, training and subcontracting requirements to the best of our ability.

_____ Signature	_____ Name
_____ Title	_____ Date
_____ Phone Number	_____ Email Address

If you have more specific questions about Section 3 requirements, contact KCHA at [section3@kcha.org](mailto:section3@kcha.org).

## SECTION 3 – 2023 INCOME GUIDELINES

Location	Income Limit 1 person		
	Extremely Low Income	Very Low Income	Low Income
Kitsap County (Bremerton, Silverdale)	\$22,900	\$38,150	\$61,000
King/ Snohomish Counties (Seattle, Bellevue, Everett)	\$28,800	\$47,950	\$70,650
Pierce County (Tacoma)	\$22,600	\$37,650	\$60,200
Skagit County (Sedro-Woolley)	\$19,150	\$31,900	\$51,050
Thurston County (Olympia, Tumwater)	\$21,550	\$35,900	\$57,400



## SECTION 3 – SUBCONTRACTOR WORK PLAN RETURN FORM SINGLE SIDED

RETURN THIS FORM WITH THE BID **IF:**  
CLAIMING **YES** TO QUESTION **3** or **4** on the SECTION 3 BUSINESS CERTIFICATION FORM

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

SECTION 3 BUSINESS CONCERN			SUBCONTRACTED TASK(S)	SUBCONTRACT AMOUNT	% OF OVERALL CONTRACT
1.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				
2.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				
3.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				
4.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				

TOTAL CONTRACT VALUE: \_\_\_\_\_ TOTAL SUBCONTRACT VALUE: \_\_\_\_\_

PERCENTAGE OF TOTAL BID: \_\_\_\_\_

For a list of Section 3 Certified Businesses, please go to:

<https://portalapps.hud.gov/Sec3BusReg/BRegistry/SearchBusiness>



**SUMMARY OF HARASSMENT AND DISCRIMINATION**  
**RETURN EACH FORM SINGLE SIDED**

KCHA prohibits harassment and discrimination based on race, color, national origin, citizenship status, creed, religion, sex, age, marital or veteran's status, physical or mental disability, sexual orientation, political ideology, or any other basis protected by law ("protected status"). This policy applies to KCHA's employees, vendors, contractors, visitors and others who conduct business with KCHA. The following are examples of prohibited conduct. This list is not exclusive; employees should see KCHA's Personnel Policies and Procedures for more details and vendors/contractors should contact the Human Resources Department for more details:

- Unwelcome conduct based on protected status when sufficiently severe or pervasive to create a hostile work environment; or a supervisor's improper conduct results in a tangible change in an employee's status or benefits (demotion, termination, etc.).
- Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made an implicit or explicit condition of employment; (2) submission to or rejection of such conduct affects employment opportunities or decisions; or (3) such conduct interferes with an employee's work or creates an intimidating, hostile or offensive work environment.
- Sexually suggestive or racially derogatory words, pictures, videos, cartoons, emails, etc.
- Leering, staring in a sexually suggestive manner or making offensive remarks about looks, clothing, or body.
- Touching in a way that may make an individual feel uncomfortable, such as patting, pinching or intentional brushing against another's body.
- Gestures, pictures or drawings which would offend a particular racial or ethnic group or other protected class.
- Comments about an individual's skin color, accent, or other racial/ethnic characteristics.
- Disparaging remarks or stereotypes about an individual's gender, race, birthplace, ethnicity or ancestry.
- Negative comments about an individual's religious beliefs (or lack of religious beliefs).
- Negative comments regarding an individual's age if age 40 and over.
- Derogatory or intimidating references to an employee's mental or physical impairment.

Anyone who has been harassed and/or discriminated against is expected to promptly report the alleged incident(s) to the Supervisor, Department Director, Director of Human Resources, Deputy Executive Director/Chief Administrative Officer or the Executive Director. KCHA will protect the confidentiality of such complaints to the extent possible. Complaints will be promptly, thoroughly and impartially investigated and KCHA will take immediate and appropriate corrective action when it determines that harassment has occurred. Individuals who make complaints or provide information related to complaints will be protected from retaliation.

**The Bidder hereby certifies that the information contained above is understood and agreed upon.**

Bidder's Company Name: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_



**KCHA – CEDAR GROVE ROOF REPLACEMENT  
CAPITAL CONSTRUCTION DEPARTMENT**

**WMBE SURVEY – RETURN EACH FORM SINGLE SIDED**

PLEASE COMPLETE THIS SURVEY AND RETURN WITH YOUR BID / PROPOSAL DOCUMENTS.  
**NOT SUBMITTING THIS SURVEY WILL NOT DISQUALIFY YOUR BID/PROPOSAL.**  
**THIS IS FOR INFORMATIONAL PURPOSES ONLY.**

Bidding Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Incorporated – Federal ID#: \_\_\_\_\_

\_\_\_\_\_ Sole Proprietorship – SS#: \_\_\_\_\_

\_\_\_\_\_ Other – Describe: \_\_\_\_\_

WMBE: \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_ Disadvantage Owned (Disabled – DBE)

\_\_\_\_\_ Women Owned (WBE)

\_\_\_\_\_ Minority Owned (MBE or MWBE) (Check Applicable)

\_\_\_\_\_ 1. White American

\_\_\_\_\_ 4. Hispanic American

\_\_\_\_\_ 2. Black American

\_\_\_\_\_ 5. Asian – Pacific American

\_\_\_\_\_ 3. Native American

\_\_\_\_\_ 6. Hasidic Jew

Registered WMBE: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Registration in Progress

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

**FOR KCHA USE ONLY: IF THIS COMPANY HAS BEEN AWARDED THE CONTRACT, FORWARD THIS FORM**

**TO: Tim Baker – KCHA Senior Management Analyst**  
**Phone: 206-574-1111 Email: timb@kcha.org**

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_

**CONTRACTOR'S SUPPLIED SCHEDULE – RETURN EACH FORM SINGLE SIDED**

- A. Gantt-Chart Schedule: Submit to the Owner a comprehensive, fully developed, horizontal Gantt-chart-type, Contractor's Final Master Project Schedule within fourteen (14) days of date after Letter of Award. Base schedule on the Preliminary Master Project Schedule and whatever updating and feedback was received since the start of Project. The Gantt-Chart Final Master Project Schedule can be either in MS Project or equivalent format.
- B. Preparation: Indicate each significant construction activity separately. Identify first workday of each week with a continuous vertical line.
1. For construction activities that require three (3) months or longer to complete, indicate an estimated completion percentage in ten (10%) percent increments within time bar.
- C. Contractor's Final Master Project Schedule Updating: At two (2) week intervals, update schedule to reflect actual construction progress and activities. Issue schedule three (3) days before each regularly scheduled progress meeting.
1. Revise schedule immediately after each meeting or other activity where revisions have been recognized or made. Issue updated schedule concurrently with the report of each such meeting.
  2. Include a report with updated schedule that indicates every change, including, but not limited to, changes in logic, durations, actual starts and finishes, and activity durations.
  3. As the Work progresses, indicate Actual Completion percentage for each activity.

**CONTRACTOR  
TO INSERT  
PRELIMINARY  
MASTER PROJECT  
SCHEDULE HERE  
MUST BE IN  
MICROSOFT PROJECT,  
PRIMAVERA or SIMILAR**

Bidding Contractor's Company Name: \_\_\_\_\_ Initials: \_\_\_\_\_