



CWU Consultant Roster Application

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing (if different): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Tax ID No: \_\_\_\_\_ UBI: \_\_\_\_\_

Diverse Business: (check all that apply) Certification #: \_\_\_\_\_

- [ ] MBE Minority Owned Business [ ] Both Minority and Woman Owned [ ] VOB Veteran Owned Business
[ ] WBE Woman Owned Business [ ] SEDBE Socially & Economically Disadvantaged Business

Type of Firm (Check all that apply)

- Architecture, Specialty (Acoustic, lab, fire, design, etc.), Engineering, Service (quality control, testing, inspections, etc.), Other (legal, accounting, etc.)

Type of Services (Check all that apply)

- Acoustics, Archaeology/Cultural Reviews, Asbestos Abatement, Campus Planning, Civil, Commissioning, Code Review, Communication Systems, Constructability Review, Construction Management, Cost Estimating, Electrical, Environmental, Facility Planning, Fire Protection, Forestry/Silviculture, General Architecture, Geotechnical, GIS Services, Graphic Design, Historic Preservation, Interior Design, Landscape Architecture, Land Surveying, Mechanical, Programming, Structural Design, Signage & Wayfinding, Telecommunication, Testing & Inspection, Theater Design, Transportation/Traffic, Value Engineering, Other Specialty: Specify: \_\_\_\_\_

Provide the following and submit to the email or address below:

- 1. CWU Consultant Roster Application
2. Letter of Introduction
3. Federal Standard Form (SF) 330 (Consultant qualifications, firms experience, resume's, example projects)
4. Provide evidence of Business license with expiration date, Liability Insurance, registrations, or industry certifications if any
5. Diverse Business Plan- See attached

Central Washington University

Capital Planning & Projects
Attn: Eric Fraley
400 E. University Way
Ellensburg, WA 98926-7523
Eric.Fraley@cwu.edu
Office: 509-963-2447
Fax: 509-963-1015

Print name, title, sign and date below:

Name: \_\_\_\_\_
Title: \_\_\_\_\_
Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_