PROJECT TRACKING

Project #: _____
Project Name: _____
Notice to Contractors sent: ☐Yes ☐No Date:_____
Small Works: ☐Yes ☐No
If not,
Authorization to Advertise: ☐Yes ☐No Council Date: _____
Published in: _____
Date Published: _____
Bid Opening Date: _____
Bid Tab Address: g:\pworks\project_____
Request for Items on Agenda: ☐Yes ☐No
Award Date: _____
Awarded to: _____
Award Amount: $_____
Engineer's Estimate: $_____
Bid Tab Sent to Contractors: Date:_____
3 Signed Contracts: ☐Yes ☐No
Contractor Responsibility Criteria:
Contractor's Registration Number: _____ (State Licence No.)
Uniform Business Identifier: _____ (UBI No.)
Industrial Insurance Coverage: _____ (Workers Comp)
Employment Security Dept. No.: _____ (Unemployment No.)
State Excise Tax Registration No.: _____ (Fed ID No.)
Not disqualified from bidding: _____
Proof of Insurance: ☐Yes ☐No
Payment Performance Bond: ☐Yes ☐No
Construction Schedule: ☐Yes ☐No
Intent to Pay Prevailing Wage: ☐Yes ☐No
Letter Identifying EEO Officer: ☐Yes ☐No
3 after hours emergency phone: ☐Yes ☐No
Traffic Control Plan: ☐Yes ☐No
List of Subcontractors: ☐Yes ☐No
Traffic Control Supervisor: ☐Yes ☐No
Notice of Award sent (contractor): Date:_____
Notice to Proceed sent: Date:_____
Certified Payrolls Verified ☐Yes ☐No
Notice of Completion mailed: Date:_____ (> $35,000)
Releases:
Dept. of Revenue: Date:_____
Employment Security: Date:_____
Industrial Insurance Verified: ☐Yes
Affidavit of Industrial Insurance Compliance ☐Yes
Payroll Complete ☐Yes Checked by:_____
Intents and Affidavits – see Payroll folder.
Retainage Released: Date:_____

Place this document in the Payroll folder. After a project has been awarded, print out proof of industrial insurance for each contractor from the Labor & Industries website www.lni.wa.gov (look under Look up a Contractor / Verify that your contractor is up-to-date on workers' compensation premiums). Oregon contractors www4.cbs.state.or.us/ex/wcd/cov.

Contractor	L&I Insurance	Intent	Affidavit	Payrolls	Verified Debar List
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
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_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
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_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
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_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes

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Contractor	L&I Insurance	Intent	Affidavit	Request to Sublet	Payrolls	DBE	Verified if Debar	Comments
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
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_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____
_____	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	☐Yes	_____