

EXHIBIT A-2 – BIDDER’S PROFILE & REFERENCES

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| Competitive Solicitation: | RFP No. 25-03 issued March 3, 2025 |
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| BIDDER’S INFORMATION PROFILE | |
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| Bidder: | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Type/print full legal name of Bidder |
| Bidder’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> |
| Bidder’s Unified Business Identifier Number (UBI): <i>Note: A nine digit UBI number is assigned to each registered business in Washington.</i> | UBI No. ____ _ |
| Bidder’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> | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |
| 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 Bidder’s MWBE certification no.: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> |

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| <p>Is your firm a self-certified Washington State Small Business?</p> <p><i>Note: See Exhibit A-1 – Bidder’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 Bidder’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 Bidder’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 – Bidder’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 Bidder’s WDVA certification no.:</p> <p style="text-align: center;">_____</p> |
| <p>BIDDER’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> |

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REFERENCES

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

| BIDDER REFERENCES | |
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| 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 |
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Return this Bidder's Profile & References to the RFP Coordinator at:
jim.webster@sos.wa.gov