



February 15th, 2024

Washington State Department of Transportation
310 Maple Park Ave.
P.O. Box 47300
Olympia, Washington 98504

Re: Community Centered Transportation Leadership to Curb Carbon

It is with great pleasure that The Pivotal Group Consultants, Inc. (TPG), submit Qualifications for services. With more than 40 years of combined experience working in and with nonprofit organizations and governmental agencies, we are excited to partner with the Washington State Department of Transportation (WSDOT) in developing and implementing a community outreach, education, and technical assistance program for overburdened communities and their community partners in order to develop community-centered carbon reduction strategies. This will ultimately contribute to reducing the carbon footprint that threatens the worldwide ecosystem.

The Pivotal Group Consultants, Inc. is a minority owned California based consulting firm providing strategic planning, leadership development, board development, executive coaching, and other specialized services to meet individual, team, and organizational needs. Dr. Rashad Burden, Consultant and Project Manager, will serve as executive oversight for the project and will work in collaboration with Dr. Adrienne Fusek, Consultant and Environmental Justice Expert, in conducting planning sessions and producing materials for the execution of the grant formulation. Both Dr. Rashad Burden and Dr. Adrienne Fusek along with their team bring a breadth of professional experience working with and advocating for various populations, public entities, and communities.

We have included qualifications and responses to the RFQ that outlines our approach, anticipated timelines, and deliverables that ultimately produce a grant creation process that is meaningful, actionable, and aspirational. We have included monthly availability of each member of the team. Please feel free to call me at 614.266.9568 if you have any questions or comments regarding our submittal. We look forward to hearing from you.

Sincerely,

Rashad Burden PhD
Consultant | The Pivotal Group Consultants, Inc.
lebronche@icloud.com 614-266-9568
830 Kuhn Drive #212164 | Chula Vista, CA 91921

Consultant Information Form

| | | | |
|---|--|---|----------------------------------|
| Firm Name: The Pivotal Group | | FYE Date: | Number of Employees: 2 |
| Address: 830 Kuhn Dr. | | | |
| City: Chula Vista | State: CA | Zip Code: 91921 | County: |
| Phone: 6142669568 | Fax: | Company Web Site: thepivotalgroup.com | |
| 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: 46-2099737 | |
| Unified Business Identifier Number (UBI): | | Date Universal Numbering System (DUNS) Number: | |
| Year Firm Established: 2013 | UDBE/SBE/MSVWBE Certification Number:: | NAICS Code & Code Name: | |
| Proposed Project Manager: Rashad Burden | | Email: lebronche@icloud.com | |
| Financial Contact: Lyn Corbett | | Email: lyn@thepivotalgroup.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 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 *do not* 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 <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

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Consultant Information Form

| | | | |
|---|--|---|----------------------------------|
| Firm Name: In Good Company | | FYE Date: | Number of Employees: 0 |
| Address: 325 W.Washington Street | | | |
| City: San Diego | State: CA | Zip Code: 92103 | County: |
| Phone: 619-717-2810 | Fax: | Company Web Site: igc.earth | |
| 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: 92-0672083 | |
| Unified Business Identifier Number (UBI): | | Date Universal Numbering System (DUNS) Number: | |
| Year Firm Established: 2022 | UDBE/SBE/MSVWBE Certification Number:: | NAICS Code & Code Name: | |
| Proposed Project Manager: Rashad Burden | | Email: lebronche@icloud.com | |
| Financial Contact: Adrienne Fusek | | Email: afusek@igc.earth | |

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 Subchapter S Corp.
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| Unified Business Identifier Number (UBI): | | Date Universal Numbering System (DUNS) Number: | |
| Year Firm Established: 2022 | UDBE/SBE/MSVWBE Certification Number:: | NAICS Code & Code Name: | |
| Proposed Project Manager: Rashad Burden | | Email: lebronche@icloud.com | |
| Financial Contact: Inemesit Williams | | Email: lwilliams@igc.earth | |

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Consultant Information Form

| | | | |
|---|---|---|----------------------------------|
| Firm Name: Willis Educational Solutions | | FYE Date: | Number of Employees: 2 |
| Address: 6637 Meridale Forest Drive Ste. | | | |
| City: Charlotte | State: NC | Zip Code: 28269 | County: |
| Phone: 717-497-4330 | Fax: | Company Web Site: www.williseducationalsolutions.org | |
| 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: 88-2550711 | |
| Unified Business Identifier Number (UBI): | | Date Universal Numbering System (DUNS) Number: | |
| Year Firm Established: 2020 | UDBE/SBE/MSVWBE Certification Number::: | NAICS Code & Code Name: | |
| Proposed Project Manager: Rashad Burden | | Email: lebronche@icloud.com | |
| Financial Contact: Evan Willis | | Email: consultant@williseducationalsolutions.org | |

Firm Type:

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 C – Corp.
 Limited Partnership
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 Limited Liability Company

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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 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.

FIRM NAME: The Pivotal Group
Name of Contractor/Bidder – Print full legal entity name of firm

By: Rashad Burden
Signature of authorized person

Rashad Burden
Print Name of person making certifications for firm

Title: Consultant/Project Manager
Title of person signing certificate

Place: San Diego California
Print city and state where signed

Date: 2/15/24

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FIRM NAME: In Good Company
Name of Contractor/Bidder – Print full legal entity name of firm

By: Adrienne Fusek
Signature of authorized person

Adrienne Fusek
Print Name of person making certifications for firm

Title: Consultant
Title of person signing certificate

Place: San Diego California
Print city and state where signed

Date: 2/15/24

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FIRM NAME: In Good Company
Name of Contractor/Bidder – Print full legal entity name of firm

By: Inemesit Williams
Signature of authorized person

Inemesit Williams
Print Name of person making certifications for firm

Title: Consultant
Title of person signing certificate

Place: San Diego California
Print city and state where signed

Date: 2/15/24

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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: Willis Educational Solutions
Name of Contractor/Bidder – Print full legal entity name of firm

By: *Evan Willis*
Signature of authorized person

Evan Willis
Print Name of person making certifications for firm

Title: Consultant
Title of person signing certificate

Place: Charlotte North Carolina
Print city and state where signed

Date: 2/15/24

**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 LEADERSHIP TO CURB CARBON

Solicitation Posting Date or Agreement Start Date: JANUARY 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 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 [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: The Pivotal Group
Name of Consultant/Contractor – Print full legal entity name of firm

By: Rashad Burden
Signature of authorized person

Rashad Burden
Print Name of person making certifications for firm

Title: Consultant/Project Manager
Title of person signing certificate

Place: San Diego California
Print city and state where signed

Date: 2/15/24

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.

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FIRM NAME: In Good Company
Name of Consultant/Contractor – Print full legal entity name of firm

By: Adrienne Fusek
Signature of authorized person

Adrienne Fusek
Print Name of person making certifications for firm

Title: Consultant
Title of person signing certificate

Place: San Diego California
Print city and state where signed

Date: 2/15/24

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

By: Inemesit Williams
Signature of authorized person

Inemesit Williams
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Title: Consultant
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Print city and state where signed

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FIRM NAME: Willis Educational Solutions
Name of Consultant/Contractor – Print full legal entity name of firm

By: *Evan Willis*
Signature of authorized person

Evan Willis
Print Name of person making certifications for firm

Title: Consultant
Title of person signing certificate

Place: Charlotte North Carolina
Print city and state where signed

Date: 2/15/24

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Proposed Billing Rates

Date: 2/15/24

Company Name: The Pivotal Group

Address: 830 Kuhn Drive

City / State / Zip: Chula Vista CA, 91921

Subject: Proposed Labor Classifications and Hourly Billing Rates for Community Centered Transportation Leadership to Curb Carb

Attention: Manager, Contract Services Office

Below are the highest anticipated hourly billing rates for the identified labor classifications.

| Labor Classification | All Inclusive Billing Rate |
|---|----------------------------|
| Dr. Rashad Burden - Project Manager/Lead Consultant - All inclusive | \$ 250.00 |
| Dr. Adrienne Fusek - Consultant - All inclusive | \$ 200.00 |
| Inemesit Williams - Consultant - All inclusive | \$ 200.00 |
| Dr. Evan Willis - Consultant - All inclusive | \$ 200.00 |
| Ariana Xicotencatl - Marketing/Graphic Design - All inclusive | \$ 100.00 |
| Alina Xicotencatl - Social Media/Web Management and Marketing - All inclusive | \$ 100.00 |
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Note: Proposed Billing Rates, as submitted, shall be reviewed, accepted, and incorporated as an exhibit to the agreement. The Proposed Billing Rates shall be effective throughout the life of the agreement in accordance with the agreement payment provision.

Respectfully,

Signature *Rashad Burden*

Title Project Manager/Lead Consultant

Performance Evaluations - Criteria 7

**Washington State
 Department of Transportation**

**Performance Evaluation
 Completed by Reference**

| |
|---|
| Consultant Name: Rashad Burden |
| Consultant's Project Manager: Rashad Burden |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Lake Region Conference Emerging Adults Leadership Program |

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 years or is currently being performed.)

| | | | |
|---|-------------------------------|-----------------------------|---|
| <input checked="" type="checkbox"/> Prime | Start Date 01/01/23 | End Date 12/30/23 | Dollar Amount of Services 60,000.00 |
| <input type="checkbox"/> Sub | | | |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score (Total the score by adding the scores for criterias 1 through 6.) | 60.00 |
| Average Score (Average the score by dividing the total score by the total number of criteria that was rated.) | 10.00 |

| | | |
|---|--|-----------------------|
| Evaluator Information: | | |
| Firm/Company Name: Lake Region Conference of Seventh-Day Adventist | | |
| Evaluator's Name: Dr. James Doggette Jr. | Evaluator's Title: Young Adult Director | |
| Firm/Company Address: 8517 S State St. Chicago, IL 60619 | | |
| Phone: (256) 429-8767 | Fax: | Date: 02/22/24 |

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
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

| | | | | | | | | | |
|--|---|------------|--|---|----------|--|--|---------------------------|--|
| <input type="checkbox"/> Prime <input type="checkbox"/> Sub | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Start Date</td></tr> <tr><td style="height: 30px;"></td></tr> </table> | Start Date | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">End Date</td></tr> <tr><td style="height: 30px;"></td></tr> </table> | End Date | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Dollar Amount of Services</td></tr> <tr><td style="height: 30px;"></td></tr> </table> | Dollar Amount of Services | |
| Start Date | | | | | | | | | |
| | | | | | | | | | |
| End Date | | | | | | | | | |
| | | | | | | | | | |
| Dollar Amount of Services | | | | | | | | | |
| | | | | | | | | | |

| Performance Evaluation | |
|---|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 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
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

*Dates for this referral are 12/01/2022 - 4/30/2022. Click dates in attached pdf.

**Washington State
 Department of Transportation**

**Performance Evaluation
 Completed by Reference**

| | |
|---|--------------------------------|
| Consultant Name: | Adrienne Fusek |
| Consultant's Project Manager: | Adrienne Fusek |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) | Glasgow Paper and CANIE Accord |

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 years or is currently being performed.)

| | | | |
|--|------------|----------|---------------------------|
| <input type="checkbox"/> Prime <input type="checkbox"/> Sub | Start Date | End Date | Dollar Amount of Services |
| | 12/01/20 | 04/30/20 | 20,000.00 |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score | 60.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 10.00 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| | |
|---|---|
| Evaluator Information: | |
| Firm/Company Name: Climate Action Network for International Educators (CANIE) | |
| Evaluator's Name: Ailsa Lamont | Evaluator's Title: Co-Founder and President |
| Firm/Company Address: 240 Drummond Street, Carlton VIC 3053, Australia | |
| Phone: (040) 712-8462 | Date: 02/23/24 |

Distribution: Original: Return to Consultant being evaluated; and Rev. 2014
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov





The Pivotal Group

Strengthening Organizations • Building Healthy Communities

Washington State Department of Transportation

Performance Evaluation Completed by Reference

| | |
|---|---|
| Consultant Name: | Lyn Corbett, PhD at The Pivotal Group |
| Consultant's Project Manager: | Lyn Corbett, President, The Pivotal Group |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) | Leadership Practice Inventory Training and Coaching |

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 years or is currently being performed.)

| | | | |
|---|------------|----------|---------------------------|
| <input checked="" type="checkbox"/> Prime | Start Date | End Date | Dollar Amount of Services |
| <input type="checkbox"/> Sub | 10/01/22 | 06/30/23 | 7,215.00 |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score (Total the score by adding the scores for criterias 1 through 6.) | 60.00 |
| Average Score (Average the score by dividing the total score by the total number of criteria that was rated.) | 10.00 |

| | |
|---|--|
| Evaluator Information: | |
| Firm/Company Name: Academy for Professional Excellence/SDSU | |
| Evaluator's Name: Janice Yuwiler, MPH | Evaluator's Title: Manager, Organization Development |
| Firm/Company Address: 6505 Alvarado Rd, Suite 107 | |
| Phone: (619) 594-3546 | Date: 02/23/24 |

Distribution: Original: Return to Consultant being evaluated; and Rev. 2014
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov