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| **Work Request**  **Statewide Contract 16122  Vessel Removal, Disposal or Salvage Services For Derelict Vessels** | |
| **Purchaser Requesting Work:** | Purchaser Fill In |
| **Purchaser Work Request No.** | Purchaser Fill In |
| **Purchaser Location:** | Purchaser Fill In |
| **Purchaser Contact Name:** | Purchaser Fill In |
| **Purchaser Phone No.:** | Purchaser Fill In |
| **Purchaser Email:** | Purchaser Fill In |
| **Purchaser Billing Address:** | Purchaser Fill In |
| **Purchaser Billing Email:** | Purchaser Fill In |
| **Check which Category Applies** | Category A – Low Risk Removals  Category B – Low Risk Removals, up to 35’  Category C – Higher Risk Removals  Category D – Salvage  Category E – Ship Deconstruction |
| **Date Issued** | Purchaser Fill In |
| **Work Request Location:** | Purchaser Fill In |
| **Scope of Work:** | Purchaser Fill In and include length and widths of the vessel if possible |
| **Other Factors/Information:** | Purchaser Fill In |
| **Expected Period of Work:** | Purchaser Fill In |
| **Site Visit Date & Time:** | Purchaser Fill In |
| **BID DUE DATE & TIME:** | Purchaser Fill In |
| **Submit Proposals and/or**  **Questions to:** | Purchaser Fill In (Include complete contact information)  **Proposals can be submitted via email on or before the bid due date.** |
| **Awarded Contractor:** | Purchaser will determine if the proposal is responsive to Purchaser’s published Work Request. Purchaser also will evaluate pricing. The Bidder with the lowest evaluation price will be SELECTED as ASB for Purchaser’s Published Work Request.  The Purchaser then will review the ASB’s Work Plan, provided as part of the Bidder’s response to Purchaser’s published Work Request, for approval on a pass/fail basis. A Work Order/Contract for Purchaser’s published Work Request will be awarded to the responsive Bidder who has the lowest cost. |
| **Prevailing Wages:** | The Department of Labor and Industries will publish prevailing wage rates on the first business day of February and August of each year. The wage rates will become effective thirty (30) days following publication. For all contracts, the prevailing wage rates which are in effect on the Bid opening date or on the effective date of any extension of the contract are the wage rates that must be paid for the duration of the contract.  Questions should be directed to the Industrial Statistician, Department of Labor and Industries, Employment Standards Division, PO Box 44540, Tumwater, WA 98504-4540 (Telephone (360) 902-5334) or the Purchasing Activity. These wage rates are made part of this contract as though fully set forth herein.  The Contractor must submit to the Industrial Statistician of the Department of Labor and Industries a “Statement of Intent to Pay Prevailing Wages.” A copy of the approved intent statements must be submitted to the Purchaser in order to receive the first progress payment on this Contract. Following final acceptance of the project, Contractor must submit to the Industrial Statistician an “Affidavit of Wages Paid.” An approved affidavit must be submitted to the Purchaser before they are authorized to release the retained funds.  Each “Statement of Intent to Pay Prevailing Wages” or “Affidavit of Wages Paid” submitted for approval to the Industrial Statistician must be accompanied with the current filing fee.  A copy of the approved Statement of Intent to Pay Prevailing Wages shall be posted at the job site with the address and telephone number of the Industrial Statistician, where a complaint or inquiry concerning prevailing wages may be made. If a dispute arises as to what are the prevailing rates of wages for a specific trade, craft or occupation, and such dispute cannot be adjusted by the parties in interest, including labor and management representatives, the matter shall be referred for arbitration to the Director of the Department of Labor and Industries, and his/her decision shall be final, conclusive and binding on all parties involved in the dispute.  Vocationally handicapped workers, i.e., those individuals whose earning capacity is impaired by physical or mental deficiency or injury, may be employed at wages lower than the established prevailing wage. The Fair Labor Standards Act requires that wages based on individual productivity be paid to handicapped workers employed under certificates issued by the Secretary of Labor. These certificates are acceptable to the Department of Labor and Industries. Sheltered workshops for the handicapped may submit a request to the Department of Labor and Industries for a special certificate, which would, if approved, entitle them to pay their employees at wages, lower than the established prevailing wage.  Prevailing wage requirements do not apply to:   1. Sole owners and their spouses. 2. Any partner who owns at least 30% of a partnership. 3. The president, vice-president, and treasurer of a corporation if each one owns at least 30% of the corporation. 4. Workers regularly employed on monthly or per diem salary by state or any political subdivision created by its laws. |
| **Bid Documents – FIRM OFFER** | Bidder certifies that its bid pertaining to Purchaser’s published Work Request is a firm offer which cannot be withdrawn for a time period of thirty (30) days from and after the specified bid due date. Purchaser may accept such bid, with or without further negotiation, at any time within such period. In the event of a protest, Bidder’s bid shall remain valid for such time period or until the protest and any related court action is resolved, whichever is later. |

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| **Work Request - Contract 16122  (Vessel Removal, Disposal or Salvage Services For Derelict Vessels)**  **Vendor Form** | |
| **Purchaser Work Request Number:** | Purchaser Fill In |
| **Vendor Name:** | Vendor Fill in |
| **Vendor Address:** | Vendor Fill in |
| **Vendor Contact Name:** | Vendor Fill in |
| **Vendor Phone No.:** | Vendor Fill in |
| **Vendor Email:** | Vendor Fill in |
| **Project Manager Name:** | Vendor Fill in |
| **Project Manager Phone:** | Vendor Fill in |
| **Vendor’s Work Plan:** | Vendor – Describe in detail work plan for removal that includes, timeline, description of how the removal will be accomplished, and resources used |
| **Other Information:** | Vendor – describe any other factors that DES/Purchaser should know about |
| **Quotation:** | **$**  Vendor – provide pricing (fixed price) , do not add sales tax |
| **Prompt Payment Discount:** | Vendor Fill in  **\_\_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_\_\_ Days** |
| **Subcontractors (if applicable):** | Vendor Fill in |

# WORK REQUEST

# STATE OF WASHINGTON

This Purchaser work request (“Work Order”) pertaining to Statewide Contract No. 16122 is made and entered into by and between Purchaser, and \_\_\_\_\_\_\_\_\_\_\_\_, a State type of company (“Contractor”) and is dated and effective as of Month Day, Year.

This Work Order is subject to the terms and conditions of Statewide Contract No. 16122.

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| Both the Purchaser and the Contractor are responsible for ensuring the work performed is within the scope of this Work Request. The Purchaser must monitor proper compliance with the terms of this Work Request. | | | | |
| **Statement of Work:** Purchaser Fill In **Description**  **Note: Contractor must send invoices to the Purchaser Invoice Address specified on page 1 of the Work Request Form.** | | | | |
| **Contractor**  Vendor Fill in    (Signature) Authorized Representative (Date) | |  | **Purchaser Approval (Authorized Signatory)**    (Signature) (Date)  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **W/O Manager (Print):** |  | Email: |  |
| **Telephone No.:** |  | **Work Order Manager Approval**    (Signature) (Date)  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Email:** |  |
|  | |  | Email: |  |