



PACKET B

May 19, 2023

WSDOT TOLL DIVISION

Roadside System Implementation Support

Jacobs

Challenging today.
Reinventing tomorrow.



LETTER OF TRANSMITTAL



May 19, 2023

Attn: Consultant Services Office
State of Washington Department of Transportation
CSOSubmittals@wsdot.wa.gov

Subject: RFQ – Toll Division Roadside System Implementation Support

LETTER OF TRANSMITTAL

Jacobs

PACKET B CONTENTS:

Letter of Transmittal

Response to scoring criteria
6-7 (including Performance
Evaluations and Workers'
Rights Certifications)

Consultant Information
forms for both the Prime
Consultant and all proposed
Sub-Consultants

Completed "Contractor
Certification - Workers'
Rights" forms for both the
Prime Consultant and all
proposed Sub-Consultants

Dear Evaluation Committee:

As your current General Toll Consultant (GTC) provider, it is our pleasure to submit this proposal to continue to provide toll system and related consulting services to WSDOT and its Toll Division. Many of our key staff members and team partners have worked with you previously and are enthusiastic to continue to support you, standing ready to handle any toll consulting and engineering assignment. Our fully assembled team has a diverse range of skillsets to meet your needs and offers Jacobs' deep bench of overall engineering and consulting resources. We offer several unique benefits that are unmatched in the industry, including:

- Practical, local, hands-on knowledge drawing from our key staff's experience working on multiple prior WSDOT task orders, as well as with other regional transportation agencies.
- Continuity and familiarity with our continued core team, including our key sub-consultant WSP, DBE subconsultants LEAD and STC, and sub-consultants MFA, TRAC, Dossier and eVision.
- A comprehensive and unmatched understanding of WSDOT and the tolling program, including your internal processes, biennial budgeting and procurement processes. Further, we are intimately familiar with current project engagements as well as upcoming project roll-outs and their interdependencies.
- National and international experience in the successful planning, financing, design, procurement, implementation and operation of electronic toll collection systems, back-office systems, and customer service centers.
- The ability to bring a lessons-learned approach to developing creative and practical solutions that are tailored to WSDOT's needs and goals.

Under our previous and current GTC contract, we have completed numerous task orders on time and within budget. From the original support under the Urban Partnership Agreement (UPA) to the current GTC program, we have been your trusted advisor for more than 15 years. Throughout this term we have supported WSDOT's evolution from a startup tolling agency to your now nationally recognized toll program *Good To Go!*



May 19, 2023

Attn: Consultant Services Office
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Subject: RFQ – Toll Division Roadside System Implementation Support

LETTER OF TRANSMITTAL

Jacobs

PACKET B CONTENTS:

- Letter of Transmittal
- Response to scoring criteria 6-7 (including Performance Evaluations)
- Consultant Information forms for both the Prime Consultant and all proposed Sub-Consultants
- Completed "Contractor Certification - Workers' Rights" forms for both the Prime Consultant and all proposed Sub-Consultants

Our comprehensive understanding and appreciation of your objectives, goals and challenges will enable us to provide high quality services effectively and efficiently. Our Commitment to WSDOT is simple: No Learning Curve + No Surprises = On-Time Delivery + Exceeding Expectations.

At our core, we are focused on building lasting relationships with our clients. With this in mind, the Jacobs team is enthusiastic about the opportunity to continue our work with you as your general toll consultant. If you have any questions or require additional information, please do not hesitate to contact me, Matt Ringstad, 206.852.8864, Matt.Ringstad@jacobs.com.

Sincerely,

Jacobs Project Management Co.

Matt Ringstad, PE
Project Manager



CRITERIA 6:

REFERENCES/PAST PERFORMANCES (PRIME CONSULTANT AND KEY SUB-CONSULTANT)

As requested in Scoring Criteria 6 of the RFQ, we are providing References/Past Performances for the Prime Consultant (Jacobs) and our Key Sub-Consultant (WSP) only. Since all other sub-consultants are subject matter only and not considered key sub-consultants, we have not included performance evaluations for them.

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

| |
|---|
| Consultant Name: Jacobs |
| Consultant's Project Manager: James (Jay) Johns |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Statewide On-Call: Task Order - E-ZPass Customer Service Center & Back Office Oversight |

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 | 02/10/14 | 04/02/21 | 982,441.00 |
| <input type="checkbox"/> Sub | | | |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score | 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: New Hampshire DOT - Bureau of Turnpikes | | |
| Evaluator's Name: John Corcoran | <small>John Corcoran, Jr</small> <small>Digitally signed by John Corcoran, Jr</small> <small>Date: 2023.04.11 18:28:35 -04'00'</small> | Evaluator's Title: Administrator |
| Firm/Company Address: 36 Hackett Hill Rd., Hooksett NH, 03106 | | |
| Phone: (603) 485-3806 | Fax: | Date: 04/11/23 |

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: Jacobs |
| Consultant's Project Manager: Russ McCarty |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) CWO-056 PMSS ExpressLanes Tolling & Customer Service Center Oversight Support |

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 type="checkbox"/> Prime | 09/01/22 | 08/30/23 | 253,524.83 |
| <input checked="" 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 |
| 2. Did the firm complete the project within the total budgeted amount? | 10 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 8.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 8.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score (Total the score by adding the scores for criterias 1 through 6.) | 56.00 |
| Average Score (Average the score by dividing the total score by the total number of criteria that was rated.) | 9.33 |

| Evaluator Information: | | |
|---|---|-----------------------|
| Firm/Company Name: Los Angeles County Metropolitan Transportation Authority (LA Metro) | | |
| Evaluator's Name: Robert Campbell | Evaluator's Title: Sr Mgr, Transportation Planning | |
| Firm/Company Address: One Gateway Plaza, Los Angeles, CA 90012-2952 | | |
| Phone: (213) 418-3170 | Fax: | Date: 05/08/23 |

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

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|---|--|---|--|
| Consultant Name Jacobs Engineering Group Inc. | | Evaluation Type Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final <input type="checkbox"/> | |
| Consultant Address 1100 112th Ave NE, Suite 500, Bellevue, WA 98004 | | Project Title General Tolling Consultant | |
| Type of Work Study Design <input type="checkbox"/> R/W <input type="checkbox"/> PS&E Other (Specify Below): | | Agreement Number Y-11038 | |
| Complexity of Work Difficult <input type="checkbox"/> Routine <input type="checkbox"/> | | Date Agreement Approved 6/10/2010 | |
| Amount of Original Agreement \$ 3,000,000 | | Total Amount Modifications \$ 57,000,000 | |
| Completion Date Including Extensions 6/30/2023 | | Actual Completion Date 6/30/2023 | |
| Total Amount Agreement \$ 60,000,000 | | Actual Total Paid \$ 47,000,000 | |
| Type and Extent of Subcontracting Primary Subcontractor is WSP providing project level technical support throughout the Program. Additional Subconsultants include: eVision (Technical System & Roadside Expertise), Larson Consulting (Policy and CSC Operations Support), Silicon Transportation Consultants (Subject Matter Expertise in National Toll Interoperability). | | | |

| Performance Rating Scale (From Average Score Below) | | | |
|---|--|------------------|-----------|
| S Superior | AR Above Std. | MR Meets Std. | P Poor |
| Standard Criteria | Comments (Justify Above & Below Ratings) | | Rating |
| 1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith | Negotiations were cooperative and without controversy. WSDOT guidelines were adhered to. All negotiation schedules were met or exceeded. | | AR |
| 2. Cost / Budget Finished within agreed budget, including all supplements Appropriate level of effort (Cost commensurate with work) Reasonable direct, non-salary expenses (Approx. xx% -yy%) | | | MR |
| 3. Schedule Complete within agreement schedule including supplements. Achieved schedule (Including all supplements). Prompt response to review comments Adapted to changes by WSDOT Notified WSDOT early regarding schedule issues | | | MR |
| 4. Technical Quality Work products meet WSDOT design policy & standards Performed appropriate quality control and assurance Responds to review comments in subsequent submission Pursued innovative design solutions Delivered "compatible" electronic files Implemented principles of practical design | | | MR |

| | | |
|--|---|-----------|
| <p>5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress</p> | <p>GTC was co-located with WSDOT team. Communication was frequent, consistent, and helpful in moving projects toward completion.</p> | <p>AR</p> |
| <p>6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively</p> | <p>Superior management of work, consistently accurate reporting and invoicing, collaborative approach.</p> | <p>AR</p> |
| <p>7. Other Criteria (As agreed)</p> | | |
| <p>Overall Rating</p> | <p>The GTC team has worked consistently over the past 12 years to augment Toll Division staff, transfer technical expertise, support major initiatives, and improve the WSDOT Toll program.</p> | <p>AR</p> |

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|---|--|-----------------------------|
| <p>Rated By (Project Manager Name and Title) Jennifer Charlebois, Toll Division Deputy Director</p> | <p>Project Manager Signature <i>Jennifer Charlebois</i></p> | <p>Date 8/16/2022</p> |
| <p>Rated By (Area Consultant Liaison Name and Title) Rick Naten, Toll Division Contracts Manager</p> | <p>Area Consultant Liaison Signature <i>Rick Naten</i></p> | <p>Date 8/16/2022</p> |
| <p>Executive Review (Name and Title) Edward Barry, Toll Division Director</p> | <p>Executive Signature <i>Edward Barry</i></p> | <p>Date 08/16/2022</p> |

| | | | |
|---|--|---|--|
| Consultant Name Jacobs Engineering Group, Inc. | | Evaluation Type Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final <input type="checkbox"/> | |
| Consultant Address 1100 112th Ave NE, Suite 500, Bellevue, WA 98004 | | Project Title Olympic Region General Engineering Consultant | |
| Type of Work <input type="checkbox"/> Study Design <input type="checkbox"/> R/W PS&E Other (Specify Below): | | Agreement Number Y-12554 | |
| Complexity of Work <input type="checkbox"/> Difficult Routine | | Date Agreement Approved 8/19/2021 | |
| Amount of Original Agreement \$ 20,500,000 | | Total Amount Modifications \$ 19,500,000 | |
| Completion Date Including Extensions June, 30, 2023 | | Actual Completion Date on-going | |
| Total Amount Agreement \$ 40,000,000 | | Actual Total Paid \$ 10,449,833 to date | |
| Type and Extent of Subcontracting Assist Olympic Region in delivering projects to include pre-design, design, PS&E, contract administration, and staff augmentation. | | | |

| Performance Rating Scale (From Average Score Below) | | |
|---|---|------------------|
| S Superior | AR Above Std. | MR Meets Std. |
| BR Below Std. | P Poor | |
| Standard Criteria | Comments (Justify Above & Below Ratings) | Rating |
| 1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith | Jacobs Engineering Group, Inc. (Jacobs) has been cooperative and very responsive to the needs of Olympic Region. Communications and negotiations have been transparent, honest and refreshingly effective. | AR |
| 2. Cost / Budget Finished within agreed budget, including all supplements Appropriate level of effort (Cost commensurate with work) Reasonable direct, non-salary expenses (Approx. xx% -yy%) | Jacobs has applied the appropriate level of effort to monitor budgets to successfully deliver projects on budget. | MR |
| 3. Schedule Complete within agreement schedule including supplements. Achieved schedule (Including all supplements). Prompt response to review comments Adapted to changes by WSDOT Notified WSDOT early regarding schedule issues | Jacobs has communicated early if there are schedule delays or challenges. Most delays have been changing policies that were not anticipated during negotiations. Schedule recovery was discussed collaboratively. | MR |
| 4. Technical Quality Work products meet WSDOT design policy & standards Performed appropriate quality control and assurance Responds to review comments in subsequent submission Pursued innovative design solutions Delivered "compatible" electronic files Implemented principles of practical design | Technical quality on design submittals have been excellent. Very few quality concerns have been identified and those that have were quickly corrected. Consistently working through construction related deliverables to ensure quality products leading to favorable outcomes. | AR |

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| <p>5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress</p> | <p>Communication has been transparent and effective. It is concise and has an intended purpose. It is appropriate and promotes a project first environment.</p> | <p>S</p> |
| <p>6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively</p> | <p>Jacobs has managed this agreement well. They are knowledgeable of all the task orders status, any issues, how to resolve them and work collaboratively with WSDOT to improve the GEC program.</p> | <p>AR</p> |
| <p>7. Other Criteria (As agreed)</p> | | |
| <p>Overall Rating</p> | <p>Jacobs has embodied the partnering culture that WSDOT strives for. They have become a true extension of WSDOT in the pursuit of excellent project delivery.</p> | <p>AR</p> |

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|--|--|----------------------------|
| <p>Rated By (Project Manager Name and Title)</p> | <p>Project Manager Signature </p> | <p>Date 9/14/2022</p> |
| <p>Rated By (Area Consultant Liaison Name and Title)</p> | <p>Area Consultant Liaison Signature </p> | <p>Date 9/14/2022</p> |
| <p>Executive Review (Name and Title) JoAnn Schueler, Olympic Region ARA</p> | <p>Executive Signature </p> | <p>Date 9/14/2022</p> |

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|--|---|--|--|
| Consultant Name Jacobs Engineering Group, Inc. | | Evaluation Type Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final <input type="checkbox"/> | |
| Consultant Address 1100 112th Avenue NE, Suite 500 Bellevue, Wa 98004 | | Project Title SCR General Engineering Consultant | |
| Type of Work Study Design R/W PS&E Other (Specify Below): | | Agreement Number Y-11855 | |
| Complexity of Work <input type="checkbox"/> Difficult <input type="checkbox"/> Routine | | Type of Agreement <input type="checkbox"/> Lump Sum <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other | |
| Date Agreement Approved March 17, 2016 | | | |
| Amount of Original Agreement \$ 5,000,000 | Total Amount Modifications \$ 75,000,000 | Total Amount Agreement \$ 80,000,000 | |
| Completion Date Including Extensions June 30, 2025 | Actual Completion Date | Actual Total Paid \$ 35,665,318 | |
| Type and Extent of Subcontracting Engineering, Environmental, Planning, Utility, Public Involvement, Project Control, Surveying, Material Testing & Inspection Support. | | | |

| Performance Rating Scale (From Average Score Below) | | | | |
|---|---|------------------|------------------|-----------|
| S Superior | AR Above Std. | MR Meets Std. | BR Below Std. | P Poor |
| Standard Criteria | Comments (Justify Above & Below Ratings) | | | Rating |
| 1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith | Jacobs has met or exceeded the standard criteria listed. They are open and honest in communications and willing to negotiate while making an effort to deliver projects efficiently. | | | AR |
| 2. Cost / Budget Finished within agreed budget, including all supplements Appropriate level of effort (Cost commensurate with work) Reasonable direct, non-salary expenses (Approx. xx% -yy%) | Jacobs continuously strives to stay within or below budget as negotiated. | | | AR |
| 3. Schedule Complete within agreement schedule including supplements. Achieved schedule (Including all supplements). Prompt response to review comments Adapted to changes by WSDOT Notified WSDOT early regarding schedule issues | Jacobs continues to meet timelines and/or deliver early. Negotiations are easily done when extended timelines are required for project's needs. Timely meetings are set up early regarding any schedule issues. | | | AR |
| 4. Technical Quality Work products meet WSDOT design policy & standards Performed appropriate quality control and assurance Responds to review comments in subsequent submission Pursued innovative design solutions Delivered "compatible" electronic files Implemented principles of practical design | Task-based and staff-augmentation technical quality has continued to meet or exceed industry standard. Jacobs has pursued innovative solutions in designs solutions in technical issues, as well as, delivery methods such as Global Delivery teams, providing cost effective delivery. | | | AR |

| | | |
|--|---|-----------|
| <p>5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress</p> | <p>Jacobs has provided appropriate communications as listed, and has been very responsive to questions or any clarifications as needed in a timely manner.</p> | <p>MR</p> |
| <p>6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively</p> | <p>Jacobs management is effectively and efficiently providing all listed in this section. Jacobs management is quick to respond to any questions and provides additional information/clarification if requested. Reports are accurate and submitted consistently and timely. Jacobs-initiated supplements to task orders are limited and collaboration with WSDOT and management of sub-consultants is effective.</p> | <p>AR</p> |
| <p>7. Other Criteria (As agreed)</p> | | |
| <p>Overall Rating</p> | <p>Jacobs continues to meet or exceed expectations with timely, efficient, and collaborative communication and delivery. Management and technical quality of deliverables are efficient.</p> | <p>AR</p> |

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|---|--|----------------------------|
| <p>Rated By (Project Manager Name and Title) Doug Darwood, SCR Project Control Engr. (ACLL)</p> | <p>Project Manager Signature  Douglas A. Darwood <small>Digitally signed by Douglas A. Darwood Date: 2022.09.13 15:27:49 -07'00'</small></p> | <p>Date 9/13/2022</p> |
| <p>Rated By (Area Consultant Liaison Name and Title) Doug Darwood, SCR Project Control Engr. (ACL)</p> | <p>Area Consultant Liaison Signature  Douglas A. Darwood <small>Digitally signed by Douglas A. Darwood Date: 2022.09.13 15:28:20 -07'00'</small></p> | <p>Date 9/13/2022</p> |
| <p>Executive Review (Name and Title) W. Brian White Assistant Region Administrator</p> | <p>Executive Signature  <small>Digitally signed by Brian White Date: 2022.09.13 20:24:53 -07'00'</small></p> | <p>Date</p> |

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|---|--|---|--|
| Consultant Name WSP USA (Brent Baker, Consultant PM) | | Evaluation Type Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final <input type="checkbox"/> | |
| Consultant Address 999 Third Avenue, Suite 3200, Seattle, WA 98104 | | Project Title Toll Financial Support | |
| Type of Work <input type="checkbox"/> Study <input type="checkbox"/> Design <input type="checkbox"/> R/W <input type="checkbox"/> PS&E Other (Specify Below): Revenue & expenditure forecasting, rate setting support, financial planning | | Agreement Number Y-12188 | |
| Type of Agreement <input type="checkbox"/> Lump Sum <input type="checkbox"/> Hourly Rate <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other | | Complexity of Work Difficult <input type="checkbox"/> Routine <input type="checkbox"/> | |
| Date Agreement Approved June 18, 2018 | | Amount of Original Agreement \$ 1,750,000 | |
| Total Amount Modifications \$ 0 | | Total Amount Agreement \$ 1,750,000 | |
| Completion Date Including Extensions Expected 7/31/2022 | | Actual Completion Date Interim Evaluation (expires 6/30/2021) | |
| Actual Total Paid \$ \$481,000 as of 1/27/2021 | | Type and Extent of Subcontracting No subconsultants. | |

| Performance Rating Scale (From Average Score Below) | | | |
|---|---|------------------|------------------|
| S Superior | AR Above Std. | MR Meets Std. | BR Below Std. |
| P Poor | | | |
| Standard Criteria | Comments (Justify Above & Below Ratings) | Rating | |
| 1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith | In general, WSP team is super collaborative and responsive. They negotiate realistic timeliness to ensure QC review is complete and provide timely menu of options as potential solution, etc. | S | |
| 2. Cost / Budget Finished within agreed budget, including all supplements Appropriate level of effort (Cost commensurate with work) Reasonable direct, non-salary expenses (Approx. xx% -yy%) | WSP work well within budget for the intended scope and are quick to entertain amendments for additional deliverables when asked with potential excess budget . | S | |
| 3. Schedule Complete within agreement schedule including supplements. Achieved schedule (Including all supplements). Prompt response to review comments Adapted to changes by WSDOT Notified WSDOT early regarding schedule issues | In general, WSP team deliver complete and quality work. They respect "no-surprise" philosophy and notify WSDOT for any potential schedule changes early and often as needed. | AR | |
| 4. Technical Quality Work products meet WSDOT design policy & standards Performed appropriate quality control and assurance Responds to review comments in subsequent submission Pursued innovative design solutions Delivered "compatible" electronic files Implemented principles of practical design | WSP continue to provide awesome technical and quality support with well-summarized reports, graphics for non-technical audience, etc. WSDOT relies on WSP's institutional knowledge and council to make informed decisions. | S | |

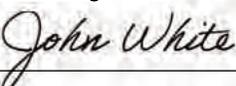
| | | |
|--|---|-----------|
| <p>5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress</p> | <p>WSP senior VP is an excellent communicator and highly skilled to report technical information with both agency and our partners who are non-technical.</p> | <p>S</p> |
| <p>6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively</p> | <p>Suggest to utilize more senior staff team members to help with rate of production to improve the response time.</p> | <p>AR</p> |
| <p>7. Other Criteria (As agreed)</p> | <p>In general, WSP team provide WSDOT- Toll Division a consistent quality of work within budget and on-schedule which is much appreciated! Trust continues to grow.</p> | <p>S</p> |
| <p>Overall Rating</p> | | <p>S</p> |

| | | |
|---|--|-----------------------------|
| <p>Rated By (Project Manager Name and Title) Yanming Yao- Toll Financial Planning & Budget Manager</p> | <p>Project Manager Signature</p> | <p>Date 02-03-2021</p> |
| <p>Rated By (Area Consultant Liaison Name and Title)</p> | <p>Area Consultant Liaison Signature</p> | <p>Date</p> |
| <p>Executive Review (Name and Title) Pani Saleh- Director of Toll Business Administration</p> | <p>Executive Signature</p> | <p>Date 02-03-2021</p> |

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|---|---|---|--|
| Consultant Name WSP USA | | Evaluation Type Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final <input type="checkbox"/> | |
| Consultant Address 999 3rd Ave, Suite 3200 Seattle, Wa 98104 | | Project Title SR 167 Completion | |
| | | Agreement Number Y-11918 | |
| Type of Work <input type="checkbox"/> Study Design <input type="checkbox"/> R/W <input type="checkbox"/> PS&E <input type="checkbox"/> Other (Specify Below): | | Type of Agreement <input type="checkbox"/> Lump Sum Hourly Rate <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other | |
| Complexity of Work Difficult <input type="checkbox"/> Routine <input type="checkbox"/> | Date Agreement Approved June 24, 2016 | | |
| Amount of Original Agreement \$ 16,000,000 | Total Amount Modifications \$ 28,000,000 | Total Amount Agreement \$ 44,000,000 | |
| Completion Date Including Extensions June 30, 2027 | Actual Completion Date N/A | Actual Total Paid \$ 20,281,513.67 | |
| Type and Extent of Subcontracting Hydraulics, HazMat, Utility, Surveying, Roadway | | | |

| Performance Rating Scale (From Average Score Below) | | | | |
|---|---|------------------|------------------|-----------|
| S Superior | AR Above Std. | MR Meets Std. | BR Below Std. | P Poor |
| Standard Criteria | Comments (Justify Above & Below Ratings) | | | Rating |
| 1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith | The team does a good job of putting together an initial scope of work that we can then modify to get alignment. The communications are open and honest and the development of cost estimates is always very timely. | | | AR |
| 2. Cost / Budget Finished within agreed budget, including all supplements Appropriate level of effort (Cost commensurate with work) Reasonable direct, non-salary expenses (Approx. xx% -yy%) | The management team does a good job of making sure that the work is completed within the agreed budget. | | | AR |
| 3. Schedule Complete within agreement schedule including supplements. Achieved schedule (Including all supplements). Prompt response to review comments Adapted to changes by WSDOT Notified WSDOT early regarding schedule issues | The work is typically completed within the identified schedule. Response to comments is timely and the team is flexible if there are changes that they need to react to. | | | MR |
| 4. Technical Quality Work products meet WSDOT design policy & standards Performed appropriate quality control and assurance Responds to review comments in subsequent submission Pursued innovative design solutions Delivered "compatible" electronic files Implemented principles of practical design | Work products always go through a QC process so that we are not looking at raw deliverables. The technical quality of the members of this team are very high. | | | AR |

| | | |
|--|--|-----------|
| <p>5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress</p> | <p>Communications with all consultant staff is very good and timely. The use of MS Teams chat and email helps timely and accurate communication.</p> | <p>AR</p> |
| <p>6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively</p> | <p>Progress Reports and invoicing are timely and accurate with very few errors. Meetings typically include agendas and a clearly defined purpose. The management team does a great job of managing the subconsultants.</p> | <p>AR</p> |
| <p>7. Other Criteria (As agreed)</p> | | |
| <p>Overall Rating</p> | <p>WSP has provided high quality staff and has been a true team player in the delivery of our multiple projects.</p> | <p>AR</p> |

| | | |
|---|--|----------------------------|
| <p>Rated By (Project Manager Name and Title) Steve Fuchs, SR 167 Completion Project Manager</p> | <p>Project Manager Signature </p> | <p>Date 8/10/2021</p> |
| <p>Rated By (Area Consultant Liaison Name and Title) reviewd by: S. Mackenzie, ACL/Program Mgr</p> | <p>Area Consultant Liaison Signature </p> | <p>Date 8/10/21</p> |
| <p>Executive Review (Name and Title) John H. White, Program Administrator</p> | <p>Executive Signature </p> | <p>Date 8/16/2021</p> |

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

| |
|--|
| Consultant Name: WSP |
| Consultant's Project Manager: Heather Wills |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) I-205 Toll Project and Regional Mobility Pricing Project |

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 04/22/19 | End Date | Dollar Amount of Services 45,610,317.93 |
| <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? | 9.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 9.00 |
| 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 | 58.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 9.67 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| Evaluator Information: | | |
|---|---|-----------------------|
| Firm/Company Name: Oregon Department of Transportation | | |
| Evaluator's Name: Mandy Putney | Evaluator's Title: Strategic Initiatives Director, Urban M | |
| Firm/Company Address: 123 NW Flanders St, Portland, OR 97209 | | |
| Phone: (503) 720-4843 | Fax: | Date: 02/24/23 |

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: WSP |
| Consultant's Project Manager: John Maloney |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) I-5 Rose Quarter Improvement Project |

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 type="checkbox"/> Prime | 01/07/19 | | 8,536,847.00 |
| <input checked="" 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? | 9.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 9.00 |
| 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? | 8.00 |
| 6. Was the firm's project management system effective? | 9.00 |
| Total Score | 55.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 9.17 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| Evaluator Information: | | |
|--|---|-----------------------|
| Firm/Company Name: Oregon Department of Transportation | | |
| Evaluator's Name: Megan Channell | Evaluator's Title: Rose Quarter Project Director | |
| Firm/Company Address: 123 NW Flanders, Portland, OR 97209 | | |
| Phone: (503) 509-5882 | Fax: | Date: 03/12/23 |

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



CRITERIA 7:

**CONTRACTOR CERTIFICATION
– WORKERS' RIGHTS FORMS
(PRIME AND SUB-
CONSULTANTS)**

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: RFQ Toll Division - Roadside System Implementation Support

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: Jacobs Project Management Co.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Jason Acres
Print Name of person making certifications for firm

Title: Senior Director, B&I Division
Title of person signing certificate

Place: Bellevue, WA
Print city and state where signed

Date: May 19, 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: Roadside System Implementation Support

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

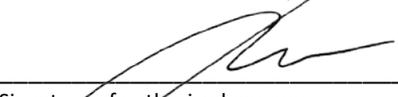
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: WSP USA, Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Lorelei Williams, PE
Print Name of person making certifications for firm

Title: Senior Managing Director
Northwest Pacific District
Title of person signing certificate

Place: Seattle, WA
Print city and state where signed

Date: 5/19/2023

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: Roadside System Implementation Support

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

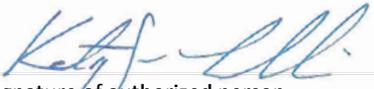
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: Maul Foster & Alongi, Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Kathy Lombardi, PE
Print Name of person making certifications for firm

Title: Principal Engineer
Title of person signing certificate

Place: Vancouver, WA
Print city and state where signed

Date: 4/24/2023

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: Roadside System Implementation Support

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

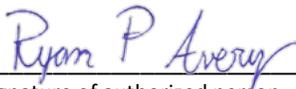
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: Washington State Transportation Center (TRAC)
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Ryan P. Avery
Print Name of person making certifications for firm

Title: Senior Research Engineer
Title of person signing certificate

Place: Seattle, WA
Print city and state where signed

Date: 05/01/2023

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: Roadside System Implementation Support

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

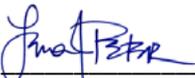
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: LEAD Engineers, Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Lena Peter
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Bothell, WA
Print city and state where signed

Date: 04-24-2023

**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: Roadside System Implementation Support

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: Silicon Transportation Consultants
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Patrick Vu
Print Name of person making certifications for firm

Title: Partner
Title of person signing certificate

Place: Kirkland, WA
Print city and state where signed

Date: 04/20/23

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: Roadside System Implementation Support

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

By: Karla Butler
Signature of authorized person

Karla Butler
Print Name of person making certifications for firm

Title: Principal
Title of person signing certificate

Place: Seattle, WA
Print city and state where signed

Date: 05/19/2023

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 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.

Solicitation Title: 2023 Roadside System Implementation Support

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.

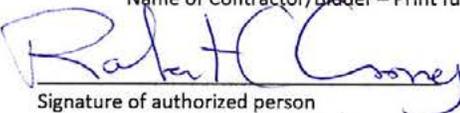
OR

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: eVision Partners, Inc.

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

By: 
Signature of authorized person

Robert C. Cooney
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Raleigh, NC
Print city and state where signed

Date: 4/24/23



**CONSULTANT
INFORMATION FORMS
(PRIME AND SUB-
CONSULTANTS)**

Consultant Information Form

| | | | |
|--|---|---|--------------------------------------|
| Firm Name: Jacobs Project Management Co. | | FYE Date: September 30, 2023 | Number of Employees: 2,078 |
| Address: Main Office 1999 Bryan Street, Suite 1200 | | | |
| City: Dallas | State: TX | Zip Code: 75201 | County: USA |
| Phone: 214-583-8500 | Fax: 214-638-0447 | Company Web Site: www.jacobs.com | |
| Remit to Address: 1100 112th Ave NE, Suite 500 | | | |
| City: Bellevue | State: WA | Zip Code: 98004 | County: USA |
| Phone: 425-453-5000 | Fax: N/A | | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0094304 | | Federal Tax ID Number or Social Security Number: 35-2321289 | |
| Unified Business Identifier Number (UBI): 602 802 387 | | Date Universal Numbering System (DUNS) Number: 830948597 | |
| Year Firm Established: 1987 | UDBE/SBE/MSVWBE Certification Number:: NA | NAICS Code & Code Name: 541613 | |
| Proposed Project Manager: Matt Ringstad | | Email: Matt.Ringstad@jacobs.com | |
| Financial Contact: Matt Ringstad | | Email: Matt.Ringstad@jacobs.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

• Please look at our 10k file at the SEC.
 • Due to licensing and registration requirements, Jacobs performs different disciplines in the name of one of its affiliates or wholly owned subsidiaries that are properly licensed or registered to perform the requested services. For the performance of engineering services, the contract is held by Jacobs Engineering Group Inc. For the performance of construction management services and general consulting the contract is held by Jacobs Project Management Co.

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. 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.

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: WSP USA Inc. | | FYE Date: 12/29/2023 | Number of Employees: 9,500 |
| Address: 1001 FOURTH AVE., SUITE 3100 | | | |
| City: Seattle | State: WA | Zip Code: 98154 | County: King |
| Phone: 206.382.5200 | Fax: 206.382.5222 | Company Web Site: www.wsp.com | |
| Remit to Address: 1001 FOURTH AVE., SUITE 3100 | | | |
| City: Seattle | State: WA | Zip Code: 98154 | County: King |
| Phone: 206.382.5200 | | Fax: 206.382.5222 | |
| Statewide Vendor Number (SWV) for Remit to Address: 004 10060-01 | | Federal Tax ID Number or Social Security Number: 11-1531569 | |
| Unified Business Identifier Number (UBI): 601 886 141 | | Date Universal Numbering System (DUNS) Number: SAM.gov UEI: LLWLXEU6T563 | |
| Year Firm Established: 1933 | UDBE/SBE/MSVWBE Certification Number:: n/a | NAICS Code & Code Name: 541330 Engineering Services | |
| Proposed Project Manager: Jennica Ottenbreit | | Email: Jennica.Ottenbreit@wsp.com | |
| Financial Contact: Lorelei Williams, PE | | Email: Lorelei.Williams@wsp.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

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. 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.

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: Maul Foster & Along, Inc. | | FYE Date: Dec. 31 | Number of Employees: 163 |
| Address: 2815 2nd Avenue, Suite 540 | | | |
| City: Seattle | State: WA | Zip Code: 98121 | County: King |
| Phone: 206-858-7620 | Fax: N/A | Company Web Site: www.maulfoster.com | |
| Remit to Address: 109 East 13th Street | | | |
| City: Vancouver | State: WA | Zip Code: 98660 | County: Clark |
| Phone: 360-694-2691 | Fax: N/A | | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0096714 | | Federal Tax ID Number or Social Security Number: 91-1730412 | |
| Unified Business Identifier Number (UBI): 601-723-614 | | Date Universal Numbering System (DUNS) Number: 96-417-3512 | |
| Year Firm Established: 1996 | UDBE/SBE/MSVWBE Certification Number:: N/A | NAICS Code & Code Name: 541620 | |
| Proposed Project Manager: Kate Elliott | | Email: kelliott@maulfoster.com | |
| Financial Contact: Nick Peterson | | Email: npeterson@maulooster.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

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.

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at 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: University of Washington | | FYE Date: 06/30/2023 | Number of Employees: ~15000 |
| Address: Box 359446 4333 Brooklyn Ave NE | | | |
| City: Seattle | State: WA | Zip Code: 98195-9446 | County: King |
| Phone: 206.543.6261 | Fax: | Company Web Site: https://www.washington.edu/ | |
| Remit to Address: UW Grant and Contract Accounting 12455 Collections Drive | | | |
| City: Chicago | State: IL | Zip Code: 60693 | County: Cook |
| Phone: 206.543.8690 | | Fax: | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV#0000210-03 | | Federal Tax ID Number or Social Security Number: 91-6001537 | |
| Unified Business Identifier Number (UBI): 178 019 988 | | Date Universal Numbering System (DUNS) Number: UEI: HD1WMN6945W6 | |
| Year Firm Established: 1861 | UDBE/SBE/MSVWBE Certification Number:: | NAICS Code & Code Name: 611310 | |
| Proposed Project Manager: Ryan P. Avery | | Email: rpavery@uw.edu | |
| Financial Contact: Julie Angeley | | Email: jcomiske@uw.edu | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

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FYE Date: Your firm's fiscal year end date.

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Consultant Information Form

| | | | |
|---|--|---|-----------------------------------|
| Firm Name: LEAD Engineers, Inc. | | FYE Date: 12-31 | Number of Employees: 01 |
| Address: 19506 109th CT NE | | | |
| City: Bothell | State: WA | Zip Code: 98011 | County: King |
| Phone: 214.500.4750 | Fax: | Company Web Site: www.lead-engineers.com | |
| Remit to Address: 19506 109th CT NE | | | |
| City: Bothell | State: WA | Zip Code: 98011 | County: King |
| Phone: 214.500.4750 | Fax: | | |
| Statewide Vendor Number (SWV) for Remit to Address: N/A | | Federal Tax ID Number or Social Security Number: 92-1063815 | |
| Unified Business Identifier Number (UBI): 604 999 509 | | Date Universal Numbering System (DUNS) Number: 118952595 | |
| Year Firm Established: 2022 | UDBE/SBE/MSVWBE Certification Number:: D4F0028247 / M4F0028247 | NAICS Code & Code Name: 541330 Engineering Services | |
| Proposed Project Manager: Lena Peter, PE | | Email: lena@lead-engineers.com | |
| Financial Contact: Lena Peter | | Email: lena@lead-engineers.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

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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: Silicon Transportation Consultants | | FYE Date: 12/31 | Number of Employees: 7 |
| Address: 14212 119th Place N.E. | | | |
| City: Kirkland | State: WA | Zip Code: 98034 | County: King |
| Phone: (617) 448-8611 | Fax: N/A | Company Web Site: www.silicontc.com | |
| Remit to Address: 14212 119th Place N.E. | | | |
| City: Kirkland | State: WA | Zip Code: 98034 | County: King |
| Phone: (617) 448-8611 | | Fax: N/A | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0202536 | | Federal Tax ID Number or Social Security Number: 47-4849971 | |
| Unified Business Identifier Number (UBI): 603583729 | | Date Universal Numbering System (DUNS) Number: R98DNCBBKG29 (UEI - replaces DUNS) | |
| Year Firm Established: 2015 | UDBE/SBE/MSVWBE Certification Number:: D2F0024264 | NAICS Code & Code Name: 541611, 541618 | |
| Proposed Project Manager: Patrick Vu | | Email: pvu@silicontc.cpom | |
| Financial Contact: Sarah Smith | | Email: ssmith@silicontc.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov.

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Consultant Information Form

| | | | |
|---|---|---|----------------------------------|
| Firm Name: Dossier Seattle LLC | | FYE Date: 12-31-2022 | Number of Employees: 1 |
| Address: 4795 B 35th Avenue S | | | |
| City: Seattle | State: WA | Zip Code: 98118 | County: USA |
| Phone: (206) 234-1086 | Fax: N/A | Company Web Site: https://dossierseattle.com | |
| Remit to Address: 4795 B 35th Avenue S | | | |
| City: Seattle | State: WA | Zip Code: 98118 | County: USA |
| Phone: (206) 234-1086 | | Fax: N/A | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0279518-00 | | Federal Tax ID Number or Social Security Number: 85-1951957 | |
| Unified Business Identifier Number (UBI): 604 635 724 | | Date Universal Numbering System (DUNS) Number: 097025176 | |
| Year Firm Established: 2020 | UDBE/SBE/MSVWBE Certification Number:: M3F0027165 | NAICS Code & Code Name: 541611 | |
| Proposed Project Manager: Karla Butler | | Email: karla.butler@dossierseattle.com | |
| Financial Contact: Karla Butler | | Email: karla.butler@dossierseattle.com | |

Firm Type:

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

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

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Consultant Information Form

| | | | |
|---|--|---|-----------------------------------|
| Firm Name: eVision Partners, Inc. | | FYE Date: December | Number of Employees: 12 |
| Address: 8522 Six Forks Road, Suite 102 | | | |
| City: Raleigh | State: NC | Zip Code: 27615 | County: Wake |
| Phone: 9193417793 | Fax: 9193415396 | Company Web Site: www.evisionpartners.com | |
| Remit to Address: 9660 Falls of Neuse Road Suite 138 #256 | | | |
| City: Raleigh | State: NC | Zip Code: 27615 | County: Wake |
| Phone: 919-341-7793 | | Fax: 919-341-5396 | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0300672-00 | | Federal Tax ID Number or Social Security Number: 94-3415674 | |
| Unified Business Identifier Number (UBI): 603-406-592 | | Date Universal Numbering System (DUNS) Number: 109209714 | |
| Year Firm Established: 2002 | UDBE/SBE/MSVWBE Certification Number:: N/A | NAICS Code & Code Name: 541611 | |
| Proposed Project Manager: Robert Cooney | | Email: rcooney@evisionpartners.com | |
| Financial Contact: Gladys Cooney | | Email: gcooney@evisionpartners.com | |

Firm Type:

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

Annual Gross Receipt:

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 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
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Matt Ringstad, PE

Project Manager

1100 112th Ave NE, Suite 500
Bellevue, WA 98004

Cell: 206.852.8864

Matt.Ringstad@jacobs.com