**Alternative Subcontractor Selection Application**

**for PRC Approval**

*To use the General Contractor/Construction Manager (GC/CM) Alternative Subcontractor Selection*

*per RCW 39.10.385 as approved by the Legislature in the spring of 2021.*

**Please submit one Supplement B form for each desired subcontractor/subcontract package.**

These should be submitted together and will be evaluated at the same review date and time.

**Identification of Applicant**

1. Legal name of Public Body (your organization):
2. Address:
3. Contact Person Name:  Title:
4. Phone Number:  E-mail:
5. Name of Project:
6. Original date PRC approved project for GC/CM:
7. Subcontractor/Subcontract Package desired for Alternative Selection:
8. Subcontract Value: $
9. **Public Benefit –**
	1. What does your organization see as the benefits to the public of using alternative subcontractor selection and why is it appropriate vs low bid selection?
	2. Please explain the process your organization will use to determine if alternative subcontractor selection is in the best interest of the public
10. **Public Body Engagement/Knowledge**
	1. What role will your organization play in the selection process and the oversight of the GC/CM in the selection process?
	2. Discuss your organization’s understanding of the Public Body responsibilities contained in RCW 39.10.385, including the audit requirements.

**Signature of Authorized Representative**

In submitting this application, you, as the authorized representative of your organization, understand that: (1) the PRC may request additional information about your organization, its construction history, and the proposed project; and (2) your organization is required to submit the information requested by the PRC. You agree to submit this information in a timely manner and understand that failure to do so may delay action on your application.

I have carefully reviewed the information provided and attest that this is a complete, correct and true application.

Signature:

Name *(please print)*: *(public body personnel)*

Title:

Date: