

Brittany Westling President & CEO Team b. Strategy + 3119 N 20th Street Tacoma, WA 98406

To the Washington State Department of Transportation Contract Selection Committee:

Team b. Strategy + is pleased to submit the following quotation for the Washington State Department of Transportation Air Mobility Aircraft Plan proposal and hereby certifies it is in compliance with the solicitation and its requirements. As a woman-owned and military-spouse-owned small business, we are pleased to bring unique perspective, qualifications, and expertise to this exciting opportunity in Washington. My active-duty spouse and I have been stationed at Joint Base Lewis McChord (JBLM) twice and have declared our intent to homestead here upon his retirement from the U.S. Air Force.

Our firm is well-positioned to gather data from state, local, tribal, Federal, and Defense stakeholders as well as community members to get a fulsome picture of how a state-wide approach to Advanced Air Mobility (AAM) might impact Washington. At the conclusion of our study, we will provide a complete report outlining how AAM can bring innovation, efficiency, and prosperity to the state. The report will address timelines for vertiports and vertistops, infrastructure requirements, governance and oversight frameworks, and policy implications for this exciting plan.

If selected, Team b. Strategy + will exceed expectations to provide an actionable plan that addresses risks and benefits for the state. It is our sincere hope to be afforded the opportunity to be selected to partner with WSDOT to play a part in this exciting endeavor and contribute to this future transportation paradigm.

Sincerely,

Enclosures:

Britting Ulest

WSDOT Air Mobility Aircraft Plan Packet B Appendix A Bill Rate Template Team b.

team b.

STRATEGY +

WSDOT Air Mobility Aircraft Plan Proposal

Packet B

April 2, 2024



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Consultant Information Form

Firm Name:				F	YE Date:		Number of Employees:
Address:							
City:	State:		Zip Code:			County	:
Phone:		Fax:		Com	pany Web Site:		
Remit to Address:							
City:	State:		Zip Code:			County	:
Phone:			Fax:				
Statewide Vendor Number (SWV) for Remit to Address:		Federal Tax ID Number or Social Security Number:					
Unified Business Identifier Number (UBI):		Date Universa	al Num	bering System (D	UNS) Nu	mber:	
W P' P (11'1 1		LIDDE/GDEA/GAMADE C (1)	" .'		NAIGG C 1 0	C 1 N	
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code Na	ime:
Duemond Dueingt Managam			Email				
Proposed Project Manager: Email:							
Financial Contact:			Email:				
Timaleta Contact.		Eman.					
L							
Firm Type:							
☐ Sole Proprietor ☐ Partner	ship [☐ C – Corp. ☐ Limited Part	nership 🔲 Su	ıbchapı	ter S Corp.	Limited L	iability Company
Annual Gross Receipt:							
\$\bigcup \\$0 to \$1 Million \$\bigcup \\$1 Million to \$5 Million \$\bigcup \\$5 Million to \$10 Million \$\bigcup \\$10 Million to \$15 Million \$\bigcup \\$0 Ver \$15 Million				Over \$15 Million			
Note:							
Firm Name: Please <u>do not</u> use: dba's	– doing	business as; combination name	s when two firm	ns are v	working together, i	unless the	e combination name is the

Firm Name: Please <u>do not</u> use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be *REQUIRED* to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is *REQUIRED* for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. For additional information, please visit the Office of Financial Management (OFM) at https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services

FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 — WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: WSDOT Air Mobility -Aircraft Plan -

hereby	cer	tify, on behalf of the firm identified below	w, as foll	ows (check one):	
	⊠	No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for Employees. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.			
		0	R		
			oyees, a	CLASS OR COLLECTIVE ACTION WAIVERS FOR s a condition of employment, to sign or es or class or collective action waivers.	
nerein a isted he	ire t erein	rue and correct and that I am authorize		e State of Washington, that the certifications ke these certifications on behalf of the firm	
FIRM NA	AME:	Team b. Marketing, Inc. Name of Contractor/Bidder – Print full legal	entity na	me of firm	
Ву:	Sign	nature of authorized person	Britta	ny Westling me of person making certifications for firm	
Title:		resident & CEO e of person signing certificate	Place:	Tacoma, WA Print city and state where signed	
Date:		arch 30, 2024		,	
Date:					

CONTRACTOR CERTIFICATION WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA WASHINGTON STATE GOODS & SERVICES CONTRACTS

Prior to w rding contr ct, gencies re required to determine th t bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursu nt to legisl tive en ctment in 2017, the responsible bidder criteri include contr ctor certific tion th t the contr ctor h s not willfully viol ted W shington's w ge l ws. See Ch p. 258, 2017 L ws (en cting SSB 5301).

Solicitation or greement Title: WSDOT Air Mobility Aircraft Plan

Solicitation Posting Date or Agreement Start Date: February 2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFIC TION:

This firm has <u>NOT</u> been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in <u>RCW 49.48.082</u>, any provision of RCW chapters <u>49.46</u>, <u>49.48</u>, or <u>49.52</u> within three (3) years prior to the date of the above-stated date.

FIRM N ME: Team b. Marketing, Inc.

Name of Consultant/Contractor – Print full legal entity name of firm

By: Signature of authorized person

Brittany Westling

Print Name of person making certifications for firm

Title: President & CEO Place:

Place: Tacoma, WA

Title of person signing certificate Print city and state where signed

Date: March 31, 2024

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name:				
Consultant's Project Manager:				
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.)				
Type of Work: Roadway Design Plans Specs & Estimates Transportation Study R	Right-of-Way 🔲 Other			
Contract Information: (Work must have been completed within the last 3 years or is currently being performed	I.)			
Start Date End Date Sub	Dollar Amount of Services			
Performance Evaluation				
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	Score 1 - Low to 10 - High			
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?				
2. Did the firm complete the project within the total budgeted amount?				
3. Did the firm complete the project within the contract schedule(s)?				
4. Did the firm meet all of your technical standards and quality expectations?				
5. Was the firm's communication, both oral and written, clear and concise?				
6. Was the firm's project management system effective?				
Total Score (Total the score by adding the scores for criterias 1 through 6.)				
Average Score (Average the score by dividing the total score by the total number of criteria that was rated.)				
Evaluator Information:				
Firm/Company Name:				
Evaluator's Name: Evaluator's Title:				
Firm/Company Address:				
Phone: Fax: Date:				
Distribution: Original: Return to Consultant being evaluated; and	Rev. 2014			

Washington State Department of Transportation

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Contract Information	: (Work must have been completed within the last 3 years)	ears or is currently being performe	d.)
	Start Date E	nd Date	Dollar Amount of Services
Prime Sub			
	Performan	ce Evaluation	
	Rating Criteria	<u>ce Evaluation</u>	Score
Pleas	se rate each criteria on a scale of 1 to 10. 1 being low a	nd 10 being high.	1 - Low to 10 - High
Was the firm coop budget related or work	perative and responsive during any negotiations whether the element related?	r they were	
2. Did the firm comp	plete the project within the total budgeted amount?		
3. Did the firm comp	plete the project within the contract schedule(s)?		
4. Did the firm meet	all of your technical standards and quality expectation	?	
5. Was the firm's con	mmunication, both oral and written, clear and concise?		
6. Was the firm's pro	oject management system effective?		
Total Score (Total the score by ac	dding the scores for criterias 1 through 6.)		
Average Score (Average the score by	y dividing the total score by the total number of criteria	that was rated.)	
	Evaluator	Information:	
Firm/Company Name	е:		
Evaluator's Name:		Evaluator's Title:	
Firm/Company Addr	ess:	-	
Phone:	Fax:	Date:	
Distribution:	Original: Return to Consultant being evaluated; a	ind	Rev. 2014
	Copy: Fax to WSDOT at 360-705-6838 or email to	o wsdotcso@wsdot.wa.gov	8

Washington State Department of Transportation

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Consultant's Project Manager:				
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.)				
Type of Work: Roadway Design Plans Specs & Estimates	Transportation Study R	ight-of-Way Dther		
Contract Information: (Work must have been completed within the last 3 year	rs or is currently being performed	l.)		
Start Date End Store Store Start Date	Date	Dollar Amount of Services		
Performanc	e Evaluation			
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low an		Score 1 - Low to 10 - High		
Was the firm cooperative and responsive during any negotiations whether budget related or work element related?	they were	-		
2. Did the firm complete the project within the total budgeted amount?	•			
3. Did the firm complete the project within the contract schedule(s)?	_			
4. Did the firm meet all of your technical standards and quality expectations?	<u>-</u>			
5. Was the firm's communication, both oral and written, clear and concise?	_			
6. Was the firm's project management system effective?	_			
Total Score	_			
(Total the score by adding the scores for criterias 1 through 6.)				
Average Score (Average the score by dividing the total score by the total number of criteria total score by the total score by the total number of criteria total score by the total scor	nat was rated.)			
Evaluator	Information:			
Firm/Company Name:				
Evaluator's Name:	Evaluator's Title:			
Firm/Company Address:	1			
Phone: Fax:	Date:			
Distribution: Original: Return to Consultant being evaluated; ar		Rev. 2014		

Cost Factors

- Proposed Billing Rates Form for the following labor categories can be found in Appendix A:
 - Industry Expert
 - Subject Matter Expert
 - Graphic Designer
 - Event Coordinator
- List all proposed personnel for the project with corresponding labor classifications and rates. Rates should be "all inclusive" or "fully burdened" hourly rates.

Position	Name	Labor Category	Availability
Project Manager	Joyce Deuley	Subject Matter Expert	120 hours/month
Event Coordinator	Ashley Mower	Event Coordinator	40 hours/month
Design and Layout	Katie Chewning	Graphic Designer	10 hours/month
Technical Advisors	Various (Approx. 5-7)	Industry Expert	2 hours/month

- Additional funding for travel requested aside from \$300K in anticipated labor hours will accommodate trips for Project Manager to conduct in-person focus groups, site visits, and interviews: \$30K
- Total Project Estimate at current scope: \$330K
- Clearly identify the proposed Project Manager



Joyce Deuley: Strategic Project & Communications Specialist
Joyce is a problem solver extraordinaire with an innate ability to bring ideas to life with special focus on improving communities and organizations both big and small. Her background in Energy, Smart Cities, and Internet of Things (IoT) markets coupled with her entrepreneurial spirit are assets to any project she touches. Joyce thrives when discussing and developing solutions for emerging technologies and studying their potential impacts on communities. Our clients are dazzled by her ability to research a topic and assemble actionable plans that drive impact and deliver value. When she is not solving problems for our clients, you can find her flexing her creativity through knitting, poetry, and baking. You'll have to get in line if you want one of her famous lemon ricotta bars.



Appendix A: Bill Rate Table



Billing Rate Table

WSDOT Agreement: Team b. Marketing, Inc. 3119 N 20th Street Tacoma, WA 98604

Tacoma, WA 98604		
Job Classifications		Hourly Billing Rate
Project Manager (Joyce Deuley, SME)	Ī	\$ 195.94
Graphic Designer (Katie Chewning)		\$ 97.98
Event Coordinator (Ashley Mower)		\$ 82.80
Industry Expert (Technical Advisors As Needed/TBD)		\$ 257.90