



Statement of Qualifications

Proposal for Toll Division Educational Marketing and Advertising
Services

Scoring Criteria 6 through 9

AhVanguard LLC
9407 NE Vancouver Mall Dr, Ste 104
Vancouver, WA 98662

Submitted by:
Michelle Garcia Holguin, President
michelle@ahvanguard.com

Jan 30, 2024

This document and the information contained herein is confidential and intended solely for the use of the State of Washington Department of Transportation.

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Jan 30, 2024

Subject: Submission of Statement of Qualifications for Toll Division Educational Marketing and Advertising Services

Dear Washington State Department of Transportation,

I am pleased to submit on behalf of AhVanguard LLC our Statement of Qualifications (SOQ) in response to the Request for Qualifications (RFQ) issued by the State of Washington Department of Transportation for the Toll Division Educational Marketing and Advertising Services.

Enclosed with this letter, you will find our detailed SOQ which outlines our comprehensive approach, team qualifications, and project management strategies tailored to meet and exceed the requirements set forth in the RFQ. Our proposal highlights AhVanguard LLC's commitment to delivering innovative marketing solutions, our extensive experience in handling similar projects, and our strategic approach to addressing the unique challenges and opportunities presented by this project.

We have carefully reviewed the requirements and objectives outlined in the RFQ and are confident that our team's expertise and proven track record make us a strong candidate for this project. Our proposal includes:

- A detailed approach to project delivery, emphasizing our strategies for managing multiple concurrent campaigns and evolving timelines.
- An overview of our project management system, showcasing our robust quality assurance processes and effective budget and scope tracking mechanisms.
- Comprehensive profiles of our key team members, highlighting their relevant experience and contributions to past successful projects.
- Our commitment to engaging with historically underserved and overlooked communities, ensuring inclusivity and broad reach in our marketing efforts.

AhVanguard LLC is excited about the possibility of collaborating with the State of Washington Department of Transportation and is committed to providing high-quality, effective marketing services that align with your goals and vision.

We look forward to the opportunity to discuss our proposal in further detail. Please feel free to contact me directly at 714-396-8401 or michelle@ahvanguard.com should you have any questions or require further information.

Thank you for considering our submission. We are enthusiastic about the prospect of contributing to the success of the Toll Division Educational Marketing and Advertising Services and hope to establish a productive partnership with the State of Washington Department of Transportation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michelle Garcia Holguin', with a long horizontal flourish extending to the right.

Michelle Garcia Holguin

President,
AhVanguard LLC

Enclosure: Statement of Qualifications Packet A and B

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: Toll Division Educational Marketing and Advertising Services

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: AHVANGUARD LLC
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Michelle Garcia Holguin
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Saint Petersburg, FL
Print city and state where signed

Date: Jan 30, 2024

**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: Toll Division Educational Marketing and Advertising

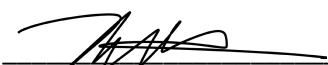
Solicitation Posting Date or Agreement Start Date: Jan 04, 2024

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

By: 
Signature of authorized person

Michelle Garcia Holguin
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Saint Petersburg, FL
Print city and state where signed

Date: Jan 30, 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
 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> <th style="padding: 2px;">Start Date</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	Start Date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">End Date</th> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	End Date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Dollar Amount of Services</th> </tr> <tr> <td style="height: 20px;"></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

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: <div style="text-align: center; font-size: 1.2em;">AhVanguard LLC</div>
Consultant's Project Manager: <div style="text-align: center; font-size: 1.2em;">Michelle Holguin</div>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <div style="text-align: center; font-size: 1.2em;">VELscope - Oral Cancer Screening Campaign (USA)</div>

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"/> <input type="checkbox"/>	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;">06/01/21</div>		170,000.00

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: <div style="text-align: center; font-size: 1.2em;">LED Dental Inc.</div>		
Evaluator's Name: <div style="text-align: center; font-size: 1.2em;">Wayne Rees</div>	Evaluator's Title: <div style="text-align: center; font-size: 1.2em;">CEO</div>	
Firm/Company Address: <div style="text-align: center; font-size: 1.2em;">997 Seymour St, Suite 250, Vancouver, BC V6B 3</div>		
Phone: (604) 889-9912	Fax:	Date: 01/25/24

Distribution:
 Original: Return to Consultant being evaluated; and
 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: AhVanguard LLC
Consultant's Project Manager: Michelle Holguin
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Acquire Tax Credits - Lead Gen Campaign

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"/> <input type="checkbox"/>	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> 10/01/23 </div>		102,000.00

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: Acquire Tax Credits		
Evaluator's Name: Erin Fredrickson	Evaluator's Title: CEO	
Firm/Company Address: 10653 River Front Parkway, Ste 200, South Jordan, Utah 84095		
Phone: (801) 205-0536	Fax:	Date: 01/22/24

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

Date: _____

Company Name: _____

Address: _____

City / State / Zip: _____

Subject: Proposed Labor Classifications and Hourly Billing Rates for _____

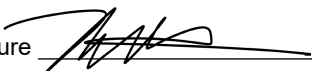
Attention: Manager, Contract Services Office

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 _____

Consultant Information Form

Firm Name:		FYE Date:	Number of Employees:
Address:			
City:	State:	Zip Code:	County:
Phone:	Fax:	Company 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 Universal Numbering System (DUNS) Number:	
Year Firm Established:	UDBE/SBE/MSVWBE Certification Number::	NAICS Code & Code Name:	
Proposed Project Manager:		Email:	
Financial Contact:		Email:	

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

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.