

**SMALL WORKS
PUBLIC WORKS CONTRACT
(Over \$2,500 to \$35,000
including tax)**



**STATEMENT OF INTENT TO
PAY PREVAILING WAGES
&
AFFIDAVIT OF WAGES PAID**

This form must be typed or printed in ink and completed in full or it will be returned for correction. Large, bold numbers match instructions on back of form. Shaded areas are for Awarding Agencies and L & I use only.

\$80.00 filing fee required

Contractors are to obtain this form from the CONTRACT AWARDING AGENCY and then return the form to the CONTRACT AWARDING AGENCY. The Awarding agency approves the form and then sends the form to Labor and Industries within 30-days of receipt.

1 Contract Awarding Agency King County Library System			Project Name		
Address 960 Newport Way NW			Contract or Purchase Order Number		
City Issaquah	State WA	ZIP+4 98027-2702	County where work was performed King County		City where work was performed
Indicate total dollar amount of your contract - Include Sales Tax (No Time & Material) \$			Date contract awarded (mm/dd/yy)		Date work completed (mm/dd/yy)

Number of owner/operators that own at least 30% of the company who will perform work on this project: _____

Did Employees Perform Work on this Project? ☐ Yes ☐ No If yes - please list below (If you choose "No" and this changes later, you certify that you will submit a new form listing workers.)

2 Craft/trade/occupation	3 Number Of Workers	4 Total # of hours worked – ea. trade	5 Rate of Hourly Pay	6 Rate of Hourly Fringe Benefits	7 Apprentices: (See #7 on back of form)

8 Company name Address _____ City _____ State WA ZIP+4 _____ Contractor Registration No. _____ UBI _____ Industrial Insurance Account _____ Number _____ Email address _____ Phone number _____	I hereby certify that the above information is correct and that all workers I employed on this Public Works Project were paid no less than the Prevailing Wage rate(s) as determined by the Industrial Statistician of the Department of Labor and Industries. I understand that contractors who violate Prevailing Wage laws, i.e., incorrect classification/scope of work of workers, improper payment of prevailing wages, etc., are subject to fines and/or debarment and will be required to pay any back wages due to workers. RCW 39.12.065.		
	Signature _____	Date _____	Title _____
	Contract amount indicated can only be for a single contract with the awarding agency. NO subcontractors.		
	Awarding Agency by approving this form has verified that the Contractor's Contractor Registration Number is current and valid.		
	For liability to the awarding agency: See RCW 39.12.040(2)(d)		

9 Approval by Awarding Agency, Name and Phone Number Peri Gilani, Fac Admin & Fin Supv; 425-369-3253; pgilani@kcls.org	Signature _____	Date _____	Title _____
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Approved: Department of Labor and Industries By _____ Industrial Statistician	Check Number: _____ <input type="checkbox"/> \$80
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INSTRUCTIONS TO COMPLETE THE
STATEMENT OF INTENT TO PAY PREVAILING WAGES & AFFIDAVIT OF WAGES PAID

FOR SMALL WORKS PUBLIC WORKS CONTRACTS OVER \$2,500 TO \$35,000

Contractors are to obtain and complete this form at the CONTRACT AWARDING AGENCY. After the Awarding Agency approves the form, the awarding agency then sends the form to Labor and Industries on a periodic basis.

NOTE: Numbers on instructions match large bold numbers on front of form.

1. **Contract Awarding Agency** – This is the name of the public agency that awarded the contract.
Address, City, State, ZIP +4 – This is the address of the contract awarding agency.
Project Name – The name of the project
Contract or Purchase Order Number – This is the number of the contract or purchase order assigned by the awarding agency.
County where work was performed – This is the county in which the actual work was performed.
City where work was performed – This is the city in which the work was performed. If the work was performed outside the limits of any city, write “N/A” in this space
Indicate total dollar amount of your contract – Including sales tax (**No Time & Material allowed**)
Date Contract Awarded – This is the date the contract was awarded to the contractor by the awarding agency. (month/day/year)
Date Work Completed – This is the date you completed work on the project.
2. **Number of owner/operators that performed work on the project that own 30% or more of the company** – Please indicate the number of owner/partners who performed work on the project. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wage.)
Did Employees Perform Work on this Project – please indicate yes or no. If no then you do not need to fill in the occupations below.
3. **Craft/trade occupation** – List each craft/trade/occupation of workers employed on this project. If this is residential, landscape, or underground sewer and water construction, please state so on the form. If operating engineers and/or truck drivers were used, describe the type, and list the size or rated capacity of the equipment. If you indicated owners/partners in the question above **AND** you also indicated no employees then you do not need to fill in this section. (Individuals who own less than 30% of the company are not considered to be owners/operators, and must be paid prevailing wage.)
4. **Number of Workers** – List the number of journey-level workers employed for each craft/trade/occupation on this project.
5. **Total Number of Hours Worked** – List the total number of hours worked for each craft/trade/occupation.
6. **Rate of Hourly Pay** – Enter the rate of hourly pay for each craft/trade/occupation. This is the wage you actually paid to the workers.
7. **Rate of Hourly Fringe Benefits** – Enter the rate of hourly fringe benefits. This is the cost of fringe benefits, as defined by RCW 39.12.010, that you actually paid to the workers. The amount listed for “Rate of Hourly Pay” plus the amount listed for “Rate of Hourly Fringe Benefits”, if any, must equal or exceed the prevailing rate of wage.
8. **Apprentices** – If apprentices were employed on this project, list each by name, registration number, craft, stage of progression, beginning and ending dates of work performed on this project, and rate of hourly pay and fringe benefits. Any workers not registered with the Washington State Apprenticeship and Training Council must be paid prevailing journeyman wages. Any apprentice not registered with the Washington State Apprenticeship and Training Council within 60 days of hiring must be paid prevailing journeyman wages for the time preceding the date of registration. To verify apprenticeship registration and status, call (360) 902-5324.
9. **Company Name (This can only be a contractor working directly for the Awarding Agency)** – Indicate your company’s name, address, phone number, and the signature of an authorized company representative with date signed. (Contractor registration number begins with the first letters of company name).
10. **Awarding Agency Approval** – Indicate name, phone number, date and signature with title of the authorized awarding agency representative.

Please submit forms and \$80 filing fee to:

**Management Services
Dept. of Labor and Industries
PO Box 44835
Olympia, WA 98504-4835**