## CITY OF NEWPORT SMALL WORKS ROSTER

### **GENERAL INFORMATION:**

- 1. A Small Works Roster has been established for the purpose of notifying qualified Contractors of pending Public Works projects and may be utilized whenever the City of Newport seeks to construct any project when the estimated cost is less than \$350,000 for non-federally funded or \$250,000 for federally funded projects.
- 2. The Small Works Roster shall be comprised of Contractors that have completed a Small Works Roster Application/Questionnaire and have been determined to be eligible and included on the roster.
- 3. The Small Works Roster shall be updated annually, or other times as may be deemed necessary by the Administrator of the Roster. Contractors desiring to be added to the Roster shall submit an application at any time. Once on the roster list, Contractors need not resubmit an application unless their information on the applications changes.
- 5. The City of Newport Deputy Clerk is designated as the Administrator of the Small Works Roster.

#### FILING INSTRUCTIONS:

Complete the attached City of Newport Small Works Roster Application/Questionnaire and submit to the City of Newport, Deputy Clerk, 200 S. Washington Avenue, Newport, WA 99156. Email: CityofNewport@Newport-wa.org

A copy of Ordinance No. 957, Ordinance No. 1059 and Ordinance No. 2086 authorizing the establishment of and procedures for a Small Works Roster are available upon request.

# SMALL WORKS ROSTER APPLICATION CITY OF NEWPORT

# 200 S. Washington Ave.

Newport, WA 99156

Name of Company:			
Business Address:			,
(Str	eet, PO Box, City, State an	d Zip Code)	
Phone:		Fax:	
Sole Proprietorship	Incorporation	LLC	Partnership
Number of Employees			
If incorporated, name of registed person and address:	ered agent and address. If p	eartnership or sole pro	oprietorship, name of managing
Name:			
Address:			
Federal Tax Identification	No	DUNS#_	
State of Washington Cont	ractor's Registration N	0	
Name of Contractor's Bor	nding Company:		
Amount of Bond:		Bond	Number:
Licensed as:	General Contractor		Specialty Contractor
Name and Address of Inst	urance Company:		- T
Minority/Woman Owned	Business Enterprise Co	ertification No	
Do you possess an electric	cal or plumbing license	for the State of V	Vashington?
If yes, please provide you			
Electrical	Expiration Date	Plumbing	Expiration Date
List the name and address record of performance, sk			your company's satisfactory
Do you possess an electrical  List the name and address	cal or plumbing license relectrical and/or plum  Expiration Date  of three references where	e for the State of Value of Va	Vashington?ber below:  Expiration Date

### CITY OF NEWPORT SMALL WORKS ROSTER APPLICATION

Please indicate or list the type of Public Works projects that you wish to be notified of. Include materials, equipment, and services that you sell, rent, or otherwise can provide to the City of Newport.			
*			
Please list five projects that best exemplify the abilities and products of your firm.			
I certify that all information on this application is correct. I understand that any misrepresentation or false statements on this application may be cause to reject the application.			
Signature: Title:			
Date:			