Agency Logo Here

**Exhibit A-2 – Bidder’s Profile**

|  |  |
| --- | --- |
| Competitive Solicitation: | No. \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bidder: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type/print full legal name of Bidder |

| **Bidder Information** | |
| --- | --- |
| Legal name of Bidder:  Address of Bidder:  *Note*: This information must match the information from Bidder’s Business License. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code |
| Bidder’s Washington State Department of Revenue Registration Number/Unified Business Identifier (UBI) Number:  *Note*: A nine digit UBI number is assigned to each registered businesses in Washington. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Taxpayer Identification No. (TIN):  *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. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does Bidder intent to utilize subcontractors to perform the Contract, if awarded?  *Note*: If Bidder intends to utilize subcontractors, Bidder must identify Bidder’s intended subcontractors. | Yes  No  If yes, provide Bidder’s anticipated subcontractor(s): \_\_\_\_\_\_\_\_\_\_\_\_ |
| Is your firm certified as a minority or woman owned business with the Washington State Office of Minority & 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?  *Note*: See *Exhibit A-1 – Bidder’s Certification* for criteria to qualify as a Washington State Small Business.  *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:   * Microbusiness: Annual gross revenue of less than one million dollars. * Minibusiness: Annual gross revenue of more than one million dollars, but less than three million dollars. * Small Business: Annual gross revenue of less than seven million dollars 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?  *Note*: See *Exhibit A-1 – Bidder’s Certification* for criteria to qualify as a Certified Veteran-Owned Business. | Yes  No  If yes, provide Bidder’s WDVA certification no.: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Contract Management Points of Contact for Bidder** | |
| --- | --- |
| Authorized Representative  Name:  Email:  Phone: | Contract Administrator  Name:  Email:  Phone: |
| Address for Enterprise Services to send legal notices:  Company name:  Attn:  Address:  City/State/Zip:  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature Authority (if awarded a contract)  Name:  Title: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ordering/Sales Points of Contact (expand as necessary)** | | | |
| **Name** | **Phone Number** | **E-mail** | **Area of Responsibility** |
|  |  |  |  |
|  |  |  |  |
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**References**

Provide a minimum of three (3) commercial or government references for which bidder has delivered goods and/or services similar in scope as described in the Competitive Solicitation.

|  |  |
| --- | --- |
| **Reference 1** | |
| Company Name:  Contact:  Phone:  Email: |  |
| **Reference 2** | |
| Company Name:  Contact:  Phone:  Email: |  |
| **Reference 3** | |
| Company Name:  Contact:  Phone:  Email: |  |

**Will Call/Service Locations**

Identify will call or service locations throughout the state.

|  |  |  |  |
| --- | --- | --- | --- |
| **Location** | **Point of Contact** | **Phone Number** | **Area(s) of Responsibility** |
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**Purchase Cards (i.e., credit cards**)

Please indicate which types of purchasing (credit) cards are accepted (note: any card fees must be included in the unit price of the bid):

Visa  Master Card  American Express  Discover  Other:

Return this Bidder’s Profile to Procurement Coordinator at:  
\_\_\_\_\_\_\_\_\_\_\_\_@agency.wa.gov