



**December 14, 2023**

**Letter of Transmittal**

Washington State Department of Transportation  
310 Maple Park Avenue SE  
PO Box 47323  
Olympia, WA 98504-7323

Re: State of Washington Department of Transportation FAA 2024 Statewide Disparity Study

Dear Sir or Madam:

Enclosed please find the Statement of Qualifications of Colette Holt & Associates ("CHA") to conduct the State of Washington Department of Transportation FAA 2024 Statewide Disparity Study. We are confident that we have assembled the nation's most qualified legal, economics, and data collection team to provide all of the evidentiary elements necessary to meet the requirements of strict constitutional scrutiny, 49 C.F.R. Part 26 and best practices in Disadvantaged Business Enterprise ("DBE") program evaluation and design.

Our team is highly qualified and able to perform the services described in the RFQ. Members of our team have extensive experience working together on previous projects, conducting availability and disparity studies and DBE program reviews for numerous transportation agencies and other government, including WSDOT disparity studies, the WSDOT FAA disparity study, disparity studies for other Washington agencies and DBE program development and goal setting.

Thank you for the opportunity to present this Statement.

Sincerely,

A handwritten signature in cursive script that reads 'Colette Holt'.

Colette Holt

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Colette Holt &amp; Associates</b>
Consultant's Project Manager: <b>Colette Holt</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>City of San Antonio Disparity Study</b>

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	08/31/21	01/11/24	720,000.00

**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
<b>Total Score</b>	<b>60.00</b>
(Total the score by adding the scores for criterias 1 through 6.)	
<b>Average Score</b>	<b>10.00</b>
(Average the score by dividing the total score by the total number of criteria that was rated.)	

**Evaluator Information:**

Firm/Company Name: <b>City of San Antonio, Economic Development Department</b>		
Evaluator's Name: <b>Michael Sindon</b>	Evaluator's Title: <b>Administrator</b>	
Firm/Company Address: <b>100 W. Houston St., San Antonio, TX 78205</b>		
Phone: <b>(210) 846-8465</b>	Fax:	Date: <b>12/08/23</b>

Distribution:  Original: Return to Consultant being evaluated; and  
 Copy: Fax to WSDOT at 360-705-6838 or email to [wsdotco@wsdot.wa.gov](mailto:wsdotco@wsdot.wa.gov)

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Colette Holt &amp; Associates</b>
Consultant's Project Manager: <b>Colette Holt</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>IDOT Disparity Study</b>

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.)

	Start Date	End Date	Dollar Amount of Services
<input checked="" type="checkbox"/> Prime	08/12/22	08/12/24	1,044,880.00
<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
<b>Total Score</b>	<b>60.00</b>
(Total the score by adding the scores for criterias 1 through 6.)	
<b>Average Score</b>	<b>10.00</b>
(Average the score by dividing the total score by the total number of criteria that was rated.)	

<b>Evaluator Information:</b>		
Firm/Company Name: <b>Illinois Department of Transportation</b>		
Evaluator's Name: <b>Brian Hendricks</b>	Evaluator's Title: <b>Supportive Services Unit Manager</b>	
Firm/Company Address: <b>2300 S. Dirksen Parkway, #319, Springfield, IL 62764</b>		
Phone: <b>(217) 782-6286</b>	Fax: <b>(217) 785-1524</b>	Date: <b>12/08/23</b>

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 Copy: Fax to WSDOT at 360-705-6838 or email to [wsdotco@wsdot.wa.gov](mailto:wsdotco@wsdot.wa.gov)

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Colette Holt &amp; Associates</b>
Consultant's Project Manager: <b>Colette Holt</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>City of Charlotte 2022 Disparity Study</b>

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 <b>03/01/21</b>	End Date <b>07/14/23</b>	Dollar Amount of Services <b>419,875.00</b>
<input type="checkbox"/>	Sub			

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

Evaluator Information:		
Firm/Company Name: <b>City of Charlotte - Office of Charlotte Business Inclusion</b>		
Evaluator's Name: <b>Steven Coker</b>	Evaluator's Title: <b>Business Inclusion Officer</b>	
Firm/Company Address: <b>300 E. Trade St., Charlotte, NY 28202</b>		
Phone: <b>(704) 420-0703</b>	Fax:	Date: <b>12/08/23</b>

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**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Colette Holt &amp; Associates, dba CH Advisors, Inc.</b>
Consultant's Project Manager: <b>Colette Holt</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>DBE Program Availability Analysis</b>

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	07/06/22	07/06/23	54,650.00

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?	9.00
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
<b>Total Score</b>	<b>59.00</b>
(Total the score by adding the scores for criterias 1 through 6.)	
<b>Average Score</b>	<b>9.83</b>
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: <b>Delaware Department of Transportation</b>		
Evaluator's Name: <b>Wendy B. Henry</b>	Evaluator's Title: <b>Civil Rights Administrator</b>	
Firm/Company Address: <b>800 S Bay Road, Dover, DE 19901</b>		
Phone: <b>(302) 760-2555</b>	Fax:	Date: <b>12/11/23</b>

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 Copy: Fax to WSDOT at 360-705-6838 or email to [wsdotco@wsdot.wa.gov](mailto:wsdotco@wsdot.wa.gov)

# Consultant Information Form

Firm Name: <b>Colette Holt- Colette Holt &amp; Associates</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>1</b>
Address: <b>16 Carriage Hills</b>			
City: <b>San Antonio</b>	State: <b>TX</b>	Zip Code: <b>78257</b>	County: <b>USA</b>
Phone: <b>773-255-6844</b>	Fax: <b>855-692-3529</b>	Company Web Site: <b>http://www.mwbelaw.com</b>	
Remit to Address: <b>16 Carriage Hills</b>			
City: <b>San Antonio</b>	State: <b>TX</b>	Zip Code: <b>78257</b>	County: <b>USA</b>
Phone: <b>773-255-6844</b>	Fax: <b>855-692-3529</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>021958500</b>		Federal Tax ID Number or Social Security Number: <b>81-4063918</b>	
Unified Business Identifier Number (UBI): <b>6035997890010001</b>		Date Universal Numbering System (DUNS) Number:	
Year Firm Established: <b>1994</b>	UDBE/SBE/MSVWBE Certification Number:: <b>N/A</b>	NAICS Code & Code Name:	
Proposed Project Manager: <b>Colette Holt</b>		Email: <b>colette.holt@mwbelaw.com</b>	
Financial Contact: <b>Ilene Grossman</b>		Email: <b>ilene.grossman@mwbelaw.com</b>	

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.

**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](http://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. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

**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](http://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.**

# Consultant Information Form

Firm Name: <b>Marjorie Tyson dba WindGypsy Consulting</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>1</b>
Address: <b>14057 23rd Place NE</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98125</b>	County: <b>USA</b>
Phone: <b>425-345-2392</b>	Fax: <b>N/A</b>	Company Web Site: <b>N/A</b>	
Remit to Address: <b>14057 23rd Place NE</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98125</b>	County: <b>USA</b>
Phone: <b>425-345-2392</b>	Fax: <b>N/A</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>N/A</b>		Federal Tax ID Number or Social Security Number: <b>82-3036956</b>	
Unified Business Identifier Number (UBI): <b>604170474</b>		Date Universal Numbering System (DUNS) Number:	
Year Firm Established: <b>2017</b>	UDBE/SBE/MSVWBE Certification Number:: <b>D2F0025753 / W2F0025753</b>	NAICS Code & Code Name: <small>541611 Administrative Management and General Management Consulting Services</small>	
Proposed Project Manager: <b>Marnie Tyson</b>		Email: <b>tyson.marnie@gmail.com</b>	
Financial Contact: <b>Marnie Tyson</b>		Email: <b>tyson.marnie@gmail.com</b>	

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.

**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](http://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. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

**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](http://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.**

# Consultant Information Form

Firm Name: <b>Yates Consulting, LLC</b>		FYE Date: <b>12/31/22</b>	Number of Employees: <b>3</b>
Address: <b>4034 Cascadia Ave. South</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98118</b>	County: <b>King</b>
Phone: <b>206-669-2084</b>	Fax: <b>NA</b>	Company Web Site: <b>Yatescsg.com</b>	
Remit to Address: <b>4034 Cascadia Ave. So.</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98118</b>	County: <b>King</b>
Phone: <b>206-669-2084</b>		Fax: <b>NA</b>	
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0180083-00</b>		Federal Tax ID Number or Social Security Number: <b>465360971</b>	
Unified Business Identifier Number (UBI): <b>603-027-219</b>		Date Universal Numbering System (DUNS) Number: <b>964783919</b>	
Year Firm Established: <b>2008</b>	UDBE/SBE/MSVWBE Certification Number:: <b>D3M0024153</b>	NAICS Code & Code Name: <small>541611Administrative Management and General Management Consulting Services</small>	
Proposed Project Manager: <b>Henry Yates</b>		Email: <b>Henry@yatescsg.com</b>	
Financial Contact: <b>Donna Yates</b>		Email: <b>Donna@yatescsg.com</b>	

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.

**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](http://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. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

**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](http://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: 2024 FAA Statewide Disparity Study

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: Colette Holt & Associates  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

Colette Holt  
Print Name of person making certifications for firm

Title: Owner  
Title of person signing certificate

Place: San Antonio, Texas  
Print city and state where signed

Date: 12/13/23

**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 FAA Statewide Disparity Study

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: Marjorie Tyson DBA WindGypsy Consulting  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

Marjorie Tyson  
Print Name of person making certifications for firm

Title: Owner  
Title of person signing certificate

Place: Seattle Washington  
Print city and state where signed

Date: 12/11/2023

**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 FAA Statewide Disparity Study

I hereby certify, on behalf of the firm identified below, as follows (check one):

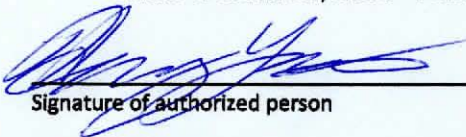
**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does **NOT** require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: Yates Consulting, LLC  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

Henry Yates  
Print Name of person making certifications for firm

Title: President  
Title of person signing certificate

Place: Seattle, Washington  
Print city and state where signed

Date: 12/12/23

**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: 2024 FAA Statewide Disparity Study

Solicitation Posting Date or Agreement Start Date: November 15, 2023

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: Colette Holt & Associates  
Name of Consultant/Contractor – Print full legal entity name of firm

By: Colette Holt Colette Holt  
Signature of authorized person Print Name of person making certifications for firm

Title: Owner Place: Saw Antonio Texas  
Title of person signing certificate Print city and state where signed

Date: 12/13/23

**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](mailto:ConsultantRates@wsdot.wa.gov).

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

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

Solicitation or Agreement Title: 2024 FAA Statewide Disparity Study

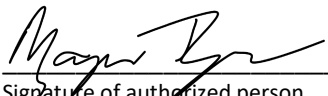
Solicitation Posting Date or Agreement Start Date: November 15, 2023

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: Marjorie Tyson DBA WindGypsy Consulting  
Name of Consultant/Contractor – Print full legal entity name of firm

By:   
Signature of authorized person

Marjorie Tyson  
Print Name of person making certifications for firm

Title: Owner  
Title of person signing certificate

Place: Seattle Washington  
Print city and state where signed

Date: 12/11/2023

**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](mailto:ConsultantRates@wsdot.wa.gov).

**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).*

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FIRM NAME: Yates Consulting, LLC

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

By:   
Signature of authorized person

Henry Yates  
Print Name of person making certifications for firm

Title: President  
Title of person signing certificate

Place: Seattle, Washington  
Print city and state where signed

Date: 12/12/23

**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.

# Proposed Billing Rates

Date: 12/14/2023

Company Name: Colette Holt & Associates

Address: 16 Carriage Hills

City / State / Zip: San Antonio, TX 78257

**Subject:** Proposed Labor Classifications and Hourly Billing Rates for 2024 FAA Statewide Disparity Study

**Attention:** Manager, Contract Services Office

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

Labor Classification	All Inclusive Billing Rate
Project Manager/ Legal Council	\$ 400.00
Economist/ Statistician	\$ 350.00
Associate Counsel	\$ 250.00
Chief Operating Officer/ Assistant Project Manager	\$ 200.00
Chief Technology Officer/ Project Lead Quantitative Data	\$ 200.00
Director Qualitative Data Collection	\$ 150.00
Senior Data resaerch Specialist	\$ 80.00

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 Colette Holt  
 Title Owner

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_


**Subject:** Proposed Labor Classifications and Hourly Billing Rates for \_\_\_\_\_

**Attention:** Manager, Contract Services Office

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

Labor Classification	All Inclusive Billing Rate

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  \_\_\_\_\_  
Title \_\_\_\_\_





# Proposed Billing Rates

Date: 12/14/23

Company Name: Yates Consulting, LLC

Address: 4034 Cascadia Ave. South

City / State / Zip: Seattle, WA, 98118

**Subject:** Proposed Labor Classifications and Hourly Billing Rates for 2024 FAA Statewide Disparity Study

**Attention:** Manager, Contract Services Office

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

Labor Classification	All Inclusive Billing Rate
Sub-consultant Qualitative Data Collection	\$ 200.00

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   
Title President