



# PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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## Project #AH-24-01

Competitive Proposal | Non-Federal Funding | Maintenance Services

# FLOORING SERVICES

## Request for Proposals

Pre-Proposal Site Conference: None for This Solicitation

Proposals Due: Wednesday, January 31, 2024  
No Later than 5:00 PM

ISSUE DATE: December 30, 2023

## Project Team

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PROJECT: FLOORING SERVICES  
Project #AH-24-01

OWNER: Pierce County Housing Authority  
603 Polk St S,  
Tacoma, WA, 98444

CONTACT: **(Contract Administration)**  
Riley Guerrero  
*Planning, Policy, and Community Engagement Manager*  
o. 253-620-5478  
c. 253-933-6493  
[rguerrero@pchawa.org](mailto:rguerrero@pchawa.org)

**(Project Management)**  
Christina McLeod  
*Director of Operations*  
o. 253-620-5427  
c. 253-405-1901

**(On-Site Contact)**  
Multiple; Site-Specific

**(Emergency/After-Hours Contact)**  
253-509-7242

# Table of Contents

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**REQUEST FOR PROPOSALS**

Notice to Interested Parties.....5

Background Information .....7

Scope of Services.....9

Proposal Requirements Checklist .....11

Evaluation Rubric .....12

**ATTACHMENT A: Required Proposal Documents.....13**

W9.....14

Contractor License.....15

Contractor Insurance .....16

Rate of Services.....17

Organization Profile .....18

Non-Collusion Affidavit.....20

Anti-Kickback Affidavit.....21

Disclosure of Conflict of Interest .....22

Declaration of Accuracy.....23

Statement of Bidder Qualifications and Reference Information.....24

**ATTACHMENT B: Apartment Floorplans.....29**

**ATTACHMENT C: Prevailing Wage Determinations.....42**

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**REQUEST FOR PROPOSALS SUBMISSION INFORMATION**

ISSUE DATE: 2023-12-30

PROJECT TITLE: AH-24-01, FLOORING SERVICES

DELIVERY DUE DATE/TIME: 5:00 PM on Wednesday, January 31, 2024.

Proposals will be accepted until 5:00 PM on Wednesday, January 31, 2024. Proposals received after 5:00 PM on Wednesday, January 31, 2024, even if sent for submission earlier, may not be accepted. This is a Request for Proposals solicitation. Proposals may be submitted in hard copy form either by hand or ground mail, at the following address:

**Ground Mail or Hand-Delivery:**

Pierce County Housing Authority  
ATTN: Contract Administrator, Project #AH-24-01  
603 Polk St S,  
Tacoma, WA, 98444

Proposals may be submitted electronically at the following email address:

[rguerrero@pchawa.org](mailto:rguerrero@pchawa.org)

Attention is directed to the enclosed instructions and specifications that are made a part of this document. A copy of the entire RFP is also available at the Pierce County Housing Authority Web Page [www.pchawa.org](http://www.pchawa.org) under the "Business" tab.

All requests for additional information should be put into writing and directed to Riley Guerrero, Policy, Planning, and Community Engagement Manager, Pierce County Housing Authority by email at: [rguerrero@pchawa.org](mailto:rguerrero@pchawa.org) and copied to [Christina McLeod](#), Director of Operations at [clmcleod@pchawa.org](mailto:clmcleod@pchawa.org). By submitting a proposal, each offeror is affirming their commitment to comply with the Laws of the State of Washington, governing Fair Employment Practices and with all rules and regulations of the U.S. Department of Housing and Urban Development (HUD), governing Equal Employment Opportunities and Non-discriminatory Practices. PCHA reserves the right to reject any and all proposals or to waive any informality in the selection process.

**PCHA RESERVATION OF RIGHTS**

In responding to this solicitation, the respondent acknowledges that PCHA reserves the following rights:

- The purpose of this solicitation is to select companies that, in PCHA's sole judgment, appears to be the best qualified for this project. PCHA does not guarantee that any work to any company will result from this solicitation.
- PCHA expressly reserves the right, during the original term and all renewal terms of the contract(s) resulting from this RFP, to solicit similar or related services from other providers. PCHA may award contracts to other vendors or use other contractors or consultants to perform similar or related work in this time period.
- PCHA reserves the right to reject any or all proposals;
- PCHA reserves the right to waive any informality in the RFP process;

- PCHA reserves the right to terminate the RFP process at any time, if deemed by the HA to be in its best interests;
- PCHA reserves the right not to award a contract pursuant to this RFP.
- PCHA reserves the right to award more than one contract for services.
- PCHA reserves the right to terminate a contract awarded pursuant to this RFP, at any time for its convenience upon 30 days written notice to the successful proposer(s);
- PCHA shall have no obligation to compensate any proposer for any costs incurred in responding to this RFP.
- PCHA will reject the proposal of any Offeror who is debarred by the U.S. Department of Housing and Urban Development (HUD), or Washington State Department of Labor and Industries from providing services to public housing agencies and reserves the right to reject the proposal of any Offeror who has previously failed to perform any contract properly for the HA.

### RISK TO CHILDREN AND VULNERBALE ADULTS

If the work pursuant to this contract requires or may result in contact with children or vulnerable adults, the Vendor shall not use any employee, volunteer, intern or agent for this contract who (i) it has reason to believe may impose a risk to such children or vulnerable adults, or (ii) who have been convicted of a crime against children or vulnerable adults. Before using any employee, volunteer, intern or agent for this contract, Vendor will procure and examine criminal conviction records and exclude any person not meeting this contract requirement.

### EQUAL EMPLOYMENT OPPORTUNITY

Contractor will not discriminate against any employee or applicant because of race, color, religion, sex or national origin, or any other protected classes under local, state, or federal employment laws. Contractor agrees to post notices setting forth the provisions of this Equal Opportunity Clause. Contractor shall make the Equal Opportunity Statement in all advertisements for employees. Contractor to send notice to each labor union he has an agreement with, a notice of his commitment to the Equal Opportunity Statement. During the course of the performance of this contract, the contractor and its subcontractors will be required to solicit qualified job applicants from the residents of the housing authority, whenever a job opening occurs.

#### Reference:

- Equal Employment Opportunity-Executive Order 11246, As Amended by Executive Order 11375. Copy available upon request to [rguerrero@pchawa.org](mailto:rguerrero@pchawa.org)

The Pierce County Housing Authority (PCHA) is a public body corporate and politic, created by Pierce County's Board of Supervisors (now County Council) in 1978 pursuant to State statute (RCW35.82). The mission of the Pierce County Housing Authority (the Authority) is to provide safe, decent, affordable housing and economic opportunity, free from discrimination.

The governing body of the Housing Authority is the Board of Commissioners. The Commissioners elect from among themselves a chair and a vice chair. The Authority Board regular meetings occur the last Wednesday of each month, currently at 3:30 PM PST. The Board is responsible for hiring an Executive Director, who also serves as Secretary to the Board. The Executive Director administers the operations of the Authority and implements the policies established by the Board.

PCHA currently operates 124 Low-Income Public Housing (LIPH) units; 20 Units of USDA/RD Housing, administers approximately 2,946 Section 8/HCV program vouchers, and operates an Enterprise Portfolio consisting of approximately 670 units. Additional grants are received periodically for the Renovation and Modernization of existing facilities and in support of our Family Self Sufficiency Programs. The Pierce County Housing Authority employs approximately 45 individuals.

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The Contractor, if selected, shall be contacted as need arises for an indefinite amount of on-call services of the following description:

- Remove all existing carpet, luxury vinyl plank (LVP), or laminate sheet product from the specified apartment unit, as well as adhesive material from flooring
- Remove and replace toilets as necessary
- Transport the carpet, LVP, and/or laminate sheet and other demolition debris offsite to appropriate dumping facilities
- Upon request, treat substrate with additional products to enhance the life of the flooring
- Install new carpet, LVP, and/or laminate sheet product of the description included in Attachment B: Materials and Apartment Floorplans.
- Clean from the unit all tools, debris, or waste generated by the aforementioned services at the close of the job.

#### STIPULATIONS

- Contractor shall ensure that all work is performed by skilled professionals and executed in a workmanlike manner in accordance with best standards and practices of the trade. Contractor's staff shall consist only of qualified persons who are familiar with the products and equipment they use. The Contracting Officer may require Contractor to dismiss such employees is deemed incompetent, careless, insubordinate, or otherwise objectionable, or whose continued employment on the work is deemed to be contrary to the public interest or inconsistent with the best interest of security.
- Contractor shall complete all work and provide all materials, tools, equipment, and safety devices necessary to perform work in the proper manner within the time specified. Contractor shall complete the entire work to the satisfaction of the PCHA and in accordance with the specifications herein described, at the price agreed upon. All work, labor, and equipment shall be completed and provided in conformity with, the specifications described herein and any directions of the PCHA representatives as given during the progress of the work.
- Contractor shall perform the work in such a manner as to minimize inconvenience to building occupants. Contractor shall be in communication with PCHA staff to determine the PCHA normal working conditions and activities in progress and conduct the work in the least disruptive manner.
- Contractor shall, at its own expense, provide safety devices and take such other precautions as may be necessary to protect life and property.
- Contractor shall bear all losses resulting to it or to the PCHA due to any inadequacy in the quality of work performed or due to any error on the part of Contractor in its estimation or expectation of project requirements.
- In the event that the PCHA approves the use of subcontractors, Contractor is responsible for the actions of the subcontractor and is not relieved of its obligation to meet all the requirements of this agreement.

- The PCHA shall require correction of defective work or damages to any part of the building or its appurtenances when caused by Contractor's employees, approved subcontractors, equipment or supplies. Contractor shall correct all defective work and repair damages incurred. Upon failure of Contractor to proceed promptly with the necessary corrections, the NHLC may withhold any amount necessary to correct all defective work or repair damages from payments to Contractor.

**THRESHOLD REQUIREMENTS**

- ☐ W9 Form
- ☐ Proof of Insurance
- ☐ Proof of Certification/License
- ☐ Rate of Services
- ☐ Required Submission Documents
  - Organization Profile
  - Non-Collusion Affidavit
  - Anti-Kickback Affidavit
  - Disclosure of Conflict of Interest
  - PCHA Procedures
  - Declaration of Accuracy

Failure to include the above documents will disqualify the proposal and it will not be scored.

The Contractor must not be debarred or suspended from doing business by the US Department of Housing and Urban Development, or the Washington State Department of Labor & Industries, to be verified by the Contract Administrator. Debarred and suspended contractors will be disqualified from the selection process.

**SCORED CRITERIA****1. Statement of Bidder Qualifications**

- ☐ Please fill out the provided Statement of Bidder Qualifications form attached to this packet.

**2. Previous Work Experience**

- ☐ Please provide a list of at least 3 previous similar service projects the firm has completed, using the reference sheets attached.

THRESHOLD REQUIREMENTS				
Organizations that do not meet the following requirements will be eliminated and will not be scored				
W9 Provided	Verification of Insurance	Verification of Certification/License	Rate of Services Provided	Required Submission Documents Signed and Notarized where applicable

SCORED CRITERIA		
Topic	Weight	Description
Statement of Bidder Qualifications	35	Scored based on applicability and reasonability.
Price	65	Scored on Best Price.
References	0	References will not be individually scored, but instead will be used to inform scores in qualifications and price.
<b>TOTAL POSSIBLE POINTS:</b>	<b>100</b>	

In the event that multiple proposals score within a competitive range, PCHA may negotiate best and final offers with respondents in that range. As stated above, PCHA reserves the right to select multiple contractors for this project, and establish a priority call sheet based on best value.

The final determinations will select based on highest score.



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603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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## ATTACHMENT A: REQUIRED SUBMISSION DOCUMENTS FOR A REQUEST FOR PROPOSALS SOLICITATION RESPONSE



## PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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### W9 Form Requirement

Project #AH-24-01

Issued: 2023-12-30

Please insert your most recent W9 form in place of this page.



## PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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Contractor License/Permit

Project #AH-24-01

Issued: 2023-12-30

Please insert your Contractor License in place of this page.



## PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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### Contractor Insurance

Project #AH-24-01 Issued:

2023-12-30

**Please submit your proof of insurance in place of this page.**

This Contract requires insurance for general liability totaling \$1,000,000 per occurrence, insurance for vehicular damage for all vehicles to be used on this project not less than \$500,000 per occurrence.





## PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

### Rate of Services

Project #AH-24-01

Issued: 2023-12-30

Hourly Charges		Labor Cost Per Hour
Cost per Hour for Technician*		
Other (Describe):		
Other (Describe):		
Service Costs	\$ Cost	Frequency of Charge (per hour, per lb, per occurrence, per unit, one-time, or etc.)
Per Sq. Foot of Carpet Installation		
Per Sq. Foot of Luxury Vinyl Plank Installation		
Per Sq. Foot of Sheet Installation		
Per Sq. Foot of Carpet Removal		
Per Sq. Foot of Luxury Vinyl Plank Removal		
Per Sq. Foot of Sheet Removal		
Per Ln. Foot of Vinyl Snap Transitions		
Junk Removal Services (if not included in the above)		
Toilet Removal/Replacement		
Other (Describe if applicable):		
Other (Describe):		
Other (Describe):		

\* When bidding on this section, please remember that this is a Prevailing Wage project and that all employees must be paid their Prevailing Wage rate and have that rate confirmed via certified payroll to receive payment in full for the project. Failure to factor in this requirement is at the contractor's risk. Please see Attachment B for applicable rates.

If costs are best described using another metric, please include additional information on separate sheets.

The undersigned, having examined the specifications, and being familiar with all of the conditions surrounding services of the proposed project; hereby proposes to furnish all labor, material, equipment, machinery, tools, supplies, permits and certificates, as listed below, to perform all work required, in strict accordance with PCHA specifications and contract requirements. Any additional costs or alterations to this bid form will not be accepted. Project will be awarded to the contractor(s) with the highest score(s) on the AH-24-01 Evaluation Rubric. Where there is a discrepancy between words and figures, WORDS WILL GOVERN.

_____ Signature	_____ Date	on Behalf of	_____ Organization/Bidder
_____ Printed Name			_____ Title



## PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

### Organization Profile

Project #AH-24-01

Issued: 2023-12-30

All organizations, both primary contractors and subcontractors, who intend to do work in response to this solicitation must submit the following Organizational Profile. Only Prime Contractors must submit at the time of proposal, Subcontractors after award.

I am submitting this profile as the:

☐ Prime Contractor

☐ Subcontractor

1. Full Legal Name of Bidder/Firm \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Please select the appropriate box below:  
☐ Individual/Sole Proprietor  
☐ Corporation  
☐ Limited Liability Corporation (LLC) Tax Classification: \_\_\_\_ (D=Disregarded Entity, C=Corporation, P=Partnership)  
☐ Other (Specify) \_\_\_\_\_
4. Street Address: \_\_\_\_\_  
(if different) \_\_\_\_\_
5. Primary Contact/Title: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_
8. Entity Federal Tax ID #: \_\_\_\_\_
9. UBI #: \_\_\_\_\_
10. DUNS #: \_\_\_\_\_
11. WA State License Type: \_\_\_\_\_ WA License #: \_\_\_\_\_
12. Year Firm Established: \_\_\_\_\_ Number of Employees: \_\_\_\_\_
13. Former Name or Parent Company/Companies, if Applicable: \_\_\_\_\_
14. Identify the Principals/Partners in the Firm:

Name	Title	% Ownership

15. Identify the individual(s) who will act as the contact for this project:

Name	Title	Email	Phone #

## 16. Proposer Diversity Statement: Please check all that apply and give the percentage of each category.

☐ Public-Held Corporation☐ Government Agency☐ Non-Profit Organization☐ Resident-Owned

\_\_\_\_ %

☐ Hasidic Jew-Owned

\_\_\_\_ %

☐ Black-Owned

\_\_\_\_ %

☐ Hispanic/Latino-Owned

\_\_\_\_ %

☐ Asian/Pacific Islander-Owned

\_\_\_\_ %

☐ Native American-Owned

\_\_\_\_ %

☐ Woman Owned (Non-MBE)

\_\_\_\_ %

☐ Woman-Owned (MBE)

\_\_\_\_ %

☐ Disabled Veteran Owned

\_\_\_\_ %

☐ Non-W/MBE Ownership

\_\_\_\_ %

☐ Other (Specify): \_\_\_\_\_

\_\_\_\_ %

W/MBE Certification #: \_\_\_\_\_

Certified By: \_\_\_\_\_

Note: W/MBE certification is not a requirement of submitting a proposal. Only enter if available.

## 18. Worker's Compensation Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: MM/DD/YYYY \_\_\_\_\_

## 19. General Liability Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: MM/DD/YYYY \_\_\_\_\_

## 20. Professional Liability Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: MM/DD/YYYY \_\_\_\_\_

## 21. Has this firm or any principals ever been debarred from providing any services by the federal government, state government, the State of Washington, or any local government agency within or out of the State of Washington?

☐ Yes☐ No

If Yes, please attach a full detailed explanation, including dates, circumstances, and current status.

## 22. Are there any judgements, claims, arbitration proceedings, or suits mending or outstanding against the bidder and/or its officers?

☐ Yes☐ No

If Yes, please attach a full detailed explanation, including dates, circumstances, and current status.

## 23. Can this firm conduct virtual appearances, including reports, meetings, conferences, briefings, etc. using software that allows for screen sharing, as well as video and audio conferencing, and securely sign and transmit documents electronically?

☐ Yes☐ No

## 24. The undersigned proposer hereby states that by completing and submitting this form they are verifying that all information provided herein is, to the best of their knowledge, true and accurate, and agrees that if PCHA discovers any information entered herein is false, that shall entitle PCHA to withdraw from consideration, not make an award to, or to cancel any award with the undersigned party.

_____ Signature	_____ Date	on Behalf of	_____ Organization/Bidder
_____ Printed Name			_____ Title



PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

Non-Collusion Affidavit

Project #AH-24-01

Issued: 2023-12-30

**STATE OF WASHINGTON**

**COUNTY OF** \_\_\_\_\_

I, the undersigned, being first duly sworn on oath, say that the proposal herewith submitted is a genuine and not a sham or collusive proposal, or made in the interest or on behalf of any person not therein named; and (s)he further says that the said proposer has not directly or indirectly induced or solicited any other submitting party on the above work or supplies to put in a sham proposal, or any other person or corporation to refrain from submitting a proposal, and that said proposer has not in any manner sought by collusion to secure him/herself an advantage over any other submitting party or parties.

**Notarized:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of  
Washington

Official Stamp:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

on Behalf of

\_\_\_\_\_  
Organization/Bidder

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

Anti-Kickback Affidavit

Project #AH-24-01

Issued: 2023-12-30

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_

I, the undersigned, being first duly sworn on oath, depose and say that no portion of the sum herein submitted as will be paid to any employees or commissioners of Pierce County Housing Authority, directly or by means of accomplices, by me or any other member or officer of the firm represented below.

**Notarized:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Washington

Official Notary Seal Stamp:

_____ Signature	_____ Date	on Behalf of	_____ Organization/Bidder
_____ Printed Name			_____ Title



**PIERCE COUNTY HOUSING AUTHORITY**

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

**Disclosure of Conflict of Interest**

Project #AH-24-01

Issued: 2023-12-30

Please disclose any conflict of interest, or appearance of conflict of interest, in the form below. A conflict of interest includes:

- Immediate or extended family on the Pierce County Housing Authority Board of Commissioners
- Immediate or extended family on staff at PCHA in policy-making or procurement roles
- Any notable close relationship between members of the organization and PCHA staff or Commissioners
- Business ownership or financial interests that are shared by member(s) of the PCHA Board of Commissioners or staff
- Any situation in which award of the contract may result in an unfair competitive advantage
- Any situation in which the Contractor's objectivity in performing the contract work may be impaired

Conflict Type	Organization's Individual with Conflict	Individual's Title	PCHA's Individual with Conflict	Individual's Title	Conflict Explanation (if necessary) and Steps to Resolve

I, the Undersigned, declare that all known potential conflicts of interest have been disclosed above. If, at any time, a new conflict of interest comes to my attention, it will be immediately disclosed to PCHA for further review. I understand that if an undisclosed conflict of interest is discovered, the organization listed below is at risk of termination of award (if selected), and potentially debarment from future Federal contracts.

Signature

Date

Printed Name

on Behalf of

Organization/Bidder

Title



## PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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### Declaration of Accuracy

Project: AH-24-01

I, the Undersigned, do declare that:

1. I am authorized to submit this proposal on behalf of the organization below named;
2. I have read the included documents, and the organization represented below understands and agrees to adhere the terms therein described;
3. All information provided in this proposal and its written attachments is accurate, to the best of my knowledge;
4. I have received and understood the following Amendments to the Request for Proposals (if any were given), and this proposal reflects their conditions;

(Please write the code of any amendment received in the space below)

_____	_____
_____	_____
_____	_____

5. If selected, the below organization will adhere to the representations made in the proposal submitted, unless a mutually-agreed-upon alteration is reached with Pierce County Housing Authority.

_____	_____	on Behalf of	_____
Signature	Date		Organization
_____			_____
Printed Name			Title



# PIERCE COUNTY HOUSING AUTHORITY

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## STATEMENT OF BIDDER QUALIFICATIONS FOR AH-24-01



**STATEMENT OF BIDDER QUALIFICATIONS**

1. Full Legal Name of Bidder/Firm \_\_\_\_\_
2. Please select all days your organization performs business and write the hours of operation for each day:  
☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday    ☐ Saturday    ☐ Sunday
3. Please provide the number of employees at your organization capable of performing the above scope of work:
4. Does your organization accept emergency or short-notice work? ☐ Yes    ☐ No
5. Please provide the average or anticipated length of time between the initial call for service and the project closeout on an 800 sq foot, 2-bedroom 1-bathroom apartment unit, assuming your usual scheduling.
6. Do you anticipate changes to your pricing within the next 6 months?  
If yes, by approximately what percentage is typical? ☐ Yes    ☐ No
7. Have you previously administrated Prevailing Wage jobs? ☐ Yes    ☐ No
8. Please report all subcontractors that will do business on this project. Changes to the subcontractor list must be reported before any new subcontractors do work on the project. Debarred or suspended subcontractors will render a bidder ineligible to receive an award. Check subcontractor status on SAM.gov and Ini.wa.gov prior to submission.

Use additional sheets as needed.

SUBCONTRACTOR #1		
<b>Subcontractor Name:</b>		
<b>Address:</b>		
<b>UBI #:</b>		
<b>Trade/Specialty:</b>		
<b>Is This Entity Currently Under Contract/Retainer with the Bidder?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is This Entity Registered as a Minority-Owned Business Enterprise (MBE)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is This Entity Registered as a Woman-Owned Business Enterprise (WBE)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does This Entity Meet the Criterion to Qualify as a Small Business?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does This Entity Meet the Criterion to Qualify as a Section 3 Business?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUBCONTRACTOR #2		
<b>Subcontractor Name:</b>		
<b>Address:</b>		
<b>UBI #:</b>		
<b>Trade/Specialty:</b>		
<b>Is This Entity Currently Under Contract/Retainer with the Bidder?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is This Entity Registered as a Minority-Owned Business Enterprise (MBE)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Is This Entity Registered as a Woman-Owned Business Enterprise (WBE)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does This Entity Meet the Criterion to Qualify as a Small Business?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does This Entity Meet the Criterion to Qualify as a Section 3 Business?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PREVIOUS RELATED EXPERIENCE #1**

The Bidder shall list a total of three (3) firms, governmental units, or person for whom the bidder has previously performed and completed work of substantially similar nature to the that requested under this IFB.

REFERENCE #1	
PROJECT NAME:	
Owner:	
Initial Contract Amount:	
Date Begun:	
Projected Completion Date:	
Actual Completion Date:	

CONTACT NAME:	
Contact Telephone #:	
Contact Email:	

CHANGE ORDERS (if Applicable)				
#	Date Issued	Description of Change	Reason for Change	Total \$ Value per Change
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Total \$ Value of All Change Orders				

Final Amount Paid to Bidder:	
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**PREVIOUS RELATED EXPERIENCE #2**

The Bidder shall list a total of three (3) firms, governmental units, or person for whom the bidder has previously performed and completed work of substantially similar nature to the that requested under this IFB.

REFERENCE #2	
PROJECT NAME:	
Owner:	
Initial Contract Amount:	
Date Begun:	
Projected Completion Date:	
Actual Completion Date:	
CONTACT NAME:	
Contact Telephone #:	
Contact Email:	

CHANGE ORDERS (if Applicable)				
#	Date Issued	Description of Change	Reason for Change	Total \$ Value per Change
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Total \$ Value of All Change Orders				

Final Amount Paid to Bidder:	
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**PREVIOUS RELATED EXPERIENCE #3**

The Bidder shall list a total of three (3) firms, governmental units, or person for whom the bidder has previously performed and completed work of substantially similar nature to the that requested under this IFB.

REFERENCE #3	
PROJECT NAME:	
Owner:	
Initial Contract Amount:	
Date Begun:	
Projected Completion Date:	
Actual Completion Date:	

CONTACT NAME:	
Contact Telephone #:	
Contact Email:	

CHANGE ORDERS (if Applicable)				
#	Date Issued	Description of Change	Reason for Change	Total \$ Value per Change
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Total \$ Value of All Change Orders				

Final Amount Paid to Bidder:	
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# PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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## ATTACHMENT B: MATERIALS AND APARTMENT FLOORPLANS

## VINYL SHEET FLOORING

- Mannington Floors Product Info
  - Flooring Type: Resilient
  - Collection: Benchmark®
  - Pattern Name: Kingsbridge
  - Colorway Name: Castle Rock
  - Product Number: 3822
  - Size: 12' wide roll
  - Revive Collection: No
- Plank Specs
  - Species: SLATE
  - Origin: United States
  - SpillShield® Plus: Yes
  - Repeat Length: 36 inches
  - Repeat Width: 36 inches
- Carton Specs
- Warranties
  - Residential Warranty: 6 yr Residential
  - Commercial Warranty: 0
  - Warranty Details: 6 yr Residential
- Styling Features
  - True Detail Styling: Yes
  - Gloss Level: Medium Gloss
  - Surface Texture: NatureForm® HD
  - Pattern Scale: Small
- Benefits
  - Antimicrobial Protection: No
  - Scratch Resistant: No
  - FloorScore® Certified: Yes
  - Fade and Stain Resistant: No
  - Never Yellow Warranty: 1
  - Recycled Content: No
- Find at: <https://www.mannington.com/residential/products/resilient/benchmark/benchmark-6-square/Kingsbridge/3822>



## **LUXURY VINYL PLANK FLOORING**

TAS Flooring Expedition Magellan Luxury Vinyl Plank



## Carpeting

Short-Pile Neutral Beige  
Non-brand specific.



## BASEBOARD

Roppe 4 In X .125 In X 48 In Dolphin Vinyl Wall Cove Base

- Our Vinyl Type Tv Wall Base Offers a Superior Color Finish And Quality Construction
- Pvc Compound That Contains Non-Phthalate Plasticizer
- Made In the U.S.A. And Meets Floorscore and Chps Criteria
- Dimensional Stability Precise Gauging and Uniform Height Help Conceal Floor and Wall Irregularities
- Homogeneous Color Is Inherent Through the Base and Superior Finish Resists Scuffing Gouging and Most Chemicals
- Smooth Pattern Creates a Nice Finished Edge Between the Floor and Wall
- These Nature-Friendly Products May Contribute to The LEED Green Building Certification System
- Intended For Commercial or Residential Use
- Mfg #40C83P129



### Make & Model

Brand	Roppe
Country of Origin	USA
UNSPSC	30161700
UPC	662756017796
UPC Code	662756017796

### Specifications

Color	Dolphin
Interior/Exterior	Interior
Number of Pieces	30
Package Quantity	1
Style	Coved

### Assembled Dimensions

Product Length	48 ft.
Product Width	4 in.



# Brookridge Apartments

## Ground Floor:

1 Bed - 1 Bath  
520 Sq Ft

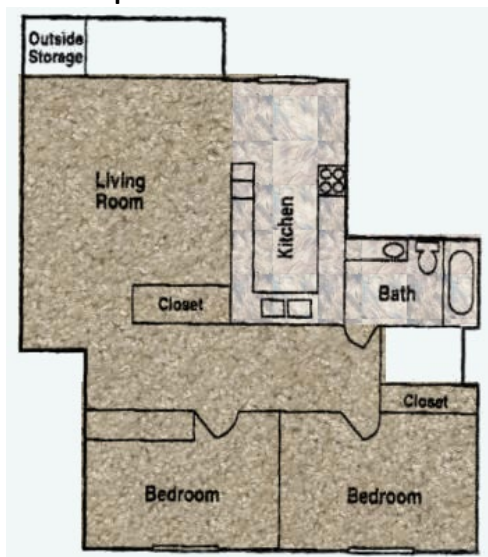


2 Bed -1 Bath  
714 Sq Ft



## Upper Floor(s):

2 Bed -1 Bath  
714 Sq Ft



# Chateau Rainier Apartments

## Ground Floor:

1 Bed - 1 Bath

700 Sq Ft



2 Bed -1 Bath

880 Sq Ft



2 Bed – 2 Bath

915 Sq Ft



3 Bed – 2 Bath

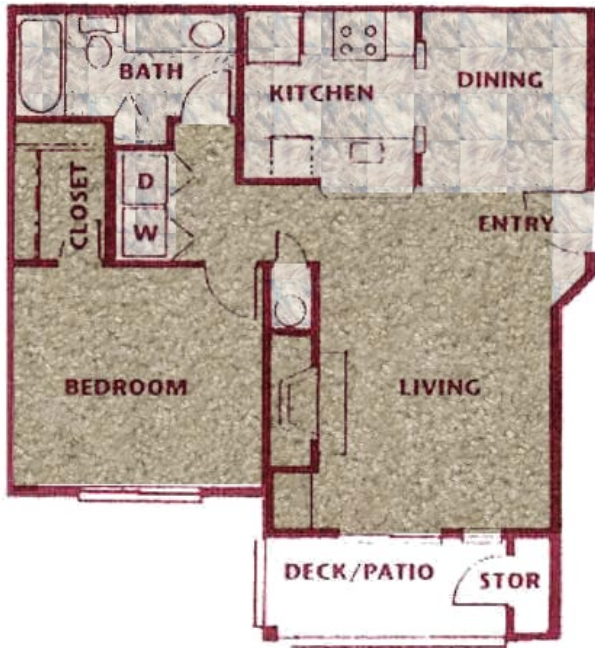
1150 Sq Ft



## Upper Floor(s):

1 Bed - 1 Bath

700 Sq Ft



2 Bed - 1 Bath

880 Sq Ft



2 Bed – 2 Bath

915 Sq Ft



3 Bed – 2 Bath

1150 Sq Ft





# DeMark Apartments

## Ground Floor:

1 Bed - 1 Bath

597 Sq Ft



2 Bed -1 Bath

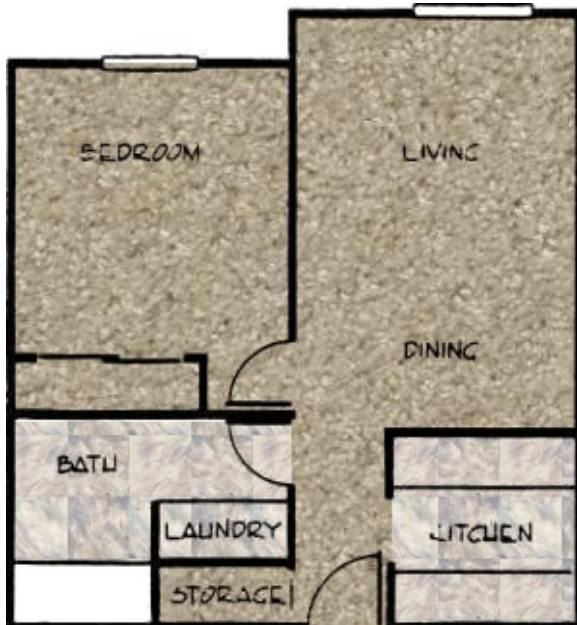
846 Sq Ft



## Upper Floor(s):

1 Bed - 1 Bath

597 Sq Ft



2 Bed -1 Bath

846 Sq Ft



# Hidden Village Apartments

## Ground Floor:

1 Bed - 1 Bath

627 Sq Ft



# Lakewood Village Apartments

## Ground Floor:

1 Bed - 1 Bath

645 Sq Ft



2 Bed - 1 Bath

875 Sq Ft



3 Bed - 2 Bath

1085 Sq Ft



## Upper Floor(s):

1 Bed - 1 Bath

645 Sq Ft



2 Bed - 1 Bath

875 Sq Ft



3 Bed - 2 Bath

1085 Sq Ft





# Oakleaf Apartments

## Ground Floor:

1 Bed - 1 Bath

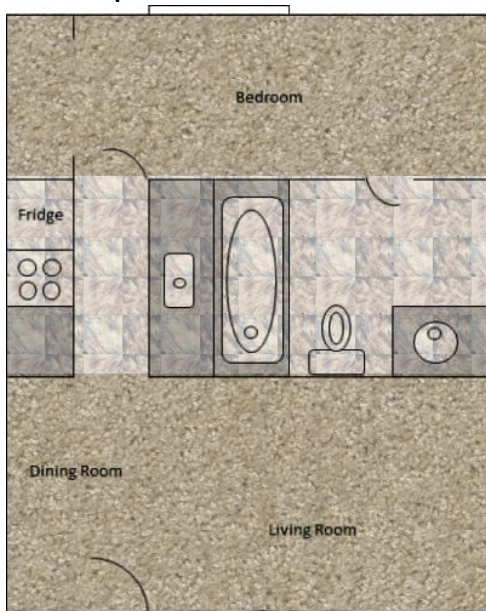
448 Sq Ft



## Upper Floor(s):

1 Bed - 1 Bath

520 Sq Ft





# Village Square Apartments

## Ground Floor:

1 Bed - 1 Bath

480 Sq Ft



2 Bed - 1 Bath

672 Sq Ft



## Upper Floor(s):

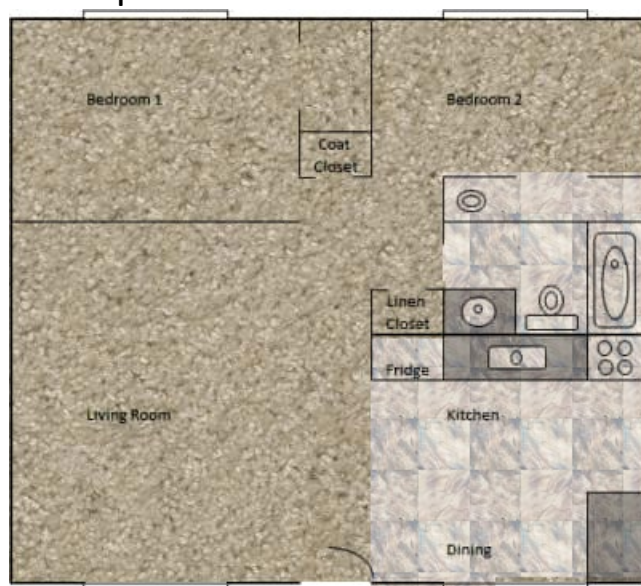
1 Bed - 1 Bath

480 Sq Ft



2 Bed - 1 Bath

672 Sq Ft





# PIERCE COUNTY HOUSING AUTHORITY

603 South Polk Street, Tacoma, WA 98444 | 253-620-5400

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## ATTACHMENT C: PREVAILING WAGE DETERMINATIONS

State of Washington  
Department of Labor & Industries  
Prevailing Wage Section - Telephone 360-902-5335  
PO Box 44540, Olympia, WA 98504-4540

**Washington State Prevailing Wage**

The PREVAILING WAGES listed here include both the hourly wage rate and the hourly rate of fringe benefits. On public works projects, worker's wage and benefit rates must add to not less than this total. A brief description of overtime calculation requirements are provided on the Benefit Code Key.

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Journey Level Prevailing Wage Rates for the Effective Date: 12/29/2023

<a href="#">County</a>	<a href="#">Trade</a>	<a href="#">Job Classification</a>	<a href="#">Wage</a>	Holiday	Overtime	Note	*Risk Class
Pierce	<a href="#">Residential Laborers</a>	Journey Level	\$33.97		<u>1</u>		<a href="#">View</a>
Pierce	<a href="#">Residential Soft Floor Layers</a>	Journey Level	\$57.11	<u>5A</u>	<u>3J</u>		<a href="#">View</a>