



THORP SCHOOL DISTRICT NO. 400

Post Office Box 150 · 10831 N. Thorp Highway · Thorp, Washington 98946
Phone 509-964-2107 Fax 509-964-2313
www.thorpschools.org

School Year 2022-2023

Dear Contractor/Service Provider:

Thank you for your interest in being included in the *Small Works Roster* for the Thorp School District. This roster establishes a list of qualified contractors interested in submitting proposals on projects estimated to be less than \$100,000. Completion of the attached forms (*Request to be Added to Small Works/Service Roster* and *Vendor List Application*) will allow us to add you to this *Small Works Roster*. Please return the completed forms as soon as possible if you are interested in being included on the roster. Forms should be addressed to the following:

Thorp School District #400
Facilities
P.O. Box 150
Thorp, WA 98946

When it becomes necessary for the District to call for quotes/bids on projects of this size, you may be contacted to submit a quote/bid on those bids for which your company is qualified to perform.

If you have any questions, please feel free to contact Facilities at the Thorp School District, 509-964-7121.

Thank you for your interest in supporting the Thorp School District.

Sincerely,

Andrew M. Perkins
Superintendent/Principal



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REQUEST TO BE ADDED TO SMALL WORKS/SERVICE ROSTER

In Compliance with R.C.W. 28A.335.190, the undersigned requests to be added to the Small Works/Service Roster for the Thorp School District and have the opportunity to submit proposals for small works projects related to the type of work listed in Section 2 below. It is understood that a “no response” to three (3) successive requests for proposals may result in removal from the roster. A written “no bid” response shall not be considered as a “no response.”

Legal Name of Company: _____

Mailing Address: _____

Physical Address: _____

Contact Numbers: Telephone _____ Cellular _____ Fax _____

E-Mail Address: _____

Type of Organization: Individual/Sole Proprietorship Corporation Partnership Date Formed: _____

State of Washington Contractor’s License Number: _____ Exp. Date: _____

Tax Identification or Social Security Number: _____

Insurance Carrier and Limits of Liability: _____

(1) List Principals/Owners, Partner(s), Corporate Officials – Please include names and titles: *(use reverse if necessary)*

(2) Type(s) of work your company performs (list in order of preference): *(use reverse or attach additional pages if necessary)*

(3) List description of current or completed small works projects with other school districts or state/public agencies:

Will you provide a performance/payment bond, affidavit of intent to pay prevailing wages and insurance certificates for work to be performed if required by the Thorp School District? Yes No

Are you an equal opportunity and affirmative action employer? Yes No

Are you registered with the State of Washington as a minority or woman-owned business? Yes No

Signature: _____ Title: _____

Printed Name: _____ Date: _____

NOTE: BY SIGNING THIS REQUEST, VENDOR ENSURES FULL COMPLIANCE WITH ALL SUSPENSION AND DEBARMENT REGULATIONS.

The Thorp School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Title IX Coordinator, Civil Rights Coordinator, Andrew M. Perkins, Superintendent, (509) 964-7103, PO Box 150, 10831 N Thorp Hwy, Thorp, WA, 98946, perkinsa@thorpschools.org. Section 504 Compliance Coordinator, Mel Blair, (509) 964-7139, PO Box 150, 10831 N Thorp Hwy, Thorp, WA, 98946, blairm@thorpschools.org.



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VENDOR LIST APPLICATION

This form must be filled out and returned before you can be added as a vendor with the Thorp School District.

Name (as shown on your income tax return)

Business Name (if different from above)

Business Address City State ZIP

Mailing Address (if different from above) City State ZIP

Telephone Number Alternate Telephone Number Fax Number

Taxpayer Identification Number (TIN)
Federal Tax ID Number or Social Security Number

Unified Business Identification Number (UBI)

Individual providing service retired under the Washington State DRS 2008 ERF? __Yes __No

Owner retired under the Washington State DRS 2008 ERF rules and will receive compensation as a result of this service? __Yes __No

Check appropriate box: Individual/Sole Proprietor Corporation Partnership

Type of product your company provides _____
Type of service your company provides _____

Printed Name

Signature

Title

Date

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