

EXHIBIT A-2 – BIDDER’S PROFILE & REFERENCES

Competitive Solicitation:	RFP No. 25-03 issued March 3, 2025
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BIDDER’S INFORMATION PROFILE	
Bidder:	_____ Type/print full legal name of Bidder
Bidder’s Address:	_____ Business Name _____ Address _____ City, State, Zip Code
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>	_____
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 ☐ No ☐ If yes, provide Bidder’s MWBE certification no.: _____

Is your firm a self-certified Washington State Small Business? <i>Note: See Exhibit A-1 – Bidder's Certification for criteria to qualify as a Washington State Small Business.</i> <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> ▪ 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.	Yes ☐ No ☐ If yes, provide the location for Bidder's principal place of business: _____ Street Address _____ City, State, Zip Code If yes, what is your business size (based on annual gross revenue)? Microbusiness ☐ Minibusiness ☐ Small Business ☐
Is your firm certified as a Veteran-Owned Business with the Washington State Department of Veteran Affairs? <i>Note: See Exhibit A-1 – Bidder's Certification for criteria to qualify as a Certified Veteran-Owned Business.</i>	Yes ☐ No ☐ If yes, provide Bidder's WDVA certification no.: _____
BIDDER'S PRIMARY POINTS OF CONTACT:	Authorized Representative: Name: _____ Email: _____ Phone: _____ Contract Administrator: Name: _____ Email: _____ Phone: _____

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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	
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 Bidder's Profile & References to the RFP Coordinator at:
jim.webster@sos.wa.gov