

*Statement of Qualifications for*  
**AIR MOBILITY AIRCRAFT PLAN**  
**PACKET B**

*April 2, 2024*

*Prepared for*



*Prepared by*

**Kimley»»Horn**

Expect More. Experience Better.



April 2, 2024

Washington State Department of Transportation (WSDOT)  
310 Maple Park Avenue SE  
P.O. Box 47300  
Olympia, WA 98504-7300

Kimley-Horn  
1201 Third Avenue  
Suite 2800  
Seattle, WA 98101

## **RE: STATEMENT OF QUALIFICATIONS FOR AIR MOBILITY AIRCRAFT PLAN**

Dear Members of the Selection Committee,

The introduction of Advanced Air Mobility (AAM) to the existing transportation system will revolutionize travel in Washington State and beyond. WSDOT requires a consultant partner to develop an AAM system plan to prepare our state in a number of key areas such as land use, safety, policy, infrastructure needs, equity, and public acceptance. This project aligns well with our increased focus on emerging mobility solutions, which is highlighted by our recent work with numerous transportation agencies in Washington State and across the nation on AAM planning projects, multimodal transportation planning, and high focus on equitable outcomes. This makes the Kimley-Horn team uniquely qualified to guide WSDOT and stakeholders throughout the region through the planning process for this brand new transportation mode that has the potential to shape transportation as we know it. **Our team of aviation, land use, policy, equity, and transportation specialists offers WSDOT the following benefits:**

**Established Relationships with Key Stakeholders.** Our proposed team members have deep experience coordinating with this project's stakeholders, such as WSDOT, Federal Aviation Administration (FAA), electric vehicle takeoff and landing (eVTOL) manufacturers, the Puget Sound Regional Council (PSRC), Washington airports, and national and state industry leaders. Our team also has deep relationships with industry partners that provide direct insights into system needs for private industry.

**Advancing Quickly Toward Implementation.** Our team knows this region and its critical transportation issues; we will be able to utilize this knowledge to quickly advance the analysis and move toward implementation recommendations. As a result of multiple previous planning efforts and groundwork that your staff has laid to date, these communities are ready to realize the benefits once AAM is a reality. We would leverage our relationships with the FAA, manufacturers and operators, local and regional agencies, and educational institutions to develop a realistic and implementable strategy that the public can buy into and private entities are excited to invest in and utilize.

**A Trusted Partner with Local and National Specialists.** Our team's expertise in all aspects of this scope provides WSDOT with a well-coordinated, cohesive team. A project of this nature requires careful coordination, an examination of needs to determine where AAM fits in with existing transportation modes and current land use plans, and interplay in a manner that promotes connectivity and mobility. Our team includes key subconsultant firms with relevant experience and knowledge in the region. We have included **Hovecon** for being on the leading edge of urban air mobility nationally, **CityFi**, who brings significant and relevant land use and policy expertise, along with **Community Air Mobility Initiative (CAMI)** and **Harper4D Solutions**, who bring national leadership to AAM infrastructure needs, community acceptance, and best practices.

Our team, both uniquely qualified and well-positioned to start work on this project immediately, is eager to continue our relationship with WSDOT by leading this important project. Should you have any questions or require more information, please contact Project Manager David Williams, P.E. at 206.413.6563 or david.williams@kimley-horn.com.

Sincerely,  
**KIMLEY-HORN**



**David Williams, P.E.**  
Project Manager



**Pamela S. Keidel-Adams**  
Principal-in-Charge



*Statement of Qualifications for*  
**AIR MOBILITY AIRCRAFT PLAN**

**Kimley»Horn**  
April 2, 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.*

Solicitation Title: Air Mobility Aircraft Plan

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

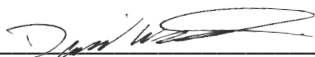
**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: Kimley-Horn and Associates, Inc.  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

David Williams, P.E.  
Print Name of person making certifications for firm

Title: Project Manager/Authorized Signer  
Title of person signing certificate

Place: Seattle, WA  
Print city and state where signed

Date: April 2, 2024

**CONTRACTOR CERTIFICATION**  
**EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS**  
**WASHINGTON STATE GOODS & SERVICES CONTRACTS**

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Solicitation Title: Air Mobility Aircraft Plan

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

By:   
Signature of authorized person

Rebecca W Yap  
Print Name of person making certifications for firm

Title: President  
Title of person signing certificate

Place: Winston-Salem, North Carolina  
Print city and state where signed

Date: 3/14/24

**CONTRACTOR CERTIFICATION  
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS  
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

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Solicitation Title: Air Mobility Aircraft Plan

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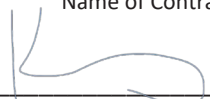
**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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

By:   
Signature of authorized person

Karina Ricks  
Print Name of person making certifications for firm

Title: Partner  
Title of person signing certificate

Place: Pittsburgh, PA  
Print city and state where signed

Date: 13 March 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 Transportation 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.*

State of Washington Department of Transportation  
Solicitation Title: Notice to Consultants Air Mobility Aircraft Plan

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.

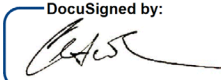
OR

**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: Harper4D Solutions, LLC

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

By:   
F559231EF8AB43E...  
Signature of authorized person

Clint Harper  
Print Name of person making certifications for firm

Title: CEO -  
Title of person signing certificate

Place: West Haven, UT  
Print city and state where signed

Date: 3/20/2024

**CONTRACTOR CERTIFICATION  
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS  
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

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Solicitation Title:   Air Mobility Aircraft Plan  

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.

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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:   Community Air Mobility Initiative    
Name of Contractor/Bidder – Print full legal entity name of firm

By:        Yolanka Wulff    
Signature of authorized person Print Name of person making certifications for firm

Title:   Executive Director   Place:   Bainbridge Island, WA    
Title of person signing certificate Print city and state where signed

Date:   March 27, 2024

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

*Prior to awarding contract, 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: Air Mobility Aircraft Plan


Solicitation Posting Date or Agreement Start Date: February 15, 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: Kimley-Horn and Associates, Inc.  
Name of Consultant/Contractor – Print full legal entity name of firm

By:   
Signature of authorized person

David Williams, P.E.  
Print Name of person making certifications for firm

Title: Project Manager/Authorized Signer  
Title of person signing certificate

Place: Seattle, WA  
Print city and state where signed

Date: April 2, 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](mailto:ConsultantRates@wsdot.wa.gov).



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FIRM NAME: Hovecon, LLC  
Name of Consultant/Contractor – Print full legal entity name of firm

By:  Rebecca W Yap  
Signature of authorized person Print Name of person making certifications for firm

Title: President Place: Winston-Salem, North Carolina  
Title of person signing certificate Print city and state where signed

Date: 3/12/24

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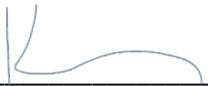
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FIRM NAME: Cityfi LLC  
Name of Consultant/Contractor – Print full legal entity name of firm

By:   
Signature of authorized person

Karina Ricks  
Print Name of person making certifications for firm

Title: Partner  
Title of person signing certificate

Place: Pittsburgh, PA  
Print city and state where signed

Date: 13 March 2024

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State of Washington Department of  
Transportation Notice to Consultants Air  
Mobility Aircraft Plan

Solicitation or Agreement Title: \_\_\_\_\_

Solicitation Posting Date or Agreement Start Date: 02/15/2024

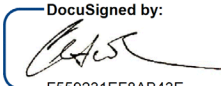
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FIRM NAME: Harper4D Solutions, LLC

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

By:  \_\_\_\_\_  
F559231EF8AB43E...  
Signature of authorized person

Clint Harper  
Print Name of person making certifications for firm

Title: CEO -  
Title of person signing certificate

Place: West Haven, UT  
Print city and state where signed

Date: 3/20/2024

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FIRM NAME: Community Air Mobility Initiative  
Name of Consultant/Contractor – Print full legal entity name of firm

By:  Yolanka Wulff  
Signature of authorized person Print Name of person making certifications for firmA

Title: Executive Director Place: Bainbridge Island, WA  
Title of person signing certificate Print city and state where signed

Date: March 27, 2024

**Submittal Instructions:**

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- 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).

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Kimley-Horn and Associates, Inc.</b>	
Consultant's Project Manager: <b>David Williams</b>	<i>*David is the proposed project manager for the WSDOT AAM Plan, John Coliton served as project manager for the Miami AAM Study</i>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>Miami-Dade Advanced Air Mobility 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 <input type="checkbox"/> Sub	Start Date	End Date	Dollar Amount of Services
	08/01/22	10/01/23	100,000.00

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

Evaluator Information:		
Firm/Company Name: <b>Miami-Dade Transportation Planning Organization</b>		
Evaluator's Name: <b>Jeannine Gaslonde</b>	Evaluator's Title: <b>Chief of Mobility Management &amp; Implementation</b>	
Firm/Company Address: <b>150 West Flagler Street, Suite 1900, Miami FL 33130</b>		
Phone: <b>(305) 375-1739</b>	Fax:	Date: <b>03/12/24</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>Kimley-Horn and Associates, Inc.</b>
Consultant's Project Manager: <b>Thomas Gibson, CM</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>Illinois AAM System Plan</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	09/07/23	09/07/25	495,071.00
<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.)	

Evaluator Information:		
Firm/Company Name: <b>Illinois Department of Transportation</b>		
Evaluator's Name: <b>BJ Murray</b>	Evaluator's Title: <b>Section Chief, Aviation &amp; Marine Transportation Program Planning</b>	
Firm/Company Address: <b>2300 S. Dirksen Parkway, Rm. 341, 2300 S. Dirksen Parkway, Rm. 341 Springfield, Illinois 62764</b>		
Phone: <b>(217) 782-4118</b>	Fax:	Date: <b>03/14/24</b>

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

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Kimley-Horn and Associates, Inc.</b>
Consultant's Project Manager: <b>Regan Schnug. AICP</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>Pennsylvania Aviation Economic Study - WO #1</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	09/18/20	07/18/23	805,330.00
<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?	9.00
2. Did the firm complete the project within the total budgeted amount?	9.50
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?	9.00
<b>Total Score</b>	<b>57.50</b>
(Total the score by adding the scores for criterias 1 through 6.)	
<b>Average Score</b>	<b>9.58</b>
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: <b>Pennsylvania Department of Transportation Bureau of Aviation</b>		
Evaluator's Name: <b>Anna Ellis</b>	Evaluator's Title: <b>Transportation Planning Manager</b>	
Firm/Company Address: <b>400 North Street, 7th Floor   Hbg, PA 17120</b>		
Phone: <b>(717) 705-1251</b>	Fax:	Date: <b>03/14/24</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)







## Billing Rate Table

WSDOT Agreement:  
Cityfi  
1100 H STREET N.W. SUITE 840 – F-101  
WASHINGTON, DC 20005

Job Classifications	Hourly Billing Rate
Karina Ricks, Partner	\$375
Erin Clark, Senior Associate	\$220
Chelsea Lawson, Senior Associate	\$220





*PROFCESED PERSONNEL WITH CORRESPONDING LABOR CLASSIFICATIONS*

<b>Key Staff</b>	<b>Labor Classification</b>	<b>Rate</b>
<b>David Williams (Project Manager)</b>	Deputy (Project Manager)	\$330.00
<b>Pam Keidel-Adams</b>	Director	\$385.00
<b>Erin Sheelen</b>	Transportation Specialist 4	\$230.00
<b>Regan Schnug</b>	Transportation Specialist 4	\$230.00
<b>Chris Fernando (Hovecon)</b>	AAM/UAS Subject Matter Expert	\$313.51
<b>Clay White</b>	Deputy	\$330.00
<b>Yolanka Wulff (CAMI)</b>	Executive Director	\$225.00
<b>Clint Harper (Harper4D)</b>	Infrastructure Safety Advisor	\$200.00
<b>Erin Clark (Cityfi)</b>	Senior Associate	\$220.00
<b>Karina Ricks (Cityfi)</b>	Partner	\$375.00
<b>Basil Yap (Hovecon)</b>	AAM/UAS Subject Matter Expert	\$313.51
<b>John Coliton</b>	Transportation Specialist 3	\$170.00
<b>Patrick Heaton</b>	Transportation Specialist 2	\$140.00
<b>Tom Gibson</b>	Civil Engineer 3	\$200.00
<b>Nick Chen</b>	Transportation Specialist 4	\$230.00
<b>Teresa Gresham</b>	Environmental Planner 5	\$325.00
<b>Brandon Gilson</b>	Transportation Specialist 2	\$140.00
<b>Joe Bradshaw</b>	Transportation Specialist 4	\$230.00
<b>Heidi Rous</b>	Director	\$385.00
<b>Andrew Scanlon</b>	Deputy	\$330.00
<b>Heather Stifanos</b>	Transportation Specialist 3	\$170.00
<b>Sam Zimbabwe</b>	Deputy	\$330.00



# Consultant Information Form

Firm Name: <b>Kimley-Horn and Associates, Inc.</b>		FYE Date: <b>December 31</b>	Number of Employees: <b>7,428</b>
Address: <b>1201 Third Avenue, Suite 2800</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98101</b>	County: <b>King</b>
Phone: <b>206.607.2600</b>	Fax: <b>N/A</b>	Company Web Site: <b>kimley-horn.com</b>	
Remit to Address: <b>P.O. Box 913221</b>			
City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80291-3221</b>	County: <b>Denver</b>
Phone: <b>N/A</b>	Fax: <b>N/A</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0187940</b>		Federal Tax ID Number or Social Security Number: <b>56-0885615</b>	
Unified Business Identifier Number (UBI): <b>601432568</b>		Date Universal Numbering System (DUNS) Number: <b>061099131</b>	
Year Firm Established: <b>1967</b>	UDBE/SBE/MSVWBE Certification Number: : <b>N/A</b>	NAICS Code & Code Name: <b>541330</b>	
Proposed Project Manager: <b>David Williams, P.E.</b>		Email: <b>david.williams@kimley-horn.com</b>	
Financial Contact: <b>Jeff Earl</b>		Email: <b>jeff.earl@kimley-horn.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. 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](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>Hovecon, LLC</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>7</b>
Address: <b>3973 Burning Tree Ln.</b>			
City: <b>Winston-Salem</b>	State: <b>NC</b>	Zip Code: <b>27106</b>	County: <b>Forsyth</b>
Phone: <b>919-606-0303</b>	Fax: <b>None</b>	Company Web Site: <b>hovecon.com</b>	
Remit to Address: <b>3973 Burning Tree Ln.</b>			
City: <b>Winston-Salem</b>	State: <b>NC</b>	Zip Code: <b>27106</b>	County: <b>Forsyth</b>
Phone: <b>919-606-0303</b>	Fax: <b>None</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0278461-00</b>		Federal Tax ID Number or Social Security Number: <b>81-4760887</b>	
Unified Business Identifier Number (UBI): <b>604-801-083</b>		Date Universal Numbering System (DUNS) Number: <b>012507792</b>	
Year Firm Established: <b>2016</b>	UDBE/SBE/MSVWBE Certification Number:: <b>None</b>	NAICS Code & Code Name: <b>541690 - Other Scientific and Technical services</b>	
Proposed Project Manager: <b>Chris Fernando</b>		Email: <b>chris.fernando.com</b>	
Financial Contact: <b>Rebecca Yap</b>		Email: <b>rebecca@hovecon.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. 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](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>Cityfi LLC</b>		FYE Date: <b>12/31/2024</b>	Number of Employees: <b>17</b>
Address: <b>1100 H Street NW, Suite 840-101F</b>			
City: <b>Washington</b>	State: <b>DC</b>	Zip Code: <b>20005</b>	County: <b>N/A</b>
Phone: <b>202-253-1272</b>	Fax:	Company Web Site: <b>www.cityfi.co</b>	
Remit to Address: <b>1100 H Street NW, Suite 840 - 101F</b>			
City: <b>Washington</b>	State: <b>DC</b>	Zip Code: <b>20005</b>	County: <b>N/A</b>
Phone: <b>202-253-1272</b>	Fax:		
Statewide Vendor Number (SWV) for Remit to Address:		Federal Tax ID Number or Social Security Number: <b>81-3365705</b>	
Unified Business Identifier Number (UBI): <b>604927820</b>		Date Universal Numbering System (DUNS) Number: <b>80388998</b>	
Year Firm Established: <b>2016</b>	UDBE/SBE/MSVWBE Certification Number:. <b>W2F0028743</b>	NAICS Code & Code Name: 541611- General Management Consulting Services	
Proposed Project Manager: <b>Erin Clark</b>		Email: <b>erin@cityfi.co</b>	
Financial Contact: <b>Thomas Gallo</b>		Email: <b>accounting@cityfi.co</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. 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](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>Harper4D Solutions, LLC</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>1</b>
Address: <b>2567 S 3150 W</b>			
City: <b>West Haven</b>	State: <b>UT</b>	Zip Code: <b>84401</b>	County: <b>Weber</b>
Phone: <b>509-499-7873</b>	Fax: <b>N/A</b>	Company Web Site: <b>N/A</b>	
Remit to Address: <b>2567 S 3150 W</b>			
City: <b>West Haven</b>	State: <b>UT</b>	Zip Code: <b>84401</b>	County: <b>Weber</b>
Phone: <b>509-499-7873</b>		Fax: <b>N/A</b>	
Statewide Vendor Number (SWV) for Remit to Address: <b>Not Washington Based</b>		Federal Tax ID Number or Social Security Number: <b>88-4403096</b>	
Unified Business Identifier Number (UBI): <b>Not Washington Based</b>		Date Universal Numbering System (DUNS) Number: <b>In-Progress</b>	
Year Firm Established: <b>2023</b>	UDBE/SBE/MSVWBE Certification Number: : <b>N/A</b>	NAICS Code & Code Name: <b>488 - Support Activities for Transportation</b>	
Proposed Project Manager: <b>Clint Harper</b>		Email: <b>clint@harper4d.com</b>	
Financial Contact: <b>Clint Harper</b>		Email: <b>clint@harper4d.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. 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](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>Community Air Mobility Initiative</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>1</b>
Address: <b>PO Box 11162</b>			
City: <b>Bainbridge Island</b>	State: <b>WA</b>	Zip Code: <b>98110</b>	County: <b>Kitsap</b>
Phone: <b>206-660-8498</b>	Fax: <b>N/A</b>	Company Web Site: <b>communityairmobility.org</b>	
Remit to Address: <b>PO Box 11162</b>			
City: <b>Bainbridge Island</b>	State: <b>WA</b>	Zip Code: <b>98110</b>	County: <b>Kitsap</b>
Phone: <b>206-660-8498</b>	Fax: <b>N/A</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>pending</b>		Federal Tax ID Number or Social Security Number: <b>84-2590652</b>	
Unified Business Identifier Number (UBI): <b>604 488 307</b>		Date Universal Numbering System (DUNS) Number: <b>062646801</b>	
Year Firm Established: <b>2019</b>	UDBE/SBE/MSVWBE Certification Number:: <b>N/A</b>	NAICS Code & Code Name: <b>541990 All Other Professional, Scientific, and Technical Services</b>	
Proposed Project Manager: <b>Yolanka Wulff</b>		Email: <b>yolanka@communityairmobility.org</b>	
Financial Contact: <b>Yolanka Wulff</b>		Email: <b>yolanka@communityairmobility.org</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:** CAMI is a WA nonprofit corporation

**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. 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](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.**