

February 15, 2024

To Whom This May Concern,

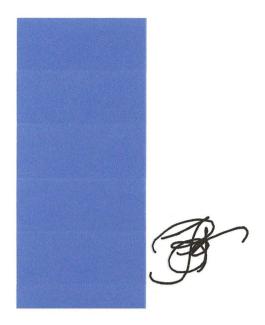
Klimt Consulting, LLC a Minority and Women-Owned Business Enterprise is delighted to hereby submit to the Washington Department of Transportation Center a Request for Proposal for Community Centered Transportation Leadership to Curb Carbon. Klimt Consulting, LLC was formed in 2017. We provide an array of services such as outreach, technical assistance, HUD Program administration, grant writing and grant administration, community programming and implementation. We are experts in rent relief programs by local, county, state and federal funds. Our program administration (ERAP, ARPA, HOME, CDBG, CDBG-DR, HPRP, ESG, NSP, LBPHC and HESG) experience expands to over 25 years combined with our knowledgeable staff members.

Our staff and consultants have the experience necessary to execute all aspects of this program.

Please do not hesitate to contact me with any questions you may have at (310) 922-8370 or via email at rferrell@klimtllc.com.

Respectfully,

Renea Ferrell President



Klimt Consulting LLC 15901 Hawthorne Blvd Suite 308 Lawndale CA 90260

State of Washington
Department of Transportation
Community Centered Transportation Leadership to Curb Carbon
SOQ "Packet B"
Submitted by Klimt, LLC

## Washington State Department of Transportation

### **Performance Evaluation Completed by Reference**

Consultant Name: Klimt Consulting, LLC						
Consultant's Project Manager: Renea Ferrell						
Project Name to be Evaluated on: (Work must have been completed within the Los Angeles County Rent Relief Assistance F			се			
Type of Work:  Roadway Design Plans Specs & Estimates	Transportation Study	Right-of-Way Other				
Contract Information: (Work must have been completed within the last 3 year	s or is currently being performe	d.)				
Prime	Date	Dollar Amount of Services				
Sub 09/09/2020 03/31	/2021	\$884,771.25				
	e Evaluation					
Rating Criteria  Please rate each criteria on a scale of 1 to 10. 1 being low and	1 10 being high.	Score 1 - Low to 10 - High				
Was the firm cooperative and responsive during any negotiations whether to budget related or work element related?			10			
2. Did the firm complete the project within the total budgeted amount?			10			
3. Did the firm complete the project within the contract schedule(s)?	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?			10			
5. Was the firm's communication, both oral and written, clear and concise?			10			
6. Was the firm's project management system effective?			10			
<b>Total Score</b> (Total the score by adding the scores for criterias 1 through 6.)			60			
Average Score						
(Average the score by dividing the total score by the total number of criteria th	nat was rated.)		10			
	nformation:					
Firm/Company Name: Fair Housing Foundation						
Evaluator's Name: Stella Verdeja	Evaluator's Title: Executiv	ve Director				
Firm/Company Address: 3605 Long Beach Blvd, STE 30	02 Long Beach CA	90807				
Phone: 562-989-1206 ext. 1100 Fax:	Date:Febru	ıary 15, 2024				
Distribution: Original: Return to Consultant being evaluated; an	d	Rev.	2014			

Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

## Washington State Department of Transportation

### **Performance Evaluation Completed by Reference**

Consultant Name: Klimt Consulting LLC						
Consultant's Project Manager:						
Renea Ferrell						
Project Name to be Evaluated on: (Work must have been c	ompleted within the last 3 years or is curren	tly being performed.)				
City of Huntington Park CDBG Re	construction Project					
Type of Work:  Roadway Design Plans Specs & Estin	nates Transportation Study	Right-of-Way Other				
Contract Information: (Work must have been completed w	ithin the last 3 years or is currently being pe	rformed.)				
Start Date	End Date	Dollar Amount of Services				
Prime 12/07/2021  X Sub	12/07/2022	\$196,000- this includes cost for other CDBG work as well.				
	Performance Evaluation					
Rating Crite		Score				
Please rate each criteria on a scale of 1 to 1	0. 1 being low and 10 being high.	1 - Low to 10 - High				
Was the firm cooperative and responsive during any neg budget related or work element related?	otiations whether they were	9				
2. Did the firm complete the project within the total budge	9					
3. Did the firm complete the project within the contract scl	9					
4. Did the firm meet all of your technical standards and qua	9					
5. Was the firm's communication, both oral and written, cle	9					
6. Was the firm's project management system effective?		9				
<b>Total Score</b> (Total the score by adding the scores for criterias 1 through	6.)	54.00				
Average Score  (Average the score by dividing the total score by the total number of criteria that was rated.)						
	Evaluator Information:					
Firm/Company Name:						
City of Montebello						
Evaluator's Name:  Cesar Roldan	Evaluator's Title: Director of Publ	lic Works				
Firm/Company Address:	Director of 1 dbl	io tronto				
1600 W. Beverly Boulvard, Montebelle	o. CA 90640					
Phone: 323-887-1462 Fax:		15/2024				
Distribution: Original: Return to Consultant bei		Rev. 2014				
Copy: Fax to WSDOT at 360-705-	5838 or email to wsdotcso@wsdot.wa.g	ov				

## Washington State Department of Transportation

# **Performance Evaluation Completed by Reference**

Consultant Na	<sup>me:</sup> Klimt Consulting. LLC					
	roject Manager: Renea Ferrell	a vaga unta internación muyetas emastra usas un estador que estador, vaga un estador y como acid				
	to be Evaluated on: (Work must have bee	•		, ,		
Type of Work:	adway Design Plans Specs & Es	stimates Trai	nsportation Study	Right-of-Way Other		
Contract Inform	mation: (Work must have been completed	d within the last 3 years of End Da	1	Dollar Amount of Services		
Prime Sub	03/27/2021	03/31/2	024	\$2,463,258.65		
		Performance I	Evaluation		$\neg$	
	Rating C		37414441011	Score	$\neg$	
	Please rate each criteria on a scale of 1 t	to 10. 1 being low and 10	being high.	1 - Low to 10 - High		
	m cooperative and responsive during any or work element related?	negotiations whether they	were		10	
2. Did the firm	n complete the project within the total but	dgeted amount?			10	
3. Did the firm	3. Did the firm complete the project within the contract schedule(s)?					
4. Did the firm	n meet all of your technical standards and	quality expectations?			10	
5. Was the firm	m's communication, both oral and written	, clear and concise?			10	
6. Was the firm	m's project management system effective?	,			10	
Total Score					60	
(Total the scor	e by adding the scores for criterias 1 throu	ugh 6.)				
Average Score (Average the se	e core by dividing the total score by the tota	al number of criteria that v	vas rated.)		10	
		Evaluator Infe	ormation:			
Firm/Company	<sup>y Name:</sup> Fair Housing Found	dation				
Evaluator's Na	<sup>me:</sup> Stella Veredja	Ev	aluator's Title:	ecutive Director		
Firm/Company	y Address: 3605 Long Beach	Blvd, STE 302	Long Beach	n CA 90807		
Phone:562-	989-1206 ext 1100 Fax:		Date:F	ebruary 15, 2024		
Distribution:	Original: Return to Consultant	being evaluated; and		Rev.	2014	
	Copy: Fax to WSDOT at 360-70	05-6838 or email to ws	dotcso@wsdot.wa.	gov		

Firm Name:				C	YE Date:		Number of Employees:
Motivated Life, LLC				1	12/31/24		1
4201 NE 5th S	Stre	et					
City:	State		Zip Code:			County	74
Renton	W		9805	9		Kir	
Phone: (206) 852-937	9	Fax: N/A		1	npany Web Site:	tiva	itelife.io
Remit to Address: 4201 NE 5th Street							
Renton	State		Zip Code; 9805	9		County	
Phone: (206) 852-937	9		Fax: N/A	***			
Statewide Vendor Number (SWV) for	Remit	o Address:	Federal Tax ID Number or Social Security Number: 84-4436668				
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:				
Year Firm Established: 2020		UDBE/SBE/MSVWBE Certif	fication Number:: NAICS Code & Cod 541611			(A)	ame:
Proposed Project Manager:		L	Email:		1		
Edward Newb	ins			ırd	newbin	s@	gmail.com
Edward Newb	ins		edwa	ırd	newbin	s@	gmail.com
Firm Type:  Sole Proprietor Partnership C - Corp. Limited Partnership Subchapter S Corp. Limited Liability Company							
Annual Gross Receipt:							
■ \$0 to \$1 Million							
Note:							
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 <a href="https://www.dor.wa.gov">www.dor.wa.gov</a>.

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 <a href="https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services">https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services</a>

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: Underttilized 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 <a href="https://www.omwbe.wagov">www.omwbe.wagov</a>

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.

Firm Name:				TF	YE Date:		Number of Employees:
HARRIET TUBMAN FOUNDATION FOR SAFE PASSAGE			BE		EC 30	)	1
Address: 2029 SOUTH	Address: 2029 SOUTH 18TH ST.						
TACOMA	State:		Zip Code: 9840	5	-	County	RCE
Phone: 310-497-4969		Fax: N/A			pany Web Site:		SP.COM
Remit to Address: 2029 SOUTH 18TH ST.							
TACOMA	State:	'A	Zip Code: 9840	)5		County	RCE
7 Phone: 310-497-4969							
Statewide Vendor Number (SWV) for SWV0291982	2 00		Federal Tax ID Number or Social Security Number: 82-4154435				
Unified Business Identifier Number (1604-219012	JBI):		Date Universal Numbering System (DUNS) Number: 117935529				
Year Firm Established: 2018		UDBE/SBE/MSVWBE Certif	ication Number	r::	NAICS Code & 541611 ADM	3 5 5 5 5 5 5	ame: RATIVE MANAGEMENT
Proposed Project Manager:  DR. JESSE N	11L	LER	Email:	@	HTFFS	SP.0	COM
Financial Contact:  DR. JESSE N	/IL	LER	Email: INFO	@	HTFFS	SP.(	COM
Annual Gross Receipt:	llion to	■ C – Corp.	10 Million	]\$10}	ter S Corp.	lion 🗆	Over \$15 Million
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new							

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 <a href="https://www.dor.wa.gov">www.dor.wa.gov</a>

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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

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.

Firm Name: Rokkit Solutions, LLC				12/31/24		Number of Employees:		
Address: 748 Market ST Unit 26								
City: Tacoma	State:	4	Zip Code: 98402			County		
Phone: (253)254-5711		Fax: <b>N/A</b>		Com WW	Company Web Site: www.rokkitsolutions.com			
Remit to Address: 14027 Lake City Way NE Unit E228								
Seattle	State: WA	,	Zip Code: 98125			County King		
Phone: (425) 219-8719			Fax: N/A					
Statewide Vendor Number (SWV) for Remit to Address: In proess			Federal Tax ID Number or Social Security Number: 990933177					
Unified Business Identifier Number (UBI): 605-394-675			Date Universal Numbering System (DUNS) Number: 119209910					
Year Firm Established: 2024		UDBE/SBE/MSVWBE Certifin process	fication Number:: NAICS Code & Code Name: 541611 Admin and Busines:					
Proposed Project Manager: Rhonda Tilford			Email: rhondakay221@gmail.com					
Financial Contact: Rhonda Tilford			Email: rhondakay221@gmail.com					
	ship [	☐ C — Corp. ☐ Limited Parts	nership □ Su	bchap	ter S Corp. 🔳 L	imited L	iability Company	
Annual Gross Receipt:  Solver \$1 Million to \$5 Million to \$5 Million to \$10 Million \$10 Million to \$10 Million to \$15 Million Over \$15 Million								
Note:  Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new or								

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.

Klimt Consulting, LLC				1	FYE Date: 12/31		Number of Employees:	
15901 Hawthorne Blvd, STE 308								
Lawndale	State:	lifornia				Lo	s Angeles	
310-988-8304		Fax:			npany Web Site: <b>WW.Klin</b>	ntllo	c.com	
8939 S Sepulveda Blvd. STE #110, PMB 784								
Los Angeles	State:	lifornia	Zip Code: 9004	5		LO	s Angeles	
Phone: 310-988-8304								
Statewide Vendor Number (SWV) for in process	Remit t	o Address:	Federal Tax ID Number or Social Security Number: 82-0676568					
Unified Business Identifier Number (Unified Description Process	JBI):		Date Universal Numbering System (DUNS) Number: 113421613					
Year Firm Established: 2017		UDBE/SBE/MSVWBE Certifin process	ication Number:				Code Name: e Management & Gen Man. Consulting	
Proposed Project Manager: Renea Ferrell			rferrell@klimtllc.com					
			rferrell@klimtllc.com					
Firm Type:  Sole Proprietor Partnership C - Corp. Limited Partnership Subchapter S Corp. Limited Liability Company								
Annual Gross Receipt:  \$\Bigcup \\$0 to \\$1 Million  \\$5 Million to \\$5 Million  \\$5 Million to \\$10 Million  \\$10 Million to \\$15 Million  \Quad \Quad \Quad \Quad \Quad  \Quad \Qu								
Note:  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.

Firm Name: Leah Hernandez					FYE Date: 12-31-24		Number of Employees:
Address: 1016 114th ave e							
City: Edgewood	State Wa	e:	Zip Code: 98372			Coun	
Phone: 239-641-4530		Fax:		Company Web Site: www.ladanada.nct			
Remit to Address: 1016 114th avc v							
City:	State	2.	Zip Code:		County:		
Edgewood	Wa		98372			King	
Phone: 239-641-4530			Fax:				
Statewide Vendor Number (SWV) fo	r Remit	to Address:	Federal Tax ID Number or Social Security Number: 88-2885535				ımber:
Unified Business Identifier Number	(UBI):		Date Universal Numbering System (DUNS) Number:				Number:
Year Firm Established: 2022		UDBE/SBE/MSVWBE Certification Numb			ber:: NAICS Code & Code Name: 541611 Administrative Management & General Management		
Proposed Project Manager: Leah Hernandez			Email:  eahhoffman80@gmail.com				
Financial Contact: Leah Hernandez			Email: info@ladanada.net				
Firm Type:							

Sole Proprietor Partnership C - Corp. Limited Partnership Subchapter S Corp. Limited Liability Company

Annual Gross Receipt:

50 to \$1 Million \$1 Million to \$5 Million \$5 Million to \$10 Million \$10 Million to \$15 Million Over \$15 Million

#### Note:

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.

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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 <a href="https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayce-services">https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayce-services</a>

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

Prior to awarding a contract, agencies are required to determine that a bidder is a 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington's wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: TRANSORTATION TO CURB CARBON Solicitation Posting Date or Agreement Start Date: 1/18/24

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.

#### **CERTIFICATION:**

This firm has  $\underline{NOT}$  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  $\underline{RCW}$  49.48.082, any provision of RCW chapters  $\underline{49.46}$ ,  $\underline{49.48}$ , or  $\underline{49.52}$  within three (3) years prior to the date of the above-stated date.

FIRM N	AME: MOTTUAFO LIF	t full legal entity name of firm	
Ву:	Signature of authorized person	FOURTO NEWBINS  Print Name of person making certifications for firm	
Title:	CEO / Foundan  Title of person signing certificate	Place: RENTON, WA  Print city and state where signed	
Date:	2-11-2024		

### **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: <u>ConsultantRates@wsdot.wa.gov</u>.

CONTRACTOR CERTIFICATION - WAGE THEFT PREVENTION: PROFESSIONAL SERVICES CONTRACTS

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

Prior to awarding a contract, agencies are required to determine that a bidder is a 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington's wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: Community Centered Transportation
To Curb Carbon
Solicitation Posting Date or Agreement Start Date: Jan 18, 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.

### CERTIFICATION:

This firm has  $\underline{\text{NOT}}$  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  $\underline{\text{RCW } 49.48.082}$ , any provision of RCW chapters  $\underline{49.46}$ ,  $\underline{49.48}$ , or  $\underline{49.52}$  within three (3) years prior to the date of the above-stated date.

100	
	dation For Safe Passage
Name of Consultant/Contractor – Print full	legal entity name of firm
By: Detre alle	Dr. Jesse Miller
Signature of authorized person	Print Name of person making certifications for firm
Title: Title of person signing certificate	Place: Tacoma WA Print city and state where signed
ricle of person signing certificate	Fillit City and state where signed
Date: 2/10/2024	

#### **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: <u>ConsultantRates@wsdot.wa.gov</u>.

CONTRACTOR CERTIFICATION - WAGE THEFT PREVENTION: PROFESSIONAL SERVICES CONTRACTS

## 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: Community Centered Transportation
To Curb Carbon

10 60,0 600
I hereby certify, on behalf of the firm identified below, as follows (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.
OR
MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.
I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.
FIRM NAME: Harriet Tuman foundation for Safe Passage  Name of Contractor/Bidder - Print full legal entity name of firm  By: Jesse M. Her  Signature of authorized person Print Name of person making certifications for firm
Title: Founder Director Place: Tacoma, WA  Title of person significate Place: Print city and state where signed
Date: 2/10/2024

## 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.

	Community Centered Transportation leadership to Curb Carbon
I hereby ceri	ify, on behalf of the firm identified below, as follows (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.

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: ADA LLC  Name of Contractor/Bidder – Print full legal entity name of firm							
Зу:	Signature of authorized person		h Hernandez me of person making certifications for firm				
Title:	<u>Owner</u> Title of person signing certificate	Place:	Edgewood WA Print city and state where signed				
Date:	2-11-24						

# 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: 2024 Community Centered Transportation Leadership to Curb Carbon

I hereby certify, on behalf of the firm identified below, as follows (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. OR MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein. Klimt Consulting, LLC Name of Contractor/Bidder - Print full legal entity name of firm Renea Ferrell By: Signature of authorized person Print Name of person making certifications for firm Lawndale, California Owner/President Title: Place: Title of person signing certificate Print city and state where signed February 15, 2024 Date:

### **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:	Comr	nunity Centered Leadership to Curb Carbon			
I hereby	cer	tify, on behalf of the firm identified b	pelow, as fo	llows (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.						
OR							
	MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.						
100	re t	rue and correct and that I am autho		e State of Washington, that the certifications lke these certifications on behalf of the firm			
FIRM N	AME:	Urban Civic Group West  Name of Contractor/Bidder – Print ful	l legal entity na	ame of firm			
Ву:	9	distri	-	Eddie Benote Hill			
	Sign	nature of authorized person	Print Name of person making certifications for firm				
Title:	-	CEO/Owner	Place:	- The state of the			
Date:		e of person signing certificate		Print city and state where signed			