

EXHIBIT A - CONTRACTOR BID FORM

General Information:

Date :
Company Name :
Company Address :
Owner Name :
Contact Name :
Contact Title :
Contact Phone :
Contact Email :

Minimum Requirements:

Company UBI # :
Contractor Lic # :
Employment Sec # :

Has the company been disqualified or debarred from bidding on any federal or state public procurements? If yes, explain.

Additional Qualifications:

Years in Business under Current Co. Name :
Number of employees in your company :

Describe any experience working with municipal/regulatory entities:

Current employee certifications and/or training:

Describe current screening process for hiring employees:

Requirements for Contract Award:

If awarded a contract, Contractor agrees to comply with the following requirements:

- a) Certificate of Insurance with NoaNet listed as an additional insured showing coverage amounts that meet or exceed the requested standard requirements outlined in the IFB.
- b) Statement of Intent to Pay Prevailing Wages prior to first payment.
- c) Proof of Labor & Industries (L&I) Prevailing Wage Training compliance or valid exemption.
- d) Affidavit of Wages Paid prior to last payment.

Pricing & Attachments (Exhibit D - Unit Pricing Sheet)

The Bidder certifies that they have fully completed and attached Exhibit D (Unit Pricing Sheet), providing all required unit prices, hourly labor rates, travel charges, and parts markups. The Bidder agrees that these unit prices shall remain firm for the duration of the contract and will be used as the basis for all Work Orders issued under this Unit-Priced Contract.

The undersigned certifies that the information provided above is a true representation of the company's qualifications and, except as noted below, agrees to comply with all the terms & conditions put forth in NoaNet's Invitation for Bid.

I hereby acknowledge I have read and understand the insurance requirements listed in the IFB and have either 1) provided an insurance certificate showing amounts of current coverage or 2) provided a statement indicating our company currently has the necessary coverages or is willing to obtain, at our cost, the necessary coverages required.

By signing this bid form, the undersigned hereby certifies, under penalty of perjury under the laws of the State of Washington, that within the three (3) year period immediately preceding the bid solicitation date, the bidder has not been determined by a final and binding citation and notice of assessment issued by the Washington State Department of Labor and Industries, or through a civil judgment entered by a court of limited or general jurisdiction, to have willfully violated any provision of Washington State wage laws, including chapters 49.46, 49.48, or 49.52 RCW, as required by RCW 39.04.350.

Print Name: _____

Signature: _____ *(Authorized Signature)*

Date: _____