

**PUBLIC WORKS CONTRACT**

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

Project Number: \_\_\_\_\_

THIS CONTRACT is made and entered into by and between the University of Washington (Owner), and \_\_\_\_\_, a \_\_\_\_\_ Corporation / Partnership / Sole Proprietor, (Contractor). Contractor and Owner may hereinafter be referred to as "Parties." This Contract shall be effective on the last date set forth on the signature page. This Contract shall be the agreed basis of performing the Work identified and defined in the Contract Documents.

FIRST: The Contractor agrees to furnish all material, labor, tools, equipment, apparatus, facilities, etc. necessary to perform and complete in a workmanship like manner the Work called for in the Contract Documents for the Project noted above, according to the terms of this Contract and the Contract Documents, which documents are incorporated herein by reference, as if set forth herein in full.

The Contract Documents include the Advertisement for Bids, Instructions for Bidders, completed Bid Form, Payment and Performance Bonds, General Conditions for Washington State Facility Construction, Modifications to the General Conditions, Supplemental Conditions to the General Conditions, other Special Forms, this Public Works Contract, and the following Drawings, Specifications, and Addenda:

Drawings dated: \_\_\_\_\_ Specifications dated: \_\_\_\_\_

Addendum No.	Dated:	Addendum No.	Dated:
Addendum No.	Dated:	Addendum No.	Dated:
Addendum No.	Dated:	Addendum No.	Dated:
Addendum No.	Dated:	Addendum No.	Dated:

SECOND: Time for Completion: The Work to be performed under this Contract shall commence as soon as the Contractor has been officially notified to proceed and shall be substantially complete within \_\_\_\_ calendar days of the Notice to Proceed.

The Contractor further agrees that, from the compensation otherwise to be paid, the Owner may retain the sum of \$\_\_\_\_\_ for each calendar day thereafter that the Work remains uncompleted, which sum is agreed upon as the liquidated damages, and the Parties agree this sum is not to be construed as in any sense a penalty.

The Contractor acknowledges that apprenticeship utilization goals should be met, and that the Owner has determined monetary incentives for meeting the goals, and monetary penalties for not meeting the goals. The Contractor further agrees that, from

**PUBLIC WORKS CONTRACT**

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

Project Number: \_\_\_\_\_

the compensation otherwise to be paid, the Owner may retain the sum of \$ \_\_\_\_\_ as a monetary penalty for not meeting the apprenticeship utilization goals. The Contractor further agrees, that in addition to the compensation otherwise to be paid, the Owner will pay by issuance of a Change Order \$ \_\_\_\_\_ as an incentive for meeting the apprenticeship utilization goals.

THIRD: Owner hereby agrees to pay the Contractor the Contract Award Amount indicated below, not including State Sales Tax, as consideration for the agreements set forth above, including but not limited to, Contractor's completion of all Work, in strict accord with the Contract Documents, as follows:

Base Bid = \_\_\_\_\_  
 Alternates Awarded:  
 Alternate Bid No. \_\_\_  
 Alternate Bid No. \_\_\_  
 None

CONTRACT AWARD AMOUNT= \_\_\_\_\_

This Contract shall be construed and governed by the laws and statutes of the State of Washington.

IN WITNESS WHEREOF: The Parties hereto have executed this Contract by having their authorized representatives affix their signatures below.

**OWNER:**  
**University of Washington**

**CONTRACTOR:**  
**[Enter Contractor's Business Name]**

By: \_\_\_\_\_  
 Signature Date

By: \_\_\_\_\_  
 Signature Date

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**PUBLIC WORKS CONTRACT**

Project Name:

Project Number:

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Washington State Contractor's Registration No.

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Contractor's Federal Tax ID No.

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**PUBLIC WORKS CONTRACT**

Project Name:

Project Number:

THIS CONTRACT is made and entered into by and between King County (Owner), the University of Washington (Owner's Representative), and \_\_\_\_\_, a Washington Corporation / Partnership / Sole Proprietor, (Contractor). Contractor, Owner, and Owner Representative may hereinafter be referred to as "Parties." This Contract shall be effective on the last date set forth on the signature page. This Contract shall be the agreed basis of performing the Work identified and defined in the Contract Documents.

FIRST: The Contractor agrees to furnish all material, labor, tools, equipment, apparatus, facilities, etc. necessary to perform and complete in a workmanship like manner the Work called for in the Contract Documents for the Project noted above, according to the terms of this Contract and the Contract Documents, which documents are incorporated herein by reference, as if set forth herein in full.

The Contract Documents include the Advertisement for Bids, Instructions for Bidders, completed Bid Form, Payment and Performance Bonds, General Conditions for Washington State Facility Construction, Modifications to the General Conditions, Supplemental Conditions to the General Conditions, other Special Forms, this Public Works Contract, and the following Drawings, Specifications, and Addenda:

Drawings dated: \_\_\_\_\_

Specifications dated: \_\_\_\_\_

Addendum No. Dated:

SECOND: Time for Completion: The Work to be performed under this Contract shall commence as soon as the Contractor has been officially notified to proceed and shall be substantially complete within \_\_\_\_\_ calendar days of the Notice to Proceed.

The Contractor further agrees that, from the compensation otherwise to be paid, the Owner may retain the sum of \$\_\_\_\_\_ for each calendar day thereafter that the Work remains uncompleted, which sum is agreed upon as the liquidated damages, and the Parties agree this sum is not to be construed as in any sense a penalty.

**PUBLIC WORKS CONTRACT**

Project Name:

Project Number:

\_\_\_\_\_

The Contractor acknowledges that apprenticeship utilization goals should be met, and that the Owner has determined monetary incentives for meeting the goals, and monetary penalties for not meeting the goals. The Contractor further agrees that, from the compensation otherwise to be paid, the Owner may retain the sum of \$\_\_\_\_\_ as a monetary penalty for not meeting the apprenticeship utilization goals. The Contractor further agrees, that in addition to the compensation otherwise to be paid, the Owner will pay by issuance of a Change Order \$\_\_\_\_\_ as an incentive for meeting the apprenticeship utilization goals.

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Base Bid = \_\_\_\_\_  
Alternates Awarded:

Alternate Bid No. \_\_\_\_  
Alternate Bid No. \_\_\_\_  
None

CONTRACT AWARD AMOUNT= \_\_\_\_\_

This Contract shall be construed and governed by the laws and statutes of the State of Washington.

IN WITNESS WHEREOF: The Parties hereto have executed this Contract by having their authorized representatives affix their signatures below.

OWNER'S REPRESENTATIVE:  
**University of Washington**

CONTRACTOR:  
**[Enter Contractor's Business Name]**

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## PUBLIC WORKS CONTRACT

Project Name:

Project Number:

---

**OWNER:**  
**King County**

Washington State Contractor's Registration No.

By \_\_\_\_\_

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Title \_\_\_\_\_

Contractor's Federal Tax ID No.

Date \_\_\_\_\_

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Contractor Performance Evaluation Report

SECTION I

CONTRACTOR DATA

CONTRACTOR'S BUSINESS NAME:
SUPERINTENDENT'S NAME:
SPECIFIC WORK PERFORMED BY CONTRACTOR:

SECTION II

PROJECT DATA

PROJECT NAME:	
PROJECT NUMBER:	
SCHEDULED SUBSTANTIAL COMPLETION DATE:	ACTUAL SUBSTANTIAL COMPLETION DATE:
CONTRACT AWARD AMOUNT:	CONTRACT COMPLETION AMOUNT:

SECTION III

PERFORMANCE DATA

NO.	PERFORMANCE CATEGORY	RATING (check one)					
To the best of your knowledge, rate each of the criteria below on a scale of 1 to 5: 1=Inadequate; 2=Deficient; 3=Standard; 4=Good; 5=Superior If you have insufficient knowledge of performance on this project for a particular criterion, circle "No Evaluation".							
<b>1</b>	<b>SAFETY PROGRAM DEVELOPMENT</b>	No Evaluation	1	2	3	4	5
	Contractor's actions in creating a safe job site and meeting safety responsibilities of the Contract; timeliness and completeness of required safety submittals; quality of company safety program including structure, training, protective equipment, accident prevention and loss program, safety meetings; company support of and involvement with on site competent person; company communication of clear expectations to employees and subcontractors.						
	<u>Supporting Comments:</u>						
<b>2</b>	<b>SAFETY PROGRAM MANAGEMENT</b>	No Evaluation	1	2	3	4	5
	Contractor's actions in maintaining a safe job site and meeting safety requirements of the Contract; application and administration of the company safety program and the site specific safety plan by superintendent and competent individual; Contractor's ability to control and manage subcontractor safety; sufficiency of site specific safety plans to address specific hazards on the Project; quality and thoroughness of site implementation of job hazard analysis and task planning at the foreman level; Contractor's record in reporting injuries, incidents, and accidents; consistency and quality of Contracting updating the plan as site conditions and hazards change; Contractor's record in conducting and participating in effective safety walkthroughs with Owner						
	<u>Supporting Comments:</u>						



Contractor Performance Evaluation Report

<b>3</b>	<b>START UP SUBMITTALS</b>	No Evaluation	1	2	3	4	5
	Timeliness, completeness, and quality of required contract start-up submittals including Statement of Intent to Pay Prevailing Wages, Schedule of Values, preliminary and master Construction Progress Schedule.						
	<u>Supporting Comments:</u>						
<b>4</b>	<b>QUALITY</b>	No Evaluation	1	2	3	4	5
	Quality of Contractor's workmanship, construction, fabrication, materials, and equipment.						
	<u>Supporting Comments:</u>						
<b>5</b>	<b>COST CONTROL</b>	No Evaluation	1	2	3	4	5
	Contractor's efficient use of resources, accurate billing, Change Order management; pricing accuracy and support documentation; Field Orders originally negotiated or proposed cost compared to actual cost:						
	<u>Supporting Comments:</u>						
<b>6</b>	<b>TIMELINESS OF PERFORMANCE</b>	No Evaluation	1	2	3	4	5
	Contractor's timely execution of the Project including establishment of realistic preliminary Construction Progress Schedule; timely project start-up; adherence to established schedule and number of days allowed; identification of potential delays and measures taken to mitigate delays; timeliness of deliverables; timely contract administration.						
	<u>Supporting Comments:</u>						
<b>7</b>	<b>APPLICATION OF REQUIREMENTS</b>	No Evaluation	1	2	3	4	5
	Contractor's knowledge of contractual and other requirements, and implementation in meeting such requirements:						
	<u>Supporting Comments:</u>						
<b>8</b>	<b>LEADERSHIP</b>	No Evaluation	1	2	3	4	5
	Performance and competency of the Contractor's superintendent to actively lead, foresee issues, plan ahead effectively, and provide guidance and direction.						
	<u>Supporting Comments:</u>						



Contractor Performance Evaluation Report

9	<b>PLANNING</b>	No Evaluation    1    2    3    4    5
Contractor's demonstrated ability to develop a comprehensive project plan, and adjust the plan to changes in project needs:		
<u>Supporting Comments:</u>		
10	<b>STAFFING</b>	No Evaluation    1    2    3    4    5
Adequacy and qualifications of Contractor's staff and subcontractors to meet project management and technical needs of the Project; availability, continuity, and performance of key personnel; ability to provide needed staffing during peak activity periods or unplanned circumstances.		
<u>Supporting Comments:</u>		
11	<b>COMMUNICATIONS</b>	No Evaluation    1    2    3    4    5
Clarity and effectiveness of Contractor's communication with Owner and subcontractors on technical issues, schedule, cost, routine matters, and on problems; CQC daily reporting; demonstrated businesslike correspondence.		
<u>Supporting Comments:</u>		
12	<b>TEAMWORK, COOPERATION, and BUSINESS RELATIONS</b>	No Evaluation    1    2    3    4    5
Contractor's cooperation and coordination with Owner, subcontractors, review team; Contractor's timely and cooperative response to instructions, communications, scope changes, special requests; pro-active flexibility, and demonstrated ability to address and resolve problems; effective Contractor-recommended solutions, willingness to put in necessary effort to get tasks completed.		
<u>Supporting Comments:</u>		
13	<b>SUBSTANTIAL COMPLETION and CLOSEOUT</b>	No Evaluation    1    2    3    4    5
Timeliness and quality of providing deliverables such as record As-Built drawing and Operation & Maintenance manuals; Owner training session and Project turnover; Punch list management and completion; Change Order closeout and acceptance.		
<u>Supporting Comments:</u>		



Contractor Performance Evaluation Report

Table with 2 main sections: 14 APPRENTICESHIP REQUIREMENTS and 15 BUSINESS EQUITY. Each section includes a description, a scale from No Evaluation to 5, and a supporting comments field.

SECTION IV SUMMARY OF PERFORMANCE EVALUATION

Summary Calculation:

Total Assigned Points \_\_\_\_\_

divided by

Total Points Possible \_\_\_\_\_ = Overall Percentage Score \_\_\_\_\_
(Excluding "No Evaluation" elements)

Overall Evaluation: Check the appropriate Overall Evaluation below based on the Overall Percentage Score.

- Overall Evaluation: Overall Percentage Score of:
[ ] Superior 90% or above
[ ] Good 70% to 89%
[ ] Standard 50% to 69%
[ ] Deficient 30% to 49%
[ ] Inadequate 29% or below

Owner's Representative - Signature Name and Title Date

Supervisor of Owner's Representative - Signature Name and Title Date



STATEMENT OF APPRENTICE/ JOURNEY LEVEL WORKERS UTILIZATION

Contractor's Name & Address: #REF! Project Name: #REF! Contract No.: #REF! Contract Award Amount Notice to Proceed Date Reporting Period: through Required Apprenticeship Percentage:

APPRENTICE SUMMARY

Table with 6 columns: Apprentice Name, Craft or Trade, Apprentice Registration Number, Name of Contractor or Subcontractor, Total Number, Hours Worked.

JOURNEY LEVEL WORKERS SUMMARY

Table with 6 columns: Craft or Trade, Name of Contractor or Subcontractor, Total Number, Hours Worked.

Apprentice total hours worked this period: 0 Journey level workers total hours worked this period: 0

Summary table with columns: Previous Total, New Total, Percentage. Values: 0, 0, #DIV/0!

I, the undersigned, do hereby certify under penalty of perjury that the information provided herein represents the true and correct hourly totals for Apprentice/ Journey level workers utilization during this reporting period.

Authorized Signature of Contractor: Printed Name: Date Signed: Printed Title:

Fill out this form and submit it with your invoice and as part of your Application for Payment UW ACM Review Initials:

# Substitution Request Form

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

\_\_\_\_\_

Attn: \_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_  
 University of Washington project name and number

Requester: \_\_\_\_\_

1. We hereby submit for consideration, the following product instead of the specified item for above project (submit 4 copies of all information):

Section	Paragraph	Specified Item
Proposed substitution:	_____	_____
_____	_____	_____
_____	_____	_____

2. Attach complete dimensional information and technical data, including laboratory tests, if applicable.

3. Include complete information on changes to Drawings and Specifications which proposed substitution will require for its proper installation.

4. Submit with request all necessary samples and substantiating data to provide equivalent quality, performance, and appearance to that specified. Clearly mark Manufacturer's literature to indicate equivalence in performance. Indicate differences in quality of materials and construction.

5. Fill in blanks below:

A. Does the substitution affect the dimensions shown on the drawings?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, clearly indicate changes:

\_\_\_\_\_

B. Will the undersigned pay for the changes to the building design, including engineering and detailing costs caused by the requested substitutor

No \_\_\_\_\_ Yes \_\_\_\_\_  
 Comment: \_\_\_\_\_

\_\_\_\_\_

C. What effect does the substitution have on other trades, other Contracts, and the completion date? \_\_\_\_\_

\_\_\_\_\_

D. What effect does the substitution have on applicable code requirements? \_\_\_\_\_

\_\_\_\_\_

E. List any differences between the proposed and specified item: \_\_\_\_\_

\_\_\_\_\_

F. Manufacturer's warranties of the proposed and specified items are:

\_\_\_\_\_ Identical \_\_\_\_\_ Different

Comment: \_\_\_\_\_  
\_\_\_\_\_

G. List the names and addresses of three similar projects in which the product was used, the date of installation, and the A/E's name and address (attach a list with the requested information):

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

H. Cost impact: \_\_\_\_\_  
\_\_\_\_\_

The undersigned attests function and quality are equivalent to the specified items.

**Certification of equivalent performance and assumption of liability for equivalent performance.**

	By	Date
Signature	Remarks	Type or Print Name
Firm		
Address		

**Signature must be by a person having authority to legally bind the Contractor to the above terms.**

**For use by A/E**

\_\_\_\_\_ Accepted                      \_\_\_\_\_ Not Accepted  
 \_\_\_\_\_ Accepted as Noted                      \_\_\_\_\_ Received Too Late

**Final approval by the University of Washington**

\_\_\_\_\_ Accepted    \_\_\_\_\_ Not Accepted    by \_\_\_\_\_

**Reviewed by plant engineering**

\_\_\_\_\_ Accepted    \_\_\_\_\_ Not Accepted    by \_\_\_\_\_

# Change Order Proposal

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

**Proposal #:** \_\_\_\_\_

**Title of Change:** \_\_\_\_\_

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

Please furnish your proposal for executing the following change(s) including all associated costs and time for this revision:

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional** **FIELD ORDER**

When signed, this is a field order to execute the above change to avoid undue delay or stoppage of work (when final costs are available complete the remainder of the Change Order Proposal prior to invoicing):

THE COST OF THE CHANGE SHALL NOT EXCEED \$ \_\_\_\_\_ WITHOUT PROPER AUTHORIZATION FROM THE UW.

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

University of Washington: \_\_\_\_\_ Date: \_\_\_\_\_

**TO: UW - Capital Planning & Development** **PROPOSAL**

We propose to perform all changes described in the above request for a total ADDITION/DEDUCTION to the contract sum of:

\_\_\_\_\_ \$ \_\_\_\_\_

The foregoing amount covers all costs associated with this change order. All other provisions of the contract remain in full force and effect. We understand that no invoices incorporating the amount of this change will be honored prior to the performance of the work specified and return of the fully executed Change Order. If a time extension is required, critical path justification must be provided otherwise the extension will not be allowed. An addition of \_\_\_\_\_ days (calendar) is requested.

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

**TO:** **ARCHITECT/ENGINEER RECOMMENDATION**

We have carefully examined this proposal Change Order and find it to be in order and the cost to be reasonable. We recommend it's acceptance.

Architect/Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization** **CHANGE ORDER**

The University of Washington hereby accepts the foregoing proposal and authorized the performance and invoicing for the changes specified. This instrument constitutes a change order to the contract only when authorizing signature is affixed.

C.O. Number: \_\_\_\_\_

Recommended by: Owner's Rep: \_\_\_\_\_ Date: \_\_\_\_\_ Proj. Mgr: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: Owner's Rep: \_\_\_\_\_ Date: \_\_\_\_\_

# Change Order Transmittal



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To: \_\_\_\_\_ Date: \_\_\_\_\_  
Contract Number: \_\_\_\_\_  
Change Order Number: \_\_\_\_\_

**The contract has been revised as follows:**

COP #	Amount

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Original contract sum

Sum of changes by previously authorized change orders

Contract sum prior to this change order

Contract value will be changed by this change order in the amount of  
New contract sum including this change order

Contract duration will be changed by

Date of substantial completion as of this change order

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BY: \_\_\_\_\_

CC: Capital Projects Accounting

# UW General Contractor COP Forms

This workbook contains the set of UW COP forms for use  
by **general contractors** on contracts **exceeding \$3 million**.

Forms Revised June 23, 2017

**The forms contain color-coded cells.**

Green indicates cells that should be filled in by the contractor.

Yellow indicates cells containing formulas that should not be altered.

The forms are on the following 4 worksheets.  
Use the bottom tabs to move among the worksheets.



Project Name:		UW COP No.	
Project No.		Date:	
Contractor:		Contractor Ref. No.	
Ref. Documents:			
Description:			

<b>1. DIRECT CRAFT LABOR COST (from attached cost breakdown form)</b>			
a. Crew (apprentices, journeymen, & laborers)		\$	-
b. Foreman		\$	-
c. Lead foreman		\$	-
d. Direct supervision 00 72 00 7.02 B7a1		\$	-
Supervision markup should be 0 if any foreman time is included in direct labor costs			
e. Safety		\$	-
<b>Subtotal 1</b>			\$ -

<b>2. MATERIAL COST (from attached cost breakdown form) 00 72 00 7.02 B7b</b>	\$ -
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<b>3. EQUIPMENT COST (from attached cost breakdown form) 00 72 00 7.02 B7c</b>	\$ -
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<b>4. ALLOWANCE FOR SMALL TOOLS 00 72 00 7.02 B7d</b>	\$ -
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**Subtotal 2-4** \$ -

<b>5. OVERHEAD &amp; PROFIT 007200 7.02 B 7f-g</b>			
a. Overhead on 1, 2, 3, & 4 up to the first \$50,000		\$	-
b. Overhead on 1, 2, 3 & 4 in excess of \$50,000		\$	-
c. Profit on lines 1, 2, 3, & 4		\$	-
<b>Subtotal 5</b>			\$ -

<b>6. SUBCONTRACTORS</b>			
a.			
b.			
c.			
d.			
e.			
f.			
<b>Subtotal 6</b>			\$ -

<b>7. OVERHEAD &amp; PROFIT ON SUBCONTRACTORS 007200 7.02 B7f-g</b>			
a. Overhead on line 6 up to the first \$50,000 for each subcontractor		\$	-
b. Overhead on line 6 in excess of \$50,000 for each subcontractor		\$	-
c. Profit		\$	-
<b>Subtotal 7</b>			\$ -

<b>8. INSURANCE 007200 7.02 B7h</b>			
a. Payroll driven liability insurance		of Subtotal 1	\$ -
b. Volume driven liability insurance		of Subtotals 1-7	\$ -

<b>9. BONDING 00 72 00 7.02 B7h</b>		of Subtotals 1-7	\$ -
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**TOTAL COST** \$ -



Project Name: 0  
Project No: 0  
Contractor: 0

UW COP No. 0  
Date: 12/31/1899

Trade & Position											
Rate Schedule Date*											
Prevailing Wage (incl. Benefits)											
1. Hourly Wage Rate											
2. Hourly Benefits											
<b>Subtotal</b>	<b>\$ -</b>										
	<b>Rate</b>										
3. FUI % of 1	0.60%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. FICA % of 1	6.20%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. MEDICARE % of 1	1.45%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. SUI % of 1 (insert correct % to right)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. L&I WC Premium (amount per hour)											
<b>Total (incl. payroll taxes)</b>		<b>\$ -</b>									
<b>Normal 1.5x Overtime Rates Calculate Automatically</b>											
OT Wage Rate @ 1.5x		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal</b>		<b>\$ -</b>									
Taxes: Lines 3-6		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
L&I: WC Premium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Overtime Rate</b>		<b>\$ -</b>									
Premium Portion Only		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**NOTES:** \* Rate schedule date is the date of the Dept. of Labor & Industries Prevailing Wage Rate used or the Union Agreement.  
 Lines 1 & 2 are basic wages and benefits (see General Conditions 7.02 B.7.a(1)). The percentage does not vary by firm.  
 Line 3 (FUI) is Federal Unemployment Tax Act (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
 Line 4 (FICA) is Federal Insurance Compensation Act/Social Security (see general conditions 7.02B.7(3)). The percentage does not vary by firm.  
 Line 5 (Medicare) is FICA medical aid (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
 Line 6 (SUI) is State Unemployment Insurance (see general conditions 7.02 B.7.a(3)). The percentage rate varies by firm.  
 The Contractor shall verify its rate and enter the appropriate percentage in the box provided.  
 Line 7 (L&I) is the Workers' Compensation premium, which is based on risk classification for the trade and firm (see general conditions 7.02 B.7.a(2)).  
 The Contractor shall verify its rate for each trade and enter the appropriate dollar amount in each column on Line 7.



# UW General Contractor COP Forms

This workbook contains the set of UW COP forms for use  
by **general contractors** on contracts **under \$3 million**.

Forms Revised June 23, 2017

**The forms contain color-coded cells.**

Green indicates cells that should be filled in by the contractor.

Yellow indicates cells containing formulas that should not be altered.

The forms are on the following 4 worksheets.  
Use the bottom tabs to move among the worksheets.



Project Name:		UW COP No.	
Project No.		Date:	
Contractor:		Contractor Ref. No.	
Ref. Documents:			
Description:			

<b>1. DIRECT CRAFT LABOR COST (from attached cost breakdown form)</b>			
a. Crew (apprentices, journeymen, & laborers)		\$	-
b. Foreman		\$	-
c. Lead foreman		\$	-
d. Direct supervision 00 72 00 7.02 B7a1		\$	-
Supervision markup should be 0 if any foreman time is included in direct labor costs			
e. Safety		\$	-
<b>Subtotal 1</b>			\$ -

<b>2. MATERIAL COST (from attached cost breakdown form) 00 72 00 7.02 B7b</b>	\$	-
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<b>3. EQUIPMENT COST (from attached cost breakdown form) 00 72 00 7.02 B7c</b>	\$	-
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<b>4. ALLOWANCE FOR SMALL TOOLS 00 72 00 7.02 B7d</b>	\$	-	
<b>Subtotal 2-4</b>			\$ -

<b>5. OVERHEAD &amp; PROFIT 007200 7.02 B 7f-g</b>			
a. Overhead on 1, 2, 3, & 4 up to the first \$50,000		\$	-
b. Overhead on 1, 2, 3 & 4 in excess of \$50,000		\$	-
c. Profit on lines 1, 2, 3, & 4		\$	-
<b>Subtotal 5</b>			\$ -

<b>6. SUBCONTRACTORS</b>			
a.			
b.			
c.			
d.			
e.			
f.			
<b>Subtotal 6</b>			\$ -

<b>7. OVERHEAD &amp; PROFIT ON SUBCONTRACTORS 007200 7.02 B7f-g</b>			
a. Overhead on line 6 up to the first \$50,000 for each subcontractor		\$	-
b. Overhead on line 6 in excess of \$50,000 for each subcontractor		\$	-
c. Profit		\$	-
<b>Subtotal 7</b>			\$ -

<b>8. INSURANCE 007200 7.02 B7h</b>			
a. Payroll driven liability insurance		of Subtotal 1	\$ -
b. Volume driven liability insurance		of Subtotals 1-7	\$ -
<b>9. BONDING 00 72 00 7.02 B7h</b>			\$ -

<b>TOTAL COST</b>			\$ -
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Project Name: 0  
Project No: 0  
Contractor: 0

UW COP No. 0  
Date: 12/31/1899

Trade & Position												
Rate Schedule Date*												
Prevailing Wage (incl. Benefits)												
1. Hourly Wage Rate												
2. Hourly Benefits												
<b>Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>Rate</b>											
3. FUI % of 1	0.60%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. FICA % of 1	6.20%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. MEDICARE % of 1	1.45%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. SUI % of 1 (insert correct % to right)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. L&I WC Premium (amount per hour)												
<b>Total (incl. payroll taxes)</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Normal 1.5x Overtime Rates Calculate Automatically</b>												
OT Wage Rate @ 1.5x		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Taxes: Lines 3-6		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
L&I: WC Premium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Overtime Rate</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Premium Portion Only</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**NOTES:** \* Rate schedule date is the date of the Dept. of Labor & Industries Prevailing Wage Rate used or the Union Agreement.  
 Lines 1 & 2 are basic wages and benefits (see General Conditions 7.02 B.7.a(1)). The percentage does not vary by firm.  
 Line 3 (FUI) is Federal Unemployment Tax Act (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
 Line 4 (FICA) is Federal Insurance Compensation Act/Social Security (see general conditions 7.02B.7(3)). The percentage does not vary by firm.  
 Line 5 (Medicare) is FICA medical aid (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
 Line 6 (SUI) is State Unemployment Insurance (see general conditions 7.02 B.7.a(3)). The percentage rate varies by firm.  
 The Contractor shall verify its rate and enter the appropriate percentage in the box provided.  
 Line 7 (L&I) is the Workers' Compensation premium, which is based on risk classification for the trade and firm (see general conditions 7.02 B.7.a(2)).  
 The Contractor shall verify its rate for each trade and enter the appropriate dollar amount in each column on Line 7.



# UW General Contractor COP Forms

This workbook contains the set of UW COP forms for use  
by **subcontractors** on contracts **exceeding \$3 million**.

Forms Revised June 23, 2017

**The forms contain color-coded cells.**

Green indicates cells that should be filled in by the contractor.

Yellow indicates cells containing formulas that should not be altered.

The forms are on the following 4 worksheets.  
Use the bottom tabs to move among the worksheets.



Project Name:		UW COP No.	
Project No.		Date:	
Contractor:		Contractor Ref. No.	
Ref. Documents:			
Description:			

<b>1. DIRECT CRAFT LABOR COST (from attached cost breakdown form)</b>			
a. Crew (apprentices, journeymen, & laborers)		\$	-
b. Foreman		\$	-
c. Lead foreman		\$	-
d. Direct supervision 00 72 00 7.02 B7a1		\$	-
Supervision markup should be 0 if any foreman time is included in direct labor costs			
e. Safety		\$	-
<b>Subtotal 1</b>			\$ -

<b>2. MATERIAL COST (from attached cost breakdown form) 00 72 00 7.02 B7b</b>	\$ -
---	------

<b>3. EQUIPMENT COST (from attached cost breakdown form) 00 72 00 7.02 B7c</b>	\$ -
--	------

<b>4. ALLOWANCE FOR SMALL TOOLS 00 72 00 7.02 B7d</b>	\$ -	
<b>Subtotal 2-4</b>		\$ -

<b>5. OVERHEAD &amp; PROFIT 007200 7.02 B 7f-g</b>			
a. Overhead on 1, 2, 3, & 4 up to the first \$50,000		\$	-
b. Overhead on 1, 2, 3 & 4 in excess of \$50,000		\$	-
c. Profit on lines 1, 2, 3, & 4		\$	-
<b>Subtotal 5</b>			\$ -

<b>6. SUB-TIER SUBCONTRACTORS</b>			
a.			
b.			
c.			
d.			
e.			
f.			
<b>Subtotal 6</b>			\$ -

<b>7. OVERHEAD &amp; PROFIT ON SUB-TIER SUBCONTRACTORS 007200 7.02 B7f-g</b>			
a. Overhead on line 6 up to the first \$50,000 for each subcontractor		\$	-
b. Overhead on line 6 in excess of \$50,000 for each subcontractor		\$	-
c. Profit		\$	-
<b>Subtotal 7</b>			\$ -

<b>8. INSURANCE 007200 7.02 B7h</b>			
a. Payroll driven liability insurance		of Subtotal 1	\$ -
b. Volume driven liability insurance		of Subtotals 1-7	\$ -
<b>9. BONDING 00 72 00 7.02 B7h</b>			\$ -

<b>TOTAL COST</b>			\$ -
-------------------	--	--	------



Project Name: 0  
Project No: 0  
Contractor: 0

UW COP No. 0  
Date: 12/31/1899

Trade & Position											
Rate Schedule Date*											
Prevailing Wage (incl. Benefits)											
1. Hourly Wage Rate											
2. Hourly Benefits											
<b>Subtotal</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>Rate</b>										
3. FUI % of 1	0.60%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. FICA % of 1	6.20%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. MEDICARE % of 1	1.45%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. SUI % of 1 (insert correct % to right)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. L&I WC Premium (amount per hour)											
<b>Total (incl. payroll taxes)</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Normal 1.5x Overtime Rates Calculate Automatically</b>											
OT Wage Rate @ 1.5x		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Taxes: Lines 3-6		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
L&I: WC Premium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Overtime Rate</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Premium Portion Only</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**NOTES:** \* Rate schedule date is the date of the Dept. of Labor & Industries Prevailing Wage Rate used or the Union Agreement.  
 Lines 1 & 2 are basic wages and benefits (see General Conditions 7.02 B.7.a(1)). The percentage does not vary by firm.  
 Line 3 (FUI) is Federal Unemployment Tax Act (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
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 Line 5 (Medicare) is FICA medical aid (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
 Line 6 (SUI) is State Unemployment Insurance (see general conditions 7.02 B.7.a(3)). The percentage rate varies by firm.  
 The Contractor shall verify its rate and enter the appropriate percentage in the box provided.  
 Line 7 (L&I) is the Workers' Compensation premium, which is based on risk classification for the trade and firm (see general conditions 7.02 B.7.a(2)).  
 The Contractor shall verify its rate for each trade and enter the appropriate dollar amount in each column on Line 7.



# UW General Contractor COP Forms

This workbook contains the set of UW COP forms for use  
by **subcontractors** on contracts **under \$3 million**.

Forms Revised June 23, 2017

**The forms contain color-coded cells.**

Green indicates cells that should be filled in by the contractor.

Yellow indicates cells containing formulas that should not be altered.

The forms are on the following 4 worksheets.  
Use the bottom tabs to move among the worksheets.



Project Name:		UW COP No.	
Project No.		Date:	
Contractor:		Contractor Ref. No.	
Ref. Documents:			
Description:			

<b>1. DIRECT CRAFT LABOR COST (from attached cost breakdown form)</b>			
a. Crew (apprentices, journeymen, & laborers)		\$	-
b. Foreman		\$	-
c. Lead foreman		\$	-
d. Direct supervision 00 72 00 7.02 B7a1		\$	-
Supervision markup should be 0 if any foreman time is included in direct labor costs			
e. Safety		\$	-
<b>Subtotal 1</b>			\$ -

<b>2. MATERIAL COST (from attached cost breakdown form) 00 72 00 7.02 B7b</b>	\$ -
---	------

<b>3. EQUIPMENT COST (from attached cost breakdown form) 00 72 00 7.02 B7c</b>	\$ -
--	------

<b>4. ALLOWANCE FOR SMALL TOOLS 00 72 00 7.02 B7d</b>	\$ -
---	------

**Subtotal 2-4** \$ -

<b>5. OVERHEAD &amp; PROFIT 007200 7.02 B 7f-g</b>			
a. Overhead on 1, 2, 3, & 4 up to the first \$50,000		\$	-
b. Overhead on 1, 2, 3 & 4 in excess of \$50,000		\$	-
c. Profit on lines 1, 2, 3, & 4		\$	-
<b>Subtotal 5</b>			\$ -

<b>6. SUB-TIER SUBCONTRACTORS</b>			
a.			
b.			
c.			
d.			
e.			
f.			
<b>Subtotal 6</b>			\$ -

<b>7. OVERHEAD &amp; PROFIT ON SUBCONTRACTORS 007200 7.02 B7f-g</b>			
a. Overhead on line 6 up to the first \$50,000 for each subcontractor		\$	-
b. Overhead on line 6 in excess of \$50,000 for each subcontractor		\$	-
c. Profit		\$	-
<b>Subtotal 7</b>			\$ -

<b>8. INSURANCE 007200 7.02 B7h</b>			
a. Payroll driven liability insurance		of Subtotal 1	\$ -
b. Volume driven liability insurance		of Subtotals 1-7	\$ -
<b>9. BONDING 00 72 00 7.02 B7h</b>			\$ -

**TOTAL COST** \$ -



Project Name:   
 Project No:   
 Contractor:

UW COP No.   
 Date:

Trade & Position												
Rate Schedule Date*												
Prevailing Wage (incl. Benefits)												
1. Hourly Wage Rate												
2. Hourly Benefits												
<b>Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>Rate</b>											
3. FUI % of 1	0.60%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. FICA % of 1	6.20%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. MEDICARE % of 1	1.45%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. SUI % of 1 (insert correct % to right)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. L&I WC Premium (amount per hour)												
<b>Total (incl. payroll taxes)</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Normal 1.5x Overtime Rates Calculate Automatically</b>												
OT Wage Rate @ 1.5x		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Taxes: Lines 3-6		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
L&I: WC Premium		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Overtime Rate</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Premium Portion Only</b>		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**NOTES:** \* Rate schedule date is the date of the Dept. of Labor & Industries Prevailing Wage Rate used or the Union Agreement.  
 Lines 1 & 2 are basic wages and benefits (see General Conditions 7.02 B.7.a(1)). The percentage does not vary by firm.  
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 Line 5 (Medicare) is FICA medical aid (see general conditions 7.02 B.7.a(3)). The percentage does not vary by firm.  
 Line 6 (SUI) is State Unemployment Insurance (see general conditions 7.02 B.7.a(3)). The percentage rate varies by firm.  
 The Contractor shall verify its rate and enter the appropriate percentage in the box provided.  
 Line 7 (L&I) is the Workers' Compensation premium, which is based on risk classification for the trade and firm (see general conditions 7.02 B.7.a(2)).  
 The Contractor shall verify its rate for each trade and enter the appropriate dollar amount in each column on Line 7.



**APPLICATION AND CERTIFICATE FOR PAYMENT ON CONTRACT**

Certificate for \_\_\_\_\_ payment. For the period from \_\_\_\_\_ to \_\_\_\_\_  
partial/final

Contract: \_\_\_\_\_ Project No.: #REF!  
 Location: \_\_\_\_\_ Purchase Order No.: #REF!  
 Contractor: #REF!

<b>Original Contract Amount</b>	\$ _____
<b>Change Order Numbers thru</b>	\$ _____
<b>Adjusted Contract Amount</b>	\$ _____

Item No.	Schedule of Values Detail	Estimated Cost	Total Amount Earned	%	Previously Claimed	This Estimate
1			-	#DIV/0!		
2			-	#DIV/0!		
3			-	#DIV/0!		
4			-	#DIV/0!		
5			-	#DIV/0!		
6			-	#DIV/0!		
7			-	#DIV/0!		
8			-	#DIV/0!		
9			-	#DIV/0!		
10			-	#DIV/0!		
11			-	#DIV/0!		
12			-	#DIV/0!		
13			-	#DIV/0!		
14			-	#DIV/0!		

C/O No. Change Orders Detail (If details are on separate page, include total below)

1			-	#DIV/0!		
2			-	#DIV/0!		
3			-	#DIV/0!		
4			-	#DIV/0!		
5			-	#DIV/0!		
6			-	#DIV/0!		
7			-	#DIV/0!		
8			-	#DIV/0!		
9			-	#DIV/0!		
10			-	#DIV/0!		

Basic Contract (Schedule of Values) Total	\$ -	\$ -		\$ -	\$ -
Change Orders Total	\$ -	\$ -		\$ -	\$ -
Subtotal #1	\$ -	\$ -		\$ -	\$ -
Sales Tax on Applicable Items 9.50%	-	-		-	-
Subtotal #2	\$ -	\$ -		\$ -	\$ -
Less Retainage (based on subtotal #1) 5.00%					
Net		\$ -		\$ -	\$ -
Less Previously Claimed					
Adjustment (specify on main invoice)					
<b>Amount Due This Estimate</b>		\$ -			\$ -

This is to certify that, the contractor, having complied with the terms of the above mentioned contract, there is due and payable from the State of Washington, the amount set after "Amount Due This Estimate."

\_\_\_\_\_  
 (Contractor)

\_\_\_\_\_  
 (Architect/Engineer)





## MONTHLY SUBCONTRACTORS LIST AND CERTIFICATIONS

Contracting Firm and Address		Project Name	
Billing Period: _____ through _____		Purchase Order No.	Invoice Date:
		Project No.	Invoice Number

Business Equity Subcontractors and Suppliers								
1. Firm Name	2. Intent No.	3. Federal Tax Payer ID Number	4. Select all that apply		5. OMWBE Certification number (if applicable)	Amount Paid Through the End of Previous Billing Period	Amount Paid During This Billing Period	Total Paid to Date
			sbe/dbe	Woman-owned (W) or Minority owned (M)				
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-
			<input type="checkbox"/> sbe <input type="checkbox"/> dbe	<input type="checkbox"/> W <input type="checkbox"/> M				-

All Other Subcontractors (& Suppliers)					
Firm Name	Intent No.	Firm Name	Intent No.	Firm Name	Intent No.

**INVOICE ATTACHMENT--INSTRUCTIONS**

1. Report payments made by your firm during this billing period to subcontractors/suppliers who are small business entities, disadvantaged business enterprises, and/or minority or woman-owned. Only report payments already made during this pay period, not payments you expect to make in the future from the payment of this invoice. Do not "self report" payments made by UW/CPO to your firm even if your firm is sbe, dbe, or MWBE.
2. Indicate whether the firm is a small business entity (sbe), a disadvantaged business enterprise (dbe), or is minority owned or woman-owned (MWBE): (50% + owned and controlled by a person who are woman or members of a minority group).
3. Where there is no payment to report, enter "\$0.00."
4. Contact your UW/CPO Construction Manager with any questions.

**Definitions:**

**Small Business Entity:** An in-state business, including a sole proprietorship, corporation, partnership, or other legal entity, that:

(a) Certifies, under penalty of perjury, that it is owned and operated independently from all other businesses and has either:

- (1) Fifty or fewer employees;
- (2) or gross revenue of less than seven million dollars annually, averaged over the previous three consecutive years;
- (3) or is certified by the Office of Minority and Women Business Enterprises (OMWBE)

**Disadvantaged Business Enterprise:** Any business entity certified by the OMWBE.

**Certifications:**

- 1) I have listed all of the subcontractors of any tier who performed work on the project site and suppliers who provided materials in excess of \$2,500 during the current billing period noted above (regardless of whether my application for payment includes a payment request for their work).
- 2) Prevailing wages for this period have been paid in accordance with the prefiled statement or statements of intent to pay prevailing wages, approved by the Industrial Statistician of the Department of Labor and Industries, which are on file with the Owner.
- 3) I have paid all of my subcontractors and materials suppliers for the invoice covering the previous billing period (this amount less retainage) (not applicable if this is the first billing period).

**I certify under penalty of perjury the laws of the State of Washington that all of the above information and certification statements are true and correct, except for the information in column 4 in the Business Equity Section, above.**

Authorized Signature of Contractor:	Printed Name:	Date Signed:
	Printed Title:	
Fill out this form and submit it with your invoice and as part of your Application for Payment		UW ACM Review Initials:

**Statement of Intent to Pay Prevailing Wages and  
Affidavit of Wages Paid Information**

The applicable Statement of Intent to Pay Prevailing Wages and Affidavit of Wages Paid forms may be obtained through the following sources:

Online from the Washington State Department of Labor and Industries at:

<http://www.lni.wa.gov/FormPub/results.asp?Keyword=prevailing%20wage>

In Person: Sample forms are available for viewing at the following location:

University of Washington  
Capital Planning & Development  
University Facilities Building  
Seattle, WA 98195-2205  
Box 352205

Phone: (206) 221-4235

Fax (206) 221-6226



CERTIFICATE OF PAYMENT OF LABOR AND MATERIALS

Project Name: Project No.:

Payment Certification: It is hereby certified by the undersigned Contractor that all laborers, mechanics, subcontractors, and materialmen, and all persons who have supplied such person or persons, or subcontractors with provisions and supplies for the carrying on of work on the above-referenced project for the University of Washington have been paid in full except for the following:

No exceptions

Table with 2 columns: Name of Business or Person, Reason Full Payment Not Made

List of All Subcontractors (of all tiers) on Project: (list below and/or attach separate list of all subcontractors)

Table with 2 columns: Subcontractor Names, Subcontractor Names

Subcontractor Submittals: In addition to other requirements of the Contract, the Contractor is reminded that it must have on file at the Department of Labor and Industries the approved Affidavit of Wages Paid (for prevailing wages) for itself and each subcontractor of any tier.

Signature: Date Signed: Contractor's Business Name: Printed Name of Signatory: Printed Title of Signatory:

Fill out this form after establishment of the Final Acceptance Date and return to: University of Washington, Capital Planning & Development, Attention: Shelly Marriott Box 352205, Seattle, WA 98195-2205, FAX: (206) 221-4222

# Monthly Safety Report

Project Name:

UW Project

Number: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_ Construction End Date: \_\_\_\_\_  
 for Month of: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Check here if in the construction phase but not yet mobilized or if substantially complete with no activity on sit

INCIDENT TYPES	Number of Cases			Rates	
	Current Month	Year to Date	Project to Date	Current Month	Year to Date
OSHA Recordable Incidents					
DART Incidents					
Lost Work Incidents					
Non-recordables, near misses, etc.					
RECORDABLE INCIDENTS + COMPLETE UW CONTRACT NOTIFICATION REQUIREMENTS 01 35 23 1.5				<b>Current Month</b>	<b>Year to Date</b>
<b>Classify Incident type:</b>					
Fall (e.g. slips, trips, floors, platforms, roofs)					
Struck by/against (e.g. falling objects, vehicles)					
Sprain/Strain/Laceration/Debris in eye					
Caught in/between (e.g. cave-ins, unguarded machinery, equipment)					
Electrical (e.g., overhead power lines, power tools/cords, outlets, wiring)					
Spills/Releases (e.g. hazmat/reg building material - air/water/ground)					
Other (other items e.g. regulatory violations/deficiencies)					
<b>EMPLOYMENT INFORMATION</b>					
(include direct employee and subcontract employees on site)					
Average Daily Number of Employees (FTE's)					
Total Hours Worked by Employees					
<b>PROJECT SAFETY ACTIVITIES</b>					
Safety Orientations Completed					
Safety Huddles/Tool Box/Similar Activities Completed					
Documented Safety Inspections/Hazard Observations Completed					
Incident investigation reports completed (Root Cause Analysis/Improvement)					
Safety Recognition Events (lunches/giveaways)					
Other (other items e.g. Work permits and JHAs completed and accurate)					

Contractor Firm Name

Contractor Representative	Date

Reviewed by UW Construction Project Manager	Date





## Request for Information (RFI)

Project Name: \_\_\_\_\_  
Project No. \_\_\_\_\_

RFI No. \_\_\_\_\_  
Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attn: \_\_\_\_\_

Subject:		Reply Req'd By:	
Dwg./Spec. No.		Detail/Sect. No.	
Problem/Recommended Solution:			
Problem Presented By:		Date:	Reviewed/Submitted By:
Distribution:			
Response:			
Response Presented By:		Date:	UW Reviewed By:
Owner's Rep.		Date:	Remarks:
		<input type="checkbox"/> Approve	
		<input type="checkbox"/> Reject	
Distribution:		COP Req'd:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: This is not a notice to proceed with work involving additional cost and/or time. Notification must be given in accordance with the contract documents, if any response causes any change to the contract documents.



# Non-Conformance Report (NCR)

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

NCR No. \_\_\_\_\_

Project No. \_\_\_\_\_

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

Contractor: \_\_\_\_\_

Subject \_\_\_\_\_

Spec. Section \_\_\_\_\_

\_\_\_\_\_

Dwg. Ref. \_\_\_\_\_

**Item of Non-Conformance/Corrective Action Required**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported By \_\_\_\_\_

Date \_\_\_\_\_

**Contractor Response, Intended Method and Date of Repair**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

Proposed corrective action:  Approved by \_\_\_\_\_  
 Not Approved

Date \_\_\_\_\_

Verification of corrective action completed by \_\_\_\_\_

Date \_\_\_\_\_

This notice is not authorization for an increase in contract amount or an extension of the contract completion date. Notification must be given in accordance with the contract documents, if any response causes a change to the contract documents.



**CONTRACTOR DECLARATION AND REPORTING FORM**  
For Department of Homeland Security  
**CHEMICALS OF INTEREST**

UW Project Name:	UW Project Number:
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In accordance with Section 01 35 23, paragraph 1.8, the Contractor shall complete this Contractor Declaration and Reporting Form and submit it to the Owner prior to work being performed onsite. In addition, the Contractor shall ensure that each of its Subcontractors complete this form and submit it to the Contractor. The Contractor shall submit the completed forms for all of its Subcontractors to the Owner prior to their work being performed onsite. The Contractor or Subcontractor completing this form shall list all Chemicals of Interest to be used on the Project. For a complete list of all Chemicals of Interest which must be reported, refer to Appendix A, 6 CFR Part 27, or visit the following website address for the complete list: [http://www.dhs.gov/xlibrary/assets/chemsec\\_appendixa-chemicalofinterestlist.pdf](http://www.dhs.gov/xlibrary/assets/chemsec_appendixa-chemicalofinterestlist.pdf).

Chemical of Interest	Product Name <sup>a</sup>	Manufacturer	Max Quantity Onsite <sup>b</sup>	Max Container Size

Notes:

- a. Name of product to be used onsite, which contains the Chemical of Interest
- b. Refers to the maximum quantity of the product which would be onsite at any given time.

Check here if no Chemicals of Interest will be used on this Project or brought onsite throughout the course of the entire Project. This form must still be signed and submitted by the Contractor and each Subcontractor.

\_\_\_\_\_  
Print Name of Authorized Individual

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Contractor's or Subcontractor's Name

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Date of Signature

**This form shall be completed and submitted to the Owner with the Pre-Job Submittals**



# CONTRACTOR QUALITY CONTROL DAILY REPORT

Contractor Quality Control Representative shall complete each field or item in the CQC Daily Report. If a field or item is Not Applicable - mark it with the symbol 'NA'

Project Name: \_\_\_\_\_ Report No.: \_\_\_\_\_  
Project No.: \_\_\_\_\_ Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Location of work: \_\_\_\_\_

Weather:	<input type="checkbox"/> AM	Lo Temp: _____	Wind Velocity: _____ mph
	<input type="checkbox"/> PM	Hi Temp: _____	Rain Accumulation: _____ inches

**1. ACTIVITY:** By Contractor / Subcontractor

<u>Work in Progress</u>	<u>Contractor / Subcontractor</u>	<u>Equipment</u>	<u>Trade / Craft</u>	<u>Number of Workers</u>	<u>Total Hours Worked</u>
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					

**2. INSPECTIONS:** List the specific inspection performed (pre-installation, initial, and follow up) and the results of these inspections (including corrective actions).

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**3. TESTS:** List type and location of the tests performed and the results of these tests.

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### CONTRACTOR QUALITY CONTROL DAILY REPORT

4. **CHANGE ORDER WORK:** List Contractor/Subcontractor work done under change order.

5. <b>TOTAL DAILY HOURS WORKED BY ALL TRADES:</b> COP or FO in Progress	Contractor Subcontractor	TRADES: Equipment	Craft	Number	Total
				of	Hours
				Workers	Worked
6. <b>SAFETY:</b> Activity Safety Inspection					
B.					
A. Safety Deficiencies Observed		Corrective Action Taken			
D.					
E.					
F.					
G. Remarks:					
H.					
I.					
J.					
K.					
L.					

B. Safety Statistics

Number of First Aid incidents: \_\_\_\_\_

Number of Recordable incidents: \_\_\_\_\_

Number of Lost Time days: \_\_\_\_\_



## CONTRACTOR QUALITY CONTROL DAILY REPORT

7. **CERTIFICATION:** I certify that the above report is complete and correct and that I, or my authorized representative, have inspected all work performed this day by the Contractor and each Subcontractor, and have determined that materials, equipment, and workmanship are in compliance with the plans and specifications, except as may be noted above.

\_\_\_\_\_  
Signature of Contractor's Quality Control Representative

\_\_\_\_\_  
Date

**Contractor Quality Control Daily Report  
END OF FORM**



Urgent Request  
(Initial for Urgent Service-Less than 14 days)

UTILITY SHUTDOWN REQUEST  
PHYSICAL PLANT

Submittal Date		Requester	
Shutdown Date		Start Time	Duration
Proposed Scope of Work			
Requisition/Job Number		Work Order Number	
Project Name		Project Number	
Contractor Name		Telephone Number	
Project Supervisor		Telephone Number	
UW Project Coordinator		Telephone Number	
Maintenance Coordinator Review			
Systems Affected:			
_____	Plumb. Shop _____	Refrig. Shop _____	Hospital Shop _____
_____	Signal Shop _____	Elect. Util. Shop _____	
_____	Elect. Shop _____	Comm. Center _____	Controls Shop _____
_____	FOMS Shop _____	Plant Ops. Mgmt. _____	
_____	Power Shop _____	Elevator Shop _____	Const. Coordinator _____
_____	Contractor _____	Other _____	
_____	HS Bldg. Mgr. _____	UWMC Bldg. Mgr. _____	Bldg. Coordinator _____
_____	Other _____	Other _____	
_____	Environmental Health _____		
<b>SHUTDOWN APPROVAL</b>			
Maintenance Coordinator/Supervisor Signature		Date	
Outage Program Coordinator Signature		Date	

# Harborview Medical Center Utility Shutdown Request

**Project Information:**

HMC Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
HMC Project #: \_\_\_\_\_ ISIS#: \_\_\_\_\_  
Shutdown Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Duration: \_\_\_\_\_  
UW/HMC Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_ Main Office #: \_\_\_\_\_  
Superintendent: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Systems:**

Area to be shut down: \_\_\_\_\_  
Areas to be affected by shut down: \_\_\_\_\_

Scope of Work:

- HVAC    Electrical    Sprinkler    Potable Water    Medical Gas: \_\_\_\_\_
- Fire Alarm:    Audible Signals    Visual Signals    Elevator Recall    Dampers  
 Alarm Company    Pressurization Fans    Fan Shutdown    Door Holders    Roll Doors

**Shop Approval Initial and Date:**

<input type="checkbox"/> Electronics Shop: _____	<input type="checkbox"/> Plumbing Shop: _____
<input type="checkbox"/> FOMS: _____	<input type="checkbox"/> Electrical Shop: _____
<input type="checkbox"/> HVAC Shop: _____	<input type="checkbox"/> Other: _____

**Approvals:**

HMC Engineering Operations Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
HMC Engineering Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
HMC Patient Care Services: \_\_\_\_\_ Date: \_\_\_\_\_  
Agreed to by Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:**

- A) Fire alarm or fire sprinkler shut down for over four hours in length require SFD notification.
- B) Fire watch must be initiated and logged every fifteen minutes in area without sprinkler or fire alarm coverage.
- C) Fire watch person must be a dedicated person who knows how to initiate fire alarm. (Vested)
- D) Dedicated firewatch is required for all open flame (welding, solder, etc.) procedures. Fire watch is to continue for one hour post conclusion of open flame procedure. Contractors will follow NFPA 51B for open flame work.

Person performing fire watch: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

- E) Fire sprinklers not to be refilled prior to HMC Engineering inspection.
- F) All systems are to be returned to normal operations by 3:00pm.
- G) All leak testing/pressure testing to be verified by HMC Engineering prior to activating system.



# "Project Title"

UNIVERSITY OF WASHINGTON

Project No.

**Architect:**

(Name of Architect)

**Consultants:**

(Name of Consultant)

(Name of Consultant)

(Name of Consultant)

**UW Construction Manager** (and phone number):

**General Contractor:**

(Name of Contractor)

**Mechanical:**

(Name of Mechanical Sub)

**Electrical:**

(Name of Electrical Sub)

This Project has worked

man hours w/o lost time incident

**Note:** Mount sign on 4 X 4 posts  
at location directed by owner.

## SAMPLE PROJECT IDENTIFICATION SIGN