

2024 Rail, Freight & Ports Division General Engineering Consulting Services

STATEMENT OF QUALIFICATIONS | NOVEMBER 12, 2024





NOVEMBER 12, 2024

To: State of Washington Department of Transportation Subject: HNTB Statement of Qualifications for the 2024 Rail, Freight and Ports Division General Engineering Consultant Services



Dear Jason Biggs and Selection Committee Members,

WSDOT's Rail, Freight and Ports Division's transition to a General Engineering Consultant (GEC) contracting model will provide you streamlined access to industry best transportation planning and engineering talent from Washington and the entire U.S. through a "One Team, One Stop" contract. Together, WSDOT and HNTB have been at the forefront of innovative delivery, having formed the agency's first GEC, the I-405 Program GEC, over 20 years ago. WSDOT will benefit from the GEC model of success, which creates a team culture of partnership, trust, and collaboration. These characteristics will be critical as WSDOT tackles challenging tasks such as the Corridor Identification and Development (CID) Step 2 implementation, Palouse River Coulee City (PCC) rail system strategic plan, bridge replacement and prioritization plan and assessment, as well as an updated statewide freight system plan, among others.



Project Manager Don Sims has served WSDOT for his entire 32-year career, both as an employee and consultant.



Principal in Charge **Debbie Driver** has been working with WSDOT for 16 years and the Washington State Legislature for 18 years.

Through decades of collaboration, we have developed a deep understanding of your values, processes, procedures, and goals. We have assembled a team reflecting the diverse nature of the contract, balancing the knowledge that comes with being local and the strategic support from rail, freight, and port experts locally and across the U.S. We have carefully chosen individuals with a reputation for strong delivery with WSDOT and specialized expertise and experience to meet all your planning and engineering delivery needs. Highlights of this team include:

Freight Experts: Donald Ludlow and others from CPCS are featured prominently in freight planning roles so WSDOT can continue to leverage their expertise in the PCC rail system, truck parking, the State Rail Plan, maritime and port needs, and other multi-modal efforts. WSDOT will benefit from exclusive access to CPCS's valuable institutional knowledge and continued involvement in your multimodal planning efforts.

Equity Leadership: Equity and engagement are prominent on our team, with professionals specializing in HEAL Act; environmental justice; diversity, equity, and inclusion; tribal coordination; and communications. Our approach is to infuse equity into our work and use industry-best tools to confirm we are engaging diverse community perspectives. WSDOT can trust this team to provide strategic and tactical guidance to deliver outputs and initiatives that respond to current and future needs of communities in the region while acknowledging and considering impacts and benefits.

Team Structure: We will be supported by Service and Discipline Leads in passenger rail planning, freight rail planning, engineering, and construction management; Task Order Leads to manage specific assignments; Strategic Advisors to support navigation through Corridor Identification and Development/Service

Development Plan delivery, host railroad coordination, governance, border issues, procurement, and funding needs; and an expansive Resource Pool to provide expertise in all disciplines required to support delivery.

WSDOT will receive a rapid response to task order requests. Our team's structure allows us to quickly assemble qualified teams to efficiently meet your needs.

Communication and Collaboration: We will regularly meet with you and your team. These discussions will be an avenue for you to discuss our team's performance and identify opportunities to improve. In addition, we will clearly define roles and responsibilities for our teams to underscore your role as decision maker and our team's role in supporting effective and efficient decision-making and delivery. **What WSDOT gets from this open, collaborative approach is a partnership built on trust, which will be vital to the success of these projects that rely so heavily on the engagement of stakeholders and diverse communities.**

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HNTB's history with WSDOT dates to 1961, and WSDOT has entrusted us with some of the most challenging and complex projects in the state, including the SR 99 Tunnel, the I-405/SR 167 Corridor Program, the Puget Sound Gateway Program, and the Northwest Region GEC (Fish Passage Program).

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We are committed to our longstanding partnership with WSDOT. As Project Manager and Principal In Charge, you have our commitment that this contract will receive the expertise, resources, and time required to make it successful. We are available to you anytime should you have any questions or concerns. Thank you for this opportunity to partner with you to create the future of rail, freight, and ports in Washington.

Sincerely,

Don Sims, PE

Sr. Vice President Sr. Project Manager

jdsims@hntb.com | (425) 761-1463

Debbie DriverVice President

Principal In Charge and State Funding Strategic Advisor ddriver@hntb.com I (360) 790-2632

Contractor Certification of Workers' Rights Forms

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

> Solicitation Title: 2024 Rail, Freight and Ports Division General **Engineering Consulting Services**

I hereby	cer	tify, on behalf of the firm identified belov	v, as foll	lows (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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	Sig	nature of authorized person	Print Na	me of person making certifications for firm			
Title:		ashington Office Leader, SVP	Place:	Bellevue, WA			
	Titl	e of person signing certificate		Print city and state where signed			
Date:	No —	ovember 11, 2024					

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	☐ 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.					
	re true and correct and that I am auth	the laws of the State of Washington, that the certifications orized to make these certifications on behalf of the firm				
FIRM NA	AME: Cooper Zietz Engineers Inc. Name of Contractor/Bidder – Print fu	ıll legal entity name of firm				
By:	Terrytosoha	Terry Hosaka				
	Signature of authorized person	Print Name of person making certifications for firm				
Title:	Executive VP Business Development	Place: Portland, Oregon				
	Title of person signing certificate	Print city and state where signed				
Date:	October 16, 2024	_				

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Ву:	<u></u>	Tottous	Scott W	/hite		
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Title:		nior Principal Environmental Planner of person signing certificate	Place:	Seattle, WA Print city and state where signed		
Date:		/17/2024		,		

Date:

10/15/2024

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 - WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

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	EMPLOYEES. This firm does NOT red	cion Clauses and Class or Collective Action Waivers for quire its employees, as a condition of employment, to idual arbitration clauses or class or collective action
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	EMPLOYEES. This firm requires its	employees, as a condition of employment, to sign or stration clauses or class or collective action waivers.
	are true and correct and that I am auth	the laws of the State of Washington, that the certifications orized to make these certifications on behalf of the firm
FIRM N	AME: CPCS Transcom Inc. Name of Contractor/Bidder – Print fu	ıll legal entity name of firm
Ву:	Donald ludlow	Donald Ludlow
Title:	Signature of authorized person Vice President	Print Name of person making certifications for firm Laredo, Texas Place:
	Title of person signing certificate	Print city and state where signed

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I hereby	certify, on behalf of the firm identifie	ed below, as foll	ows (check one):
	EMPLOYEES . This firm does <u>NOT</u> r	equire its empl	OF CLASS OR COLLECTIVE ACTION WAIVERS FOR OYEES, as a condition of employment, to ion clauses or class or collective action
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Solicitation Title: <u>2024 Rail, Freight and Ports Division General</u> Engineering Consulting Services

I hereby certify, on behalf of the firm identified below, as follows (check one): No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. OR ☐ MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein. FIRM NAME: D'Leon Consulting Engineers Name of Contractor/Bidder - Print full legal entity name of firm Borja Leon By: authorized person Print Name of person making certifications for firm President Long Beach, Ca. Title: Place: Title of person signing certificate Print city and state where signed 10/21/2024 Date:

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Solicitation Title: Rail General Engineering Consulting Services

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FIRM N	AME	: HWA GeoSciences Inc.		
		Name of Contractor/Bidder – Print full I	egal entity na	ame of firm
Ву:	Č	5B-C	Sandy	Brodahl
	Sig	nature of authorized person	Print Na	me of person making certifications for firm
Title:	Pr	President		Bothell, WA
	Titl	e of person signing certificate		Print city and state where signed
Date:	10	/15/2024		

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Pri Title: -	ncipal	Place:	Detroit, MI		
Title	e of person signing certificate		Print city and state where signed -		
Date: -	tober 16, 2024				

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By:	(Cretor	Oscar 2	Zavaleta			
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Title:	CE	EO	Place:	San Francisco			
	Title	e of person signing certificate		Print city and state where signed			
Date:	10	/14/2024					

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FIRM NA	AME: Osborn Consulting Incorporated		
	Name of Contractor/Bidder – Print full lega	al entity na	me of firm
By:	Lawie ann thomson	Laurie ⁻	Thomsen
•	Signature of authorized person	Print Name of person making certifications for firm	
Title:	Principal & Vice President	Place:	Seattle, WA
	Title of person signing certificate		Print city and state where signed
Date:	10/16/2024		

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	Signature of authorized person	Print Name of person making certifications for firm	
Title:	Kevin Sakai	Place:	Mountlake Terrace, WA
	Title of person signing certificate		Print city and state where signed
Date:	October 29, 2024		

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FIRM NA	ME: PacRim Engineering, Inc.			
	Name of Contractor/Bidder – Print full lega	l entity na	me of firm	
Ву:	On 22	Roy Kir		
	Signature of authorized person	Print Na	me of person making certifications for firm	
Title:	Principal	Place:	Orange, CA	
	Title of person signing certificate		Print city and state where signed	
Date:	10/15/2024			

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Title:	Pri	ncipal	Place:	Renton
	Title	e of person signing certificate		Print city and state where signed
Date:	10	/17/24		

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Firm NA	AME: PRR Name of Contractor/Bidder – Print full lega	l entity na	me of firm
By:	(Olle Ants	Colleen	Gants
•	Signature of authorized person	Print Name of person making certifications for firm	
Title:	Principal	Place:	Seattle Washington
	Title of person signing certificate		Print city and state where signed
Date:	10/17/2024		

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FIRM N	AME:			
		Name of Contractor/Bidder – Print full le	egal entity na	me of firm
By:	Z	Panisl Carter	Daniel	Carter
	Sigr	nature of authorized person	Print Na	me of person making certifications for firm
Title:	Ch	ief Legal and People Officer	Place:	Irving, TX
	Title	e of person signing certificate		Print city and state where signed
Date:	10	/30/2024		

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

> Solicitation Title: 2024 Rail, Freight and Ports Division General **Engineering Consulting Services**

I hereby	certify, on behalf of the firm identified belo	ow, as fol	lows (check one):
	EMPLOYEES. This firm does NOT require	e its emp	oyees, as a condition of employment, to ion clauses or class or collective action
		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 certification herein are true and correct and that I am authorized to make these certifications on behalf of the filisted herein.			
FIRM NA	ME: Red Barn Group, Inc.		
	Name of Contractor/Bidder – Print full leg	gal entity na	me of firm
Ву:	Popular dispined by Redokah J Weston Popular dispined by Redokah J We	Rebekah J. Weston	
•	Signature of authorized person	Print Name of person making certifications for firm	
Title:	CEO/President	Place:	Seattle, WA
	Title of person signing certificate		Print city and state where signed
Date:	11/05/2024		

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

> Solicitation Title: 2024 Rail, Freight and Ports Division General **Engineering Consulting Services**

· neres,	y cer	tify, on behalf of the firm identifie	u below, as loll	lows (check one).
		EMPLOYEES. This firm does <u>NOT</u> r	equire its empl	oyees, as a condition of employment, to ion clauses or class or collective action
			OR	
	are t	EMPLOYEES. This firm requires its agree to mandatory individual artify, under penalty of perjury under under and correct and that I am automated the second secon	s employees, a bitration clause r the laws of the	CLASS OR COLLECTIVE ACTION WAIVERS FOR s a condition of employment, to sign or es or class or collective action waivers. e State of Washington, that the certifications ke these certifications on behalf of the firm
FIRM N	AME	R H Chen Engineering, Inc.		
		Name of Contractor/Bidder – Print	full legal entity na	me of firm
Bv:		Jane Li Grand State Control Co	Jingjua	n (Jane) Li
Ву:	 Sig	Jane Li Edward person		n (Jane) Li me of person making certifications for firm
By: Title:	_	- 100 All a 11 10000 TO W		· ·
·	Pr	nature of authorized person	Print Na	me of person making certifications for firm

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

> Solicitation Title: 2024 Rail, Freight and Ports Division General **Engineering Consulting Services**

horoby	cor	tify an habalf of the firm identified be	low as follows (shock analy		
пегеву	cer	tify, on behalf of the firm identified be	low, 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.			
•	ire t	rue and correct and that I am authori	laws of the State of Washington, that the certifications zed to make these certifications on behalf of the firm		
FIRM NA	AME:	Steer Davies & Gleave Inc. Name of Contractor/Bidder – Print full le	gal entity name of firm		
By:	ت	Ante Doods	Anita Woods		
,	Sign	nature of authorized person	Print Name of person making certifications for firm		
Title:		esident e of person signing certificate	Place: _Brooklyn, New York Print city and state where signed		
Date:	Oc	ctober 14, 2024			

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

> Solicitation Title: 2024 Rail, Freight and Ports Division General **Engineering Consulting Services**

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

No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for Employees. This firm does <u>NOT</u> 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.
tify, under penalty of perjury under the laws of the State of Washington, that the certificati rue and correct and that I am authorized to make these certifications on behalf of the f

I hereby ons herein ai irm listed herein.

FIRM NA	AME: The Greenbusch Group, Inc.		
By:	Name of Contractor/Bidder – Print full Contractor Bidder – Print full RAMI KAUR E-MANAGE GENERALISCH COM, ONTHE GENERALISCH GROUP, INC. DERBARISCH GROUP, INC. DERBARISCH GROUP, INC. DERBARISCH GROUP, INC. DERBARISCH GROUP	l legal entity na Rami K	
٥,٠	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	President	Place:	Seattle, WA
	Title of person signing certificate		Print city and state where signed
Date:	10/21/2024	-	

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.

cer	tify, on behalf of the firm identified belov	v, as foll	ows (check one):	
	EMPLOYEES . This firm does <u>NOT</u> require	its empl	oyees, as a condition of employment, to	
	0	R		
MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign of agree to mandatory individual arbitration clauses or class or collective action waivers. Thereby certify, under penalty of perjury under the laws of the State of Washington, that the certificate are true and correct and that I am authorized to make these certifications on behalf of the steed herein.				
AME:	Virginkar & Associates, Inc.			
		entity na	me of firm	
<	D. D.		James J Qin, PE	
Sign	nature of authorized person	Print Name of person making certifications for firm		
Pre	esident	Place:	Fullerton, CA	
Title	e of person signing certificate		Print city and state where signed	
Oc	etober 14, 2024			
	Certaine to the cerein AME:	No Mandatory Individual Arbitration Cuence Suppleyees. This firm does NOT require sign or agree to mandatory individual waivers. Mandatory Individual Arbitration Clause Employees. This firm requires its employees agree to mandatory individual arbitration certify, under penalty of perjury under the law are true and correct and that I am authorized erein. AME: Virginkar & Associates, Inc.	MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND EMPLOYEES. This firm requires its employees, as agree to mandatory individual arbitration clauses certify, under penalty of perjury under the laws of the are true and correct and that I am authorized to malerein. AME: Virginkar & Associates, Inc. Name of Contractor/Bidder – Print full legal entity na James Signature of authorized person Print Nat President Place: Title of person signing certificate	

Performance Evaluations

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: HNTB Corporation	
Consultant's Project Manager: Dominic Spaethling	
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being Front Range Passenger Rail Service Development Plan	g performed.)
Type of Work: Roadway Design Plans Specs & Estimates Transportation Study R	Right-of-Way Other
Contract Information: (Work must have been completed within the last 3 years or is currently being performed	1
Frime Sub Start Date End Date Start Date End Date	Dollar Amount of Services 4,250,000.00
Performance Evaluation	
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	Score 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?	
3. Did the firm complete the project within the contract schedule(s)?	
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	9.00
6. Was the firm's project management system effective?	9.00
Total Score (Total the score by adding the scores for criterias 1 through 6.)	38.00
Average Score (Average the score by dividing the total score by the total number of criteria that was rated.)	6.33
Evaluator Information:	
Firm/Company Name: Colorado Department of Transportation	
Evaluator's Name: Jeffrey Dawson Evaluator's Title: Engineer	ing Manager for Passenger Ra
Firm/Company Address: 2829 W. Howard Pl. Denver CO 80204	
Phone: (720) 840-5022 Fax: Date: 09/30/2	24 Rev. 2014

Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

To: Washington State Department of Transportation
From: Jeffrey Dawson, Engineering Manager for Passenger Rail, Colorado DOT

9/23/24

RE: Performance Evaluation Reference for HNTB, supplemental information

To WSDOT-

HNTB Corporation is currently conducting a Service Development Plan for our "Front Range Passenger Rail" project, which is approximately 70% complete per project time. We are following the FRA framework for an SDP on a 180 mile north/south corridor from Pueblo to Denver to Fort Collins.

Please note that as this is an ongoing project, as my reference form leaves Question 2 and 3 on completion data blank, negatively impacting their average score. This is **not** a reflection of our concern over those two factors, and in fact we are on track for schedule and budget.

We did add both time and money to the original contract, but this reflected a complicated series of additional local and federal scope outside of HNTB or project staff control. In fact, HNTB's flexibility in accommodating, reacting to, and minimizing negative impact from the moving goalposts set by FRA and the State of Colorado has been a credit. We also have received positive feedback from FRA as to the quality they are seeing relative to other SDP and CIDP work.

Sincerely,

Jeffrey Dawson, CDOT Engineering Manager for Passenger Rail



i Department of Transporta

Performance Evaluation Consultant Services

Consultant Name HNTB Corporation				tion Type erimSub	consultant Fina	al			
Project Title I-405/SR 167 Corridor Program; Genera	al Engineering Consulta	ant							
Consultant Address				Agreement Number					
777 108th Avenue NE, Suite 1000		Y-1187	73 (Master)						
Bellevue, WA 98004			Type of Agreement						
,				np Sum					
Time of Morle			 	•					
Type of Work Study Design R/W PS	S&E Other (Spec	ify Rolow):	_	urly Rate					
,	ily below).	Cos	st Plus Fixed I	=ee					
CN administration		Oth	er						
Complexity of Work	roved								
Difficult Routine									
Amount of Original Agreement	Total Amount Mod	lifications		Total Amount	Agreement				
\$ 130,000,000.00	\$ 145,000,000.00			\$ 275,000,00					
Completion Date Including Extensions	Actual Completion	n Date		Actual Total F	Paid				
December 31, 2032	n/a			\$ 135,132,53	33.04				
Type and Extent of Subcontracting									
As the Prime consultant, HNTB provides	s the following support	but not limited to:	funding (and project de	divery strategies inla	nning			
contract development, engineering design									
	-	-		-	•				
analysis/ forecasting, right of way, etc. and also tolling analysis, public outreach/education, coordination with local agencies,									
stakeholders, partners, and other service		ort Program delive	erv.						
stakeholders, partners, and other service		oort Program delive	ery.						
	es as identified to supp	ort Program delive	ery.						
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Revised 04/2023 Copies: Project Manager - Area Consultant Liaison - Consultant Services Office

5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progres	written) and used correct lines of communication errors were corrected or addressed immediately	AR			
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	Submitted appropriate, timely and accurate pro- reports and invoices. Conducted team meeting efficiently and effectively. Team pushes in the to make progress. Consistently looks for creative effective solutions.	AR			
7. Other Criteria (As agreed)	N/A				
Overall Rating	Highly knowledgeable and well respected Tean to bottom, Prime to Sub-consultants. Appreciat staff assigned to this program. Great team play Thoroughly integrated team that acts in the bes of WSDOT.	te all of ers.	S		
Rated By (Project Manager Name and Title)	Project Manager Signature	Date			
Lesly Chan - I405/SR167 Program, Director of Ops	01/09/202				
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Sonature Date				
Gary Langrock, NWR CSO	9 m langul 01/09/24				
Executive Review (Name and Title)	Executive Signature	Date			
Lisa Hodgson - I-405/SR167 Program Administrator	green Hoodson	01/09/20)24		

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Г	
Consultant Name: HNTB	
Consultant's Project Manager: Sarah Hersom	
Project Name to be Evaluated on: (Work must have been completed within the Link21	the last 3 years or is currently being performed.)
Type of Work: Roadway Design Plans Specs & Estimates	Transportation Study Right-of-Way Other
Contract Information: (Work must have been completed within the last 3 year	ars or is currently being performed.)
Start Date End	d Date Dollar Amount of Services
Prime Sub 08/01/19 09/2	20/24 81,980,308.00
Performanc	ce Evaluation
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and	nd 10 being high. 1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether budget related or work element related?	r they were 10.0
2. Did the firm complete the project within the total budgeted amount?	10.0
3. Did the firm complete the project within the contract schedule(s)?	10.0
4. Did the firm meet all of your technical standards and quality expectations?	2 10.0
5. Was the firm's communication, both oral and written, clear and concise?	10.0
6. Was the firm's project management system effective?	10.0
Total Score	60.0
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score (Average the score by dividing the total score by the total number of criteria the score by dividing the total score by the total number of criteria the score by dividing the total score by the total number of criteria the score by dividing the total score by the total number of criteria the score by the score by dividing the total score by the total number of criteria the score by the scor	that was rated.)
Evaluator 1	Information:
Firm/Company Name: Bay Area Rapid Transit District	
Evaluator's Name: Brian Soland	Evaluator's Title: Acting Director of Link21
Firm/Company Address: 2150 Webster St. Oakland, CA 94	94612
Phone: (510) 544-9204 Fax:	Date: 09/20/24
Distribution: Original: Return to Consultant being evaluated; an	nd Rev. 20

Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Consultant Information Forms

Consultant Information Form

Firm Name:					TE Date:		Number of Employees:	
HNTB Corporation				1	12/31/2024		6605	
Address: 777 108th Ave NE Ste. 1000								
City:	State:		Zip Code: County:					
Bellevue	WA	4	98004					
Phone:		Fax:	70		Company Web Site:			
(425) 455-3555		(425) 453-91	79	www.hntb.com/		m/		
Remit to Address:	. \							
(Same as above			I					
City:	State:		Zip Code:			County	<u>:</u>	
Dhone								
Phone: Fax:								
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID) Num	ber or Social Secu	urity Nur	nber:	
SWV0039943 00			43-1623092					
Unified Business Identifier Number (U	JBI):		Date Universal	l Num	bering System (D	UNS) Nı	ımber:	
601-433-191 04-160-1790								
Year Firm Established:		UDBE/SBE/MSVWBE Certif	BE Certification Number:: NAICS Code & Code Name:					
1914		N/A		54133				
Proposed Project Manager: Email:								
Don Sims, PE jds			jdsims	dsims@hntb.com				
Financial Contact: Email:								
Iruka Anunobi			IAnunobi@HNTB.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 <u>do not</u> use: dba's								

Firm Name: Please <u>do not</u> 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:				F	YE Date:		Number of Employees:		
Cooper Zietz Engineers, Inc.			1	12/31		190			
Address:									
	6400 SE Lake Road, Suite 200								
City:	State: Zip Code: County:								
Portland	OF	ξ	97222	97222 Clackamas					
Phone:		Fax:	Company Web Site:				1		
503-652-9090			https://akana.us/			US/			
Remit to Address: 6400 SE Lake R	loa	d, Suite 200							
City: State:			Zip Code:			County:			
Portland	OF	₹	97222				Clackamas		
Phone:	I		Fax:						
503-652-9090									
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID Number or Social Security Number:						
SWV0326057		91-1753733							
Unified Business Identifier Number (UBI):			Date Universal Numbering System (DUNS) Number:						
601-817-894			802745448						
Year Firm Established:		UDBE/SBE/MSVWBE Certif	WBE Certification Number:: NAICS Code & Code Name:						
1996		OR-588 WA-DII	M001150)51	51 541330 - Engineering Servi				
Proposed Project Manager:	Email:								
Fares Kekhia			fares.kekhia@akana.us						
Financial Contact:			Email:						
Kathy Odell			kathy.odell@akana.us						
Firm Type:									
☐ Sole Proprietor ☐ Partnership ☐ C – Corp. ☐ Limited Partnership ☐ Subchapter S Corp. ☐ Limited Liability Company									
Annual Gross Receipt:									
\$\text{\$\sumsymbol{1}}\$ \$0 to \$1 Million \$\text{\$\sumsymbol{1}}\$ \$1 Million to \$5 Million \$\text{\$\sumsymbol{1}}\$ \$5 Million to \$10 Million \$\text{\$\sumsymbol{1}}\$ \$10 Million to \$15 Million \$\text{\$\sumsymbol{1}}\$ Over \$15 Million									
Note:									
Firm Name: Please <u>do not</u> use: dba's									

Firm Name: Please <u>do not</u> 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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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.

Firm Name:	_	142			FYE Date:		Number of Employees:		
Commonstreet	C_{0}	onsulting, LL	C		12/31/20)24	49		
92 Lenora St., I	PM	1B 125							
City:	State:	^	Zip Code:	4		County			
0 0 0 1111	W	-	98121 King Company Web Site:						
(844) 769-2378	}	N/A		com					
PO Box 18619									
Irvine	Zip Code: 92623	3		County	ange				
Phone: Fax: N/A									
Statewide Vendor Number (SWV) for FSWV0328380-0	o Address:	Federal Tax II 82-14		umber or Social Sect	ırity Nun	ber:			
Unified Business Identifier Number (UI 604-107-152	BI):		Date Universal Numbering System (DUNS) Number: 112887628						
Year Firm Established: 2017		UDBE/SBE/MSVWBE Certifi	cation Number:	::	NAICS Code & 541618: Other		me: ement Consulting Services		
Proposed Project Manager:			Email:	_					
Jason Motland			jason	<u>a</u>	csrow.c	com			
Melinda Diaz			melin	da	a@csro	W.C	om		
•	hip [☐ C – Corp. ☐ Limited Partr	nership 🗌 Su	ıbcha	apter S Corp. 🔳 I	Limited L	iability Company		
Annual Gross Receipt: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc									
Note: Firm Name: Please <u>do not</u> use: dba's -	- doing	business as; combination names	s when two firm	ns are	e working together,	unless the	e combination name is the		

Firm Name: Please <u>do not</u> 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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Firm Name:				F	YE Date:		Number of Employees:		
Confluence Env	iror	mental Comp	oany	1	2/31/24		31		
146 N Canal Str	eet	, Suite #111							
City:	State:		Zip Code:			County	:		
Seattle	WA	Ą	98103 US						
Phone:		Fax:	Company Web Site:						
206.397.3741		N/A		nfenv.c	om				
Remit to Address:	_								
same as above									
City:		Zip Code:			County	:			
Di			T.						
Phone:			Fax:						
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax I	D Nun	nber or Social Secu	urity Nun	nber:		
SWV0312900			20817	' 04	92				
Unified Business Identifier Number (U	JBI):		Date Universa	al Nun	nbering System (D	UNS) Nu	ımber:		
602682914			01-95	3-8	3804				
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code Na	nme:		
2007		S000025349			541620 Envi	ronmer	ntal Consulting Services		
Proposed Project Manager:			Email:		П				
Rosie Daniel			rosie.	dar	niel@co	nfer	nv.com		
Financial Contact:			Email:						
Nora Burton			nora.b	our	ton@co	nfe	nv.com		
Firm Type:									
	ship [☐ C – Corp. ☐ Limited Parts	nership 🔳 Su	ıbchap	eter S Corp.	Limited L	iability Company		
Annual Gross Receipt:	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 <u>do not</u> use: dba's formation of a legally registered new or									

Firm Name: Please <u>do not</u> 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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Firm Name:	_				FYE Date:	_	Number of Employees:		
CPCS Transcom Inc.					08/31/20	24	27		
Address:	- N IV	M Suita 220							
1028 33rd Street		W, Suite 320							
City:	State:		Zip Code:	,		County			
3.5	DC		20007			DC			
(571)214-4509		Fax: (202)217-230	Company Web Site: Cpcstrans.com				n		
Remit to Address:									
1028 33rd Street NW, Suite 320									
City:	State:		Zip Code:	_		County			
Washington	DC	•	20007			DC			
Phone: (571)214-4509 (202)217-2301									
Statewide Vendor Number (SWV) for I	Remit to	Address:	Federal Tax II	D Nı	umber or Social Secu	ırity Nur	nber:		
SWV0261385			35249	38	821				
Unified Business Identifier Number (U	BI):				imbering System (D	UNS) Nı	ımber:		
604-107-368			07930	7	601				
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	cation Number:	::	NAICS Code &	Code Na	ame:		
2013					541614 Profes	ssional,	, Scientific and Technical		
Proposed Project Manager:			Email:						
Donald Ludlow			dludlo	W	@cpcstr	ans	.com		
Financial Contact:			Email:		_				
Mohammed Mus	a		mmus	a	@cpcs.c	a			
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 <u>do not</u> use: dba's formation of a legally registered new co									

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.

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.

Firm Name:				F	YE Date:		Number of Employees:	
DJM2 Consultar	псу	LLC		D	ecembe	r 31	1	
Address:								
409 Brazil Drive								
City:	State:		Zip Code:			County		
Hurst	Te	xas	76054 Tarrant					
Phone:		Fax:	Company Web Site:					
817 581 4916		NA						
409 Brazil Drive								
City:	State:		Zip Code:			County		
Hurst	Te	xas	76054	-		Tar	rant	
Phone:			Fax:		Antero (Construction Incommentation Incomment			
817 581 4916 NA								
Statewide Vendor Number (SWV) for	Remit t	o Address:	market by the second		nber or Social Secu	ırity Nun	nber:	
NA			88-12	722	278			
Unified Business Identifier Number (U	JBI):		D. 10 (D)	al Num	bering System (D	UNS) Nu	ımber:	
NA			NA					
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	*::	NAICS Code &		ame:	
2022		NA			541600)		
Proposed Project Manager:			Email:		1140406	_		
DJ Mitchell	-			ell.	dj1948@	y)gn	nail.com	
Financial Contact:			Email:					
Same			Same	!				
Firm Type:								
Sole Proprietor Partner	ship	☐ C – Corp. ☐ Limited Parts	nership 🔲 Si	ubchap	ter S Corp. 🔳 I	Limited I	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 name	s when two firm	ns are	working together,	unless th	e combination name is the	
formation of a legally registered new	compan	y such as a joint venture; derivat	ives of your leg	gal nam	e; acronyms; etc.	The firm	name shown must be your	

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Firm Name:				F	FYE Date: Number of Employees:					
D'Leon Consu	ltin	g Engineers	3	D	ecember	31st	35			
Address:	uth	Suita 220								
119 1st Ave. So		Suite 320	I							
City:	State:		Zip Code: County:							
Seattle	Wa		98104 King							
(562)989-4500)	Fax:			Ileonengineers.com					
Remit to Address: 3748 Bayer Ave	3748 Bayer Ave. Suite 101									
City:		Zip Code:			County	:				
Long Beach	₋ong Beach			3		Los	: Angeles			
Phone:	1		Fax:							
(562)989-4500										
Statewide Vendor Number (SWV) for	95-44	134								
Unified Business Identifier Number (1605344367	JBI):		Date Universa	al Num	nbering System (D	UNS) Nu	ımber:			
Year Firm Established: 1993		UDBE/SBE/MSVWBE Certiff D5M002903								
		D31V100290			541330-Engineeni	ig Service	s, 541340-CADD, 541611-Admin			
Proposed Project Manager:			Email:		n @ dloo	nan	ainooro oom			
Borja Leon Financial Contact:				eo	n @ died	nen	gineers.com			
			Email:	امما	م الم		ainaara aam			
Borja Leon			ุมบารล.เ	eo	11@0160	nen	gineers.com			
Firm Type:										
☐ Sole Proprietor ☐ Partner	ship [■ C – Corp. ☐ Limited Parts	nership 🔲 Su	ıbchap	ter S Corp.	Limited L	iability 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 <u>do not</u> use: dba's										

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Firm Name:				F	YE Date:	Number of Employees:		
Furtado				D	ecember	31st	56	
Address:								
1325 4th Aven	ue, Su	ite 1900						
City:	State:		Zip Code:			County		
Seattle	WA	4	98101 King					
Phone:	l l	Fax:		Com	pany Web Site:	I		
2066211218		2062238223	furtadoassociat			tes.com		
Remit to Address:				L				
1325 4th Aven	ue, Su	ite 1900						
City:	State:		Zip Code:			County		
Seattle	WA	4	98101			Kin	g	
Phone:	•		Fax:			•		
2066211218	2062238223							
Statewide Vendor Number (SWV) for Remit to Address:			Federal Tax I	D Nun	nber or Social Seco	urity Nun	nber:	
SWV0125718	00		91-120)59	70			
Unified Business Identifier Num	nber (UBI):		Date Univers	al Nun	nbering System (D	UNS) Nu	ımber:	
600-513-137			144406048					
Year Firm Established:		UDBE/SBE/MSVWBE Certi	fication Number	cation Number:: NAICS Code & Code Name:				
1983		M3M0019981, D	3M00199	981	541330-Engineer	ing Servic	ces; 541370-Surveying Services	
Proposed Project Manager:		l	Email:					
Joel Yeager			jyeage	er@	furtadoa	SSO	ciates.com	
Financial Contact:			Email:					
Jessica Goldsb	perry		jgoldsk	oeri	ry@furta	doas	ssociates.com	
Firm Type:			•					
	artnership [■ C – Corp. ☐ Limited Par	tnership	ubchap	ter S Corp.	Limited L	iability Company	
Annual Gross Receipt:								
	\$1 Million to	\$5 Million II \$5 Million to \$	\$10 Million] \$10 M	Million to \$15 Mil	lion Γ	Over \$15 Million	
	ψ1 Million to	φο Million to C	pro minion	_ Ψ 1 Ο1	Amnon to \$15 Min.		TO TO THINDI	
Note: Firm Name: Please <u>do not</u> use:	dha's – doin	o husiness as: combination nam	es when two firm	ns are	working together	unless the	e combination name is the	
formation of a legally registered								

firm's legal name.

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Firm Name:				FY	YE Date:		Number of Employees:			
HWA GeoSciences Inc					2/31/20	24	56			
Address:	_	5 6 11 446								
21312 30th Drive	e S	E, Suite 110								
City:	State:	1								
Bothell	WA	4	98021			Kin	g			
Phone:		Fax:		۱.	pany Web Site:					
425-774-0106		425-774-271	4	hw	/ageo.c	om				
Remit to Address:										
21312 30th Drive SE, Suite 110										
City:	State:	_	Zip Code:			County				
Bothell	WA	4	98021			Kin	g			
Phone:	1		Fax:			I.				
425-774-0106			425-7							
Statewide Vendor Number (SWV) for		o Address:			ber or Social Secu	urity Nur	nber:			
SWV0089261-0	0		91-11	426	610					
Unified Business Identifier Number (U	JBI):				bering System (D	UNS) Nı	ımber:			
600 404 388			103501235							
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code N	ame:			
1978		M5F0024692/D	5F00246	592	541330 E	Engir	neering Services			
Proposed Project Manager:			Email:							
Sandy Brodahl,	PE		sbroda	ahl	@hwag	jeo.	com			
Financial Contact:			Email:							
Vasiliy Babko			vbabk	0@	hwage	O.C	om			
Firm Type:										
☐ Sole Proprietor ☐ Partner	ship [■ C – Corp.	nership 🔲 Su	ıbchapı	ter S Corp.	Limited I	iability Company			
Annual Gross Receipt:										
	llion to S	\$5 Million \$5 Million to \$	10 Million] \$10 N	Million to \$15 Mill	lion [Over \$15 Million			
Note: Firm Name: Please <u>do not</u> use: dba's	– doing	business as; combination name	s when two firn	ns are v	working together,	unless th	e combination name is the			

Firm Name: Please <u>do not</u> 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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Firm Name:				F	YE Date:		Number of Employees:	
LDC, Inc.					ec 31st	t	66	
Address:	N	ı						
20210 142nd Av	e i							
City:	State:		Zip Code:			County		
Woodinville	WA	_	98072 USA					
Phone: 4060		Fax:	2		pany Web Site:	0 KIO	0000	
425-806-1869		425-482-289	893 www.ldccorp.com					
Remit to Address:								
same as above								
City:	State:		Zip Code:			County	T.	
Phone:			Fax:					
Statewide Vendor Number (SWV) for	Statewide Vendor Number (SWV) for Remit to Address: Federal Tax ID Number or Social Security Number:							
SWV0230856			91-21	84	193			
Unified Business Identifier Number (U	JBI):		Date Universa	al Num	bering System (D	UNS) Nu	ımber:	
602-287-714			141540182					
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	ication Number:	::	NAICS Code &	Code Na	ame:	
2003		M5M002057	8		541330)		
Proposed Project Manager:			Email:		<u>I</u>			
Lance Adams			ladam	s@	@ldccorp	o.co	m	
Financial Contact:			Email:					
Kyle Carlson			kcarls	on	@ldcco	rp.c	om	
Firm Type:								
	ship [☐ C – Corp. ☐ Limited Partr	nership 🔳 Su	ıbchapı	ter S Corp.	Limited L	iability Company	
Annual Gross Receipt:								
□ \$0 to \$1 Million □ \$1 Mi	llion to S	\$5 Million \$5 Million to \$1	10 Million] \$10 N	Million to \$15 Mill	ion [Over \$15 Million	
Note:								
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new or	_							

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Firm Name: Anderson & Tannous Cross-Border Advisory Group FYE Date: December 2024 Number of English 2								
Suite 301, 1401 Washir	ngton	Blvd.						
City: Detroit	State: Mich	nigan	Zip Code: 48226			County		
Phone: 613-890-6029		Fax: N/A	Company Web Site: N/A					
Remit to Address: Same as above								
City: Zip Code: County:								
Phone: Fax:								
Statewide Vendor Number (SWV) for 93-	Remit t	o Address:	Federal Tax 1 93-4400		nber or Social Secu	rity Nun	nber:	
Unified Business Identifier Number (U	JBI):		Date Univers	al Nun	nbering System (DI	UNS) Nu	ımber:	
Year Firm Established: 2023		UDBE/SBE/MSVWBE Certif N/A	ication Number	r::	NAICS Code &	Code Na	ame:	
Proposed Project Manager: Marta Leardi-Anderson			Email: marta_a	nder	rson1@hotr	nail.c	om	
Financial Contact: Marta Leardi-Anderson			Email: marta_a	nder	rson1@hotr	nail.c	om	
Firm Type: Sole Proprietor Partner Annual Gross Receipt:	ship [■ C – Corp.	nership	ubchap	oter S Corp. 🔲 L	imited L	iability Company	
	llion to	\$5 Million \$\square\$ \$5 Million to \$	10 Million] \$10 I	Million to \$15 Mill	ion [Over \$15 Million	
Note: Firm Name: Please <u>do not</u> use: dba's								
formation of a legally registered new	company	y such as a joint venture; derivat	ives of your leg	gal nam	ne; acronyms; etc. T	ne firm	name shown must be your	

firm's legal name.

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Firm Name:					FYE Date:		Number of Employees:		
Montez Group, In	C.				Dec, 31st		22		
Address:									
319 S. 2nd Street	, Ur	nit A							
City:	State:		Zip Code:			County			
Renton	WA	1	98507			Sea	attle		
Phone:		Fax:		Co	ompany Web Site:	•			
(415)430-5029			http://www.montezgrou						
Remit to Address:									
3988 Lyman Road	d								
City:	Zip Code:			County					
Oakland	CA		94602 Alameda						
Phone:			Fax:			•			
(415)430-5029									
Statewide Vendor Number (SWV) for	Remit t	o Address:			umber or Social Secu	urity Nun	nber:		
			27-482	26	015				
Unified Business Identifier Number (U	JBI):		Date Universa	al Nı	umbering System (D	UNS) Nı	ımber:		
604670351			064269794						
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	ication Number	::	NAICS Code & Code Name:				
2011		M5M0025979							
Proposed Project Manager:			Email:		•				
Oscar Zavaleta			ozaval	et	a@monte	ezgr	oup.com		
Financial Contact:			Email:						
Lucy Liu			∣lliu@m	าดเ	ntezgroup	o.co	m		
Firm Type:									
Sole Proprietor Partners	ship [☐ C – Corp. ☐ Limited Partr	nership 🔲 Su	ubch	apter S Corp. 🔲 I	Limited I	iability Company		
Annual Gross Receipt:									
☐ \$0 to \$1 Million ■ \$1 Mil	□ \$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 <u>do not</u> use: dba's formation of a legally registered new or	_								

firm's legal name.

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Firm Name:							Number of Employees:		
Osborn Consulti	ng,	Inc.		1	2/31		110		
Address:	NIE	C 000E							
1800 112th Ave		, Suite 220E	T						
City:	State:	۸.	Zip Code:			County			
Bellevue	WA	<u>-</u>	98004 King						
Phone:		Fax:	Company Web Site:						
425-451-4009		425-955-934	WWW.OSD			rncc	onsulting.com		
1800 112th Ave NE, Suite 220E									
City:	Zip Code:			County					
Bellevue	WA	4	98004	-		Kin	g		
Phone:			Fax:						
425-451-4009			425-955-9347						
Statewide Vendor Number (SWV) for	Remit t	o Address:			nber or Social Secu	ırity Nun	iber:		
SWV0177176-0			20-18						
Unified Business Identifier Number (U	JBI):				nbering System (D	UNS) Nu	mber:		
602 446 858			36087	25	56				
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	ication Number	::	NAICS Code &	Code Na	ime:		
2004		D2F001930			541339, 541320	0, 54162	0, 541690, 541340, 541715		
Proposed Project Manager:			Email:	_			1.1		
Laurie Thomsen			lauriet	(Q)	osborno	ons	sulting.com		
Financial Contact:			Email:		-				
Laurie Thomsen			lauriet	(@)	osborno	ons	sulting.com		
Firm Type:									
☐ Sole Proprietor ☐ Partner	ship [☐ C – Corp. ☐ Limited Parti	nership 🔳 Su	ıbchap	ter S Corp.	Limited L	iability 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 <u>do not</u> use: dba's formation of a legally registered new or	_	•							

firm's legal name.

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Firm Name:	a: a4						Number of Employees:	
Ott-Sakai & Asso	ciai	es, LLC		1	2/31		13	
23906 59th Place	e W							
City:	State:		Zip Code:	_ 4	4.7	County		
Mountlake Terrace	WA	1	98043-5417 Snohomish					
Phone: 206-409-0631		Fax:	Company Web Site: None					
Remit to Address: PO Box 247								
City: Zip Code: County:								
Mountlake Terrace	errace WA			-02	247	Sno	homish	
Phone: Fax: 206-409-0631								
Statewide Vendor Number (SWV) for Remit to Address: SWV 02040 00			47-393	334		·		
Unified Business Identifier Number (U	JBI):		Date University 08041		bering System (D	UNS) Nu	ımber:	
Year Firm Established: 2015		UDBE/SBE/MSVWBE Certified M4M0023226		••	NAICS Code & 541330		nme:	
Proposed Project Manager:			Email:					
Kevin Sakai			kevin@	②ot	t-sakai.	com		
Contact Person for this Submission: Kimberly McShea	a		kimbe	rly@	@ott-sak	kai.c	om	
Firm Type:								
Sole Proprietor Partner	ship [☐ C – Corp. ☐ Limited Partr	nership	ıbchapt	ter S Corp.	Limited L	iability Company	
Annual Gross Receipt:								
□ \$0 to \$1 Million ■ \$1 Mil	llion to S	\$5 Million	10 Million] \$10 N	Million to \$15 Mil	lion	Over \$15 Million	
Note:								
Firm Name: Please <u>do not</u> use: dba's								

Firm Name: Please <u>do not</u> 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: Number of Em								
1 December 38								
Address: 6021 12th Street E, Suite 200								
County	y:							
Pie	erce							
<u> </u>								
rimen	gineering.com							
Remit to Address: 701 S. Parker St., Suite 7200								
County	y:							
Ora	ange							
Fax: (714) 683-0460								
Federal Tax ID Number or Social Security Number: 26-1431519								
Date Universal Numbering System (DUNS) Number:								
24128542								
tification Number:: NAICS Code & Code Name:								
) - Engi	ineering Services							
Email:								
gguevara@pacrimengineering.com								
msingh@pacrimengineering.com								
Firm Type: Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company								
Annual Gross Receipt: \$\Begin{array}{c} \\$0 \to \\$1 \text{ Million} \tag{\text{ Million to \\$5 \text{ Million}}} & \Begin{array}{c} \\$5 \text{ Million} \tag{\text{ Million to \\$10 \text{ Million}}} & \Begin{array}{c} \\$10 \text{ Million} \tag{\text{ Over \\$15 \text{ Million}}} & \Begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\								
Note: Firm Name: Please <u>do not</u> use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the								
	County Pie e: crimen County Ora O Security Nur de & Code N O - Engi rimen meng Limited I Million							

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Firm Name:	Firm Name:						Number of Employees:		
Prima Pacific, LLC				1	12/31		5		
Address: PO Box 40282									
City:	State:		Zip Code:			County			
Bellevue	WA	4	98015			Kin	g		
Phone:		Fax:			npany Web Site:				
206-779-0112				W۱	ww.prim	apa	cific.com		
PO Box 40282									
City:	State:		Zip Code:			County			
Bellevue	WA	4	98015)		Kin	g		
Phone:	•		Fax:						
206-779-0112									
Statewide Vendor Number (SWV) for Remit to Address:			Federal Tax ID Number or Social Security Number: 47-5466269						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
603-556-412									
Year Firm Established:		UDBE/SBE/MSVWBE Certific		ame:					
2015		W2F0024316	5		NAICS 541611				
Proposed Project Manager:			Email:	_					
Patrycja Dion			patrycja.dion@primapacific.com						
Contact Person for this Submission:			Email:						
Patrycja Dion	patrycja.dion@primapacific.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 <u>do not</u> 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									

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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.

Firm Name: PRR					YE Date: 2/31	Number of Employees:			
Address: 1501 4th Ave									
Seattle	State:	A	Zip Code: 98101			County: King			
(206)-623-073	e: 06)-623-0735 206-623-0		781 https://ww			ww.	prrbiz.com/		
Remit to Address:									
City:	State:		Zip Code:			County	<i>"</i> :		
Phone:			Fax:						
Statewide Vendor Number (SWV) for Remit to Address: SWV-0035428-00			Federal Tax ID Number or Social Security Number: 91-1162829						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number: 173275934						
Year Firm Established: 1981		UDBE/SBE/MSVWBE Certif D2F0008454/W			NAICS Code & 541820 - F				
Proposed Project Manager: Colleen Gants	S		cgants@prrbiz.com						
Financial Contact: Lynnette Bradbury			finance@prrbiz.com						
Annual Gross Receipt:	·	☐ C – Corp. ☐ Limited Parts	_	_	ter S Corp.	_	iability Company		
Note: Firm Name: Please do not use: dba's	– doing	business as; combination name	s when two firr	ns are	working together,	unless th	e combination name is the		
formation of a legally registered new	company	y such as a joint venture; derivat	ives of your leg	al nam	e; 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.

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

Firm Name:				F	YE Date:		Number of Employees:		
RailPros, Inc				1	2/31	84			
Address:									
250 Commerce Suite 200									
City:	State:		Zip Code:			County			
Irvine	CA		92602 USA			4			
Phone:		Fax:		Com	npany Web Site:	4			
714-734-8765		N/A		rai	ilpros.co	m			
Remit to Address:									
1320 Greenway	Dr	ive, Suite 490							
City:	State:		Zip Code:			County			
Irving	TX		75038	3		US.	A		
Phone:	l .		Fax:						
469-862-8237									
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID Number or Social Security Number:						
			33-0905680						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
Year Firm Established:		UDBE/SBE/MSVWBE Certification	ication Number:	:: NAICS Code & Code Name:					
2000					541 Professional, Scientific, and Technical Services				
Proposed Project Manager:			Email:						
Nathan Ortega			nathan.ortega@railpros.com						
Financial Contact:			Email:						
Jeff Vines			jeff.vines@railpros.com						
Firm Type:									
☐ Sole Proprietor ☐ Partner	ship [■ C – Corp. ☐ Limited Parti	nership	ıbchap	oter S Corp.	Limited L	iability Company		
Annual Gross Receipt: \$\Bigcup \\$0 \to \\$1 \text{ Million } \Bigcup \\$1 \text{ Million to \\$5 \text{ Million to \\$10 \text{ Million }} \Bigcup \\$10 \text{ Million to \\$15 \text{ Million }} Over \\$15 \text{ Million }									
	mon to	po ivilition to \$	IO IVIIIIOII L	1 Φ10 1	viiiiVI CIQ OI HOIIIIIV	IOII <u> </u>	Over \$15 Million		
Note: Firm Name: Please <u>do not</u> use: dba's	doing	husiness as combination name	e when two fier	ac are	working together	unlace th	a combination name is the		
rii ii raine. I icase <u>ao no</u> i use. uba s	- uonig	, ousmoss as, comomanon name	s when two min	is are	working together,	umess m	comomation name is the		

Firm Name: Please <u>do not</u> 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.

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Firm Name:				F	YE Date:		Number of Employees:		
Rebekah J. West	on						12		
Address:									
2200 1st Ave S, Suite 200									
City:	State:		Zip Code:			County			
Seattle	WA	\	98134			King	g		
Phone:		Fax:	•	Com	pany Web Site:				
(425) 419-4979				WW	/w.redbai	rn-er	ngineering.com		
Remit to Address:									
2110 Caldwell Str	eet								
City:	State:	_	Zip Code:			County			
Sandusky	Oh	io	44870			Erie	;		
Phone:			Fax:						
(419) 625-7838									
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID Number or Social Security Number:						
			81-2346097						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
603609325									
Year Firm Established:		UDBE/SBE/MSVWBE Certif			NAICS Code &		ime:		
2016		D2F0025578/W	2F0025	578	541330				
Proposed Project Manager:			Email:						
Rebekah Weston			rebekah@redbarn-engineering.com						
Financial Contact:			Email:						
Jen Schuster			jenz@redbarn-engineering.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: Red Barn has an annual revenue of \$3.5M on average for the last 3 years.									
Firm Name: Please <u>do not</u> 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.

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

Firm Name:							Number of Employees:		
R H Chen Engine		1	2/31	12					
720 3rd Ave, S	Suit	e 1400							
Seattle	State:	4	Zip Code: 98104			County			
Phone: 206-623-5984		Fax:		rhcengine		eer	eering.com		
Same as above	'e								
City:	State:					County	:		
Phone:			Fax:			L			
Statewide Vendor Number (SWV) for SWV0283484-00	Remit to	o Address:	Federal Tax ID Number or Social Security Number: 46-3447110						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
603 029 484	,		079181003						
Year Firm Established: 2010		UDBE/SBE/MSVWBE Certified D/M4F002327		nber:: NAICS Code & Code Name: 541330					
Proposed Project Manager:			Email:		0 1 1000				
Jane Li			jane.li@rhcengineering.com						
Financial Contact:			Email:						
Jane Li	jane.li@rhcengineering.com								
Firm Type: Sole Proprietor Partnership C - Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt: \$\Begin{array}\$ \\$ 0 to \\$1 Million \Begin{array}\$ \\$ 1 Million to \\$5 Million \Begin{array}\$ \\$ 5 Million to \\$10 Million \Begin{array}\$ \\$ 10 Million to \\$15 Million \Begin{array}\$ \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\									
Firm Name : Please <u>do not</u> 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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Firm Name:					YE Date:		Number of Employees:		
Steer Davies & Gleave Inc.					/larch 3	95			
Address: 55 Washington Street, Suite 504									
City:	State:	State: Zip Code: County:							
Brooklyn	NY	•	11201			Queens			
Phone:		Fax:		Com	pany Web Site:				
(646) 989-9945				W۷	ww.stee	rgro	oup.com		
Remit to Address: 55 Washington S	Stre	et Suite 504							
City:	State:	ot, Ouite 304	Zip Code:			County	:		
Brooklyn	NY	,	11201			Qu	eens		
Phone:	<u>I</u>		Fax:						
(646) 989-9945									
Statewide Vendor Number (SWV) for	Remit to	o Address:	Federal Tax ID Number or Social Security Number:						
SWV0238149			45-0585269						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
604008850			018447200						
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	fication Number:: NAICS Code & Code Name:						
2007		N/A			541611 - Administrative Management and General Management Consulting Services				
Proposed Project Manager:			Email:		•				
Mark Mukherji			mark.mukherji@steergroup.com						
Financial Contact:			Email:						
Louise Newman			louise.newman@steergroup.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 <u>do not</u> use: dba's formation of a legally registered new of	_				0 0				

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.

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

The Greenbusch Group, Inc.					YE Date: Dec 31		Number of Employees: 24	
Address: 1448 Elliott Ave W								
Seattle	State:	4	Zip Code: 98119		County: King			
Phone: (206) 378-0569		Fax:	Company Web Site: greenbus		ch.com			
Remit to Address: 1448 Elliott Ave	W							
Seattle	State:	4	Zip Code: 98119)		Kin County		
Phone: (206) 378-0569			Fax:					
Statewide Vendor Number (SWV) for SWV 0089554-0		o Address:	Federal Tax ID Number or Social Security Number: 91-1460992					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number: 609094511					
Year Firm Established: 1989		UDBE/SBE/MSVWBE Certified #M4F000792		:		ode & Code Name: Engineering): 541380 (Acoustics Testing Services): 541690 ((Other Scientific and		
Proposed Project Manager: adamj@greenbu	ıscl	n.com	adamj@greenbusch.com					
Financial Contact: Rami Kaur			ramik@greenbusch.com					
Annual Gross Receipt:	•	☐ C – Corp. ☐ Limited Parts	_		·		iability Company	
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered nave								

Firm Name: Please <u>do not</u> 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.

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Firm Name:					FYE Date:		Number of Employees:		
Virginkar & Associates Inc.					12/31/24		60		
Address:									
	1561 E Orangethorpe Ave., Suite 120								
City:	State:		Zip Code:			County			
Fullerton	CA	l	92831			Ora	ange		
Phone:		Fax:			pany Web Site:				
714 993-1000		714 853-109	9	W۱	ww.va-ir	nc.c	om		
Remit to Address:		A 0 :	400						
1561 E Oranget	nor	pe Ave., Suite							
City:	State:		Zip Code:			County			
Fullerton	CA	1	92831			Ora	ange		
Phone:			Fax:						
714 993-1000			714 853-1099						
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID Number or Social Security Number:						
N/A			95-4344924						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
N/A			62-495-6876						
Year Firm Established:		UDBE/SBE/MSVWBE Certifi		ame:					
1991		D4M0016826	26 541611						
Proposed Project Manager:			Email:						
Christopher Dye	r		dyer.christopher@va-inc.com						
Financial Contact:			Email:						
Angelina Ventura			ventura.angelina@va-inc.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 <u>do not</u> use: dba's									

Firm Name: Please <u>do not</u> 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.

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