

EXHIBIT A-2 – BIDDER’S PROFILE & REFERENCES

Competitive Solicitation:	ITPS Work Request No. 24-05 issued March 18, 2024
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BIDDER’S INFORMATION PROFILE	
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>	_____
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.: _____

<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>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide the location for Bidder’s principal place of business:</p> <p>_____</p> <p style="text-align: center;">Street Address</p> <p>_____</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>Microbusiness <input type="checkbox"/></p> <p>Minibusiness <input type="checkbox"/></p> <p>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>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide Bidder’s WDVA certification no.:</p> <p>_____</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>

REFERENCES

Provide two (2) references for Bidder and two (2) professional references for each proposed candidate, 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:
REFERENCES FOR _____ (PROPOSED CANDIDATE)	
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
REFERENCES FOR _____ (PROPOSED CANDIDATE)	
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
Company Name: Contact Name: Title: Phone: Email:	Description of Work Engagement:
REFERENCES FOR _____ (PROPOSED CANDIDATE)	
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 work order resulting from this solicitation.

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

BIDDER’S EXPERIENCE WITH RELEVANT BUSINESS PROGRAMS

Detail Bidder’s direct experience, either as a contractor or subcontractor, with the business programs mentioned in Section 1 of the solicitation.

BIDDER’S EXPERIENCE:

Return this Bidder’s Profile & References to Procurement Coordinator at:
jim.webster@sos.wa.gov