#  FORM 1

# COVER SHEET

1. Project name:

2. Project director contact information (if there are co-directors, list information for all)

1. Name and title:
2. Address:
3. Phone:
4. Email:
5. Name of employer:

3. Postsecondary education institution lead partner (the Bidder submitting this proposal)

1. Name, address, principal place of business, telephone number, and e-mail address:
2. Describe the Bidder’s role in the project in 1-3 sentences:

4. Other postsecondary education partners

1. Name, address, principal place of business, telephone number, and e-mail address of each partner:
2. Describe the partner’s role in the project in 1-3 sentences:

5. Required health care entity

1. Name, address, principal place of business, telephone number, and e-mail address:
2. Describe the required health care entity’s role in the project in 1-3 sentences:

6. Other partners

1. Name, address, principal place of business, telephone number, and e-mail address of each partner:
2. Describe the partner’s role in the project in 1-3 sentences:

7. Project postsecondary education participant estimates (headcount):

| Postsecondary Education Institution Name | Students  | Faculty  | Other Personnel |
| --- | --- | --- | --- |
| a.  |  |  |  |
| b. |  |  |  |
| c. (add rows as necessary) |  |  |  |

8. Project end date (cannot be beyond 6/30/19): \_\_\_\_\_\_\_\_

9. Budget request (must be consistent with Project Budget Form): $\_\_\_\_\_\_\_\_

10. Project summary (500 words or less summarizing the project):

11. Supplemental information for Bidders other than public institutions of higher education:

1. Federal Employer Tax Identification number or Social Security number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must state that it will become licensed in Washington within thirty (30) calendar days of being selected as the Apparent Successful Bidder.
2. Legal status of the Bidder (sole proprietorship, partnership, corporation, etc.).
3. Location of the facility from which the Bidder would operate if selected as the Apparent Successful Bidder.
4. Identify Bidder’s personnel working on the proposed project who are state employees or former (within the last 24 months) state employees. List each individual’s name, name of the state agency they work for or worked for, job title or position held, and separation date. If, following a review of this information, it is determined by the AGENCY that a conflict of interest exists, the Bidder may be disqualified from further consideration for the award of a contract.
5. If the Bidder has had a contract with the state of Washington (including any state agencies) terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Bidder’s non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Bidder, or (b) litigated, and such litigation determined that the Bidder was in default. Submit full details of the terms for default including the other party's name, address, and phone number. Present the Bidder’s position on the matter. The AGENCY will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If no such termination for default has been experienced by the Bidder in the past five years, so indicate.