

EXHIBIT A-2 – CONTRACTOR’S PROFILE & REFERENCES

Competitive Solicitation:	RFQQ No. 24-07 issued May 13, 2024
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CONTRACTOR’S INFORMATION PROFILE	
Contractor:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Type/print full legal name of Contractor
Contractor’s Address:	<div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Business Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">Address</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">City, State, Zip Code</div>
Contractor’s Unified Business Identifier Number (UBI): <i>Note: A nine digit UBI number is assigned to each registered business in Washington.</i>	UBI No. _____
Contractor’s Taxpayer Identification Number (TIN): <i>Note: Your TIN will be either a number issued by the IRS (e.g., Employer Identification Number, Federal Tax Identification Number) or a number issued by the Social Security Administration (i.e., your Social Security Number). Do Not provide a Social Security Number.</i>	_____
Is your firm certified as a minority- or woman-owned business with the Washington State Office of Minority and Women’s Business Enterprises (OMWBE)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide Contractor’s MWBE certification no.: _____

<p>Is your firm a self-certified Washington State Small Business?</p> <p><i>Note: See Exhibit A-1 – Contractor’s Certification for criteria to qualify as a Washington State Small Business.</i></p> <p><i>Note: Regardless of size, a qualifying business must be owned and operated independently from all other businesses. In regard to size, the gross revenue thresholds, as reported on Contractor’s tax returns, are as follows:</i></p> <ul style="list-style-type: none"> ▪ Microbusiness: Annual gross revenue of less than \$1,000,000 ▪ Minibusiness: Annual gross revenue of more than \$1,000,000, but less than \$3,000,000 ▪ Small Business: Annual gross revenue of less than \$7,000,000 over each of the three prior consecutive years. 	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide the location for Contractor’s principal place of business:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Street Address</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">City, State, Zip Code</p> <p>If yes, what is your business size (based on annual gross revenue)?</p> <p style="text-align: right;">Microbusiness <input type="checkbox"/></p> <p style="text-align: right;">Minibusiness <input type="checkbox"/></p> <p style="text-align: right;">Small Business <input type="checkbox"/></p>
<p>Is your firm certified as a Veteran-Owned Business with the Washington State Department of Veteran Affairs?</p> <p><i>Note: See Exhibit A-1 – Contractor’s Certification for criteria to qualify as a Certified Veteran-Owned Business.</i></p>	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide Contractor’s WDVA certification no.:</p> <p style="text-align: center;">_____</p>
<p>CONTRACTOR’S PRIMARY POINTS OF CONTACT:</p>	<p>Authorized Representative:</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Contract Administrator:</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p>

REFERENCES

Provide at least three (3) references for Contractor including company name, contact name, title, phone number, email address, and a description of the work engagement upon which the reference is based.

CONTRACTOR REFERENCES	
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:

SUBCONTRACTORS

Identify authorized subcontractors who will provide service on a contract resulting from this solicitation.

LEGAL NAME	SMALL, WOMEN OWNED, VETERAN OR OTHER DISADVANTAGED STATUS	POINT OF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

Return this Contractor’s Profile & References to the RFQQ Coordinator at:
jim.webster@sos.wa.gov