BID PROPOSAL
JOB ORDER CONTRACT

TO: Washington State University
c/o Facilities Services, Capital
P.O. Box 641150
Pullman, WA 99164-1150

PROPOSAL

Having carefully examined the Request for Proposal for Job Order Contract, dated February 23, 2024, as prepared by Washington State University's Facilities Services, Capital (WSU), and Addenda No's _____ through _____ inclusive, receipt of which is hereby acknowledged, we propose to perform the Work identified in the RFP and Addenda, described in our Proposal, under the terms and conditions contained in the RFP and the contract.

TIME OF COMPLETION

The undersigned hereby agrees to complete the Work of the Job Order Contract for the initial two year period contemplated in the Request for Proposals.

PREVAILING WAGE CERTIFICATION

The undersigned asserts that they have not been determined by a final and binding citation and notice of assessment issued by the 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 chapter 49.46, 49.48, or 49.52 RCW, as defined in RCW 49.48.82.

PROPOSAL GUARANTEE

The undersigned agrees that this Proposal may be accepted by WSU anytime within the ninety (90) calendar days immediately following the date indicated herein below, and the undersigned further agrees to submit a fully executed Agreement, insurance certificates, and performance and payment bond within seven (7) calendar days after receipt of the notice of contract award from WSU.

COEFFICIENT BID

		Proposal Coefficient		Weight		Extension
1.	Pullman	_____	X	.70	=	_____
2.	Tri-Cities	_____	X	.10	=	_____
3.	Spokane	_____	X	.10	=	_____
4.	Vancouver	_____	X	.04	=	_____
5.	Prosser	_____	X	.02	=	_____
6.	Wenatchee	_____	X	.01	=	_____
7.	Puyallup	_____	X	.01	=	_____
8.	Mt. Vernon	_____	X	.01	=	_____
9.	Everett	_____	X	.01	=	_____
10.	Othello	_____	X	.01	=	_____
11.	Lind	_____	X	.01	=	_____
	Composite Coefficient (Total of 1 thru 9)				=	_____

PROPOSAL FROM

Design-Builder's Legal Firm Name	State of Washington Contractor's License No

Address	Phone/Fax

Designated Representative's Name and Title (to be listed in Agreement)

Authorized Signatory Name and Title (Shall also sign the Agreement)

Signature	Date