

STATEMENT OF QUALIFICATIONS FOR

# WASHINGTON STATE 2024 TSMO PROGRAM PLAN

NOVEMBER 21, 2023

PACKET

B



PREPARED FOR



PREPARED BY

Kimley»Horn

Expect More. Experience Better.

November 21, 2023

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

Kimley-Horn  
1201 Third Avenue, Suite 2500,  
Seattle, WA 98101  
kimley-horn.com

## Re: Statement of Qualifications for Washington State 2024 TSMO Program Plan

Dear Members of the Selection Committee,

Kimley-Horn seeks to be your trusted consultant partners for this Transportation System Management and Operations (TSMO) services contract. To successfully complete this project, you will need a consultant team that has a demonstrated track record of genuine stakeholder engagement, proven local technical experience, and a history of developing plans that lead to implementable projects. Kimley-Horn is that consultant. Our project manager and team understand WSDOT's maturity in TSMO and that they are moving from vision and programmatic to tactical to formalize what WSDOT does with TSMO. We have assembled a team of national experts that will successfully deliver this project. Our team offers WSDOT the following benefits:

**Our team has a deep understanding of WSDOT's TSMO needs.** Our team has recent and relevant experience with a wide range of TSMO planning, design, implementation and operations. Kimley-Horn's expertise is strengthened by a carefully curated team of experienced partners from WSP, Toole Design, Pertee, Citizen Engineers, Larson Consulting Associates (LCA), and PRR, all of whom bring relevant WSDOT experience. We understand that WSDOT is trying to achieve a consistent baseline across the state rather than spot improvements/capabilities. WSDOT has the most comprehensive definition of TSMO and we have assembled a team to fulfill that potential array of tactics that has broad experience with WSDOT at the region and headquarters level, complemented with peer state TSMO/intelligent transportation system (ITS) experience.

**Kimley-Horn offers unparalleled TSMO expertise.** Kimley-Horn has recent and relevant experience crafting TSMO and ITS strategic and deployment plans for agencies of various sizes and capabilities. Our expertise is supplemented by our national expertise in smart city plans, ITS strategic plans, technology master plans, and ITS architectures for states, counties, and other municipalities. Members of this team work at the national level with the Federal Highway Administration (FHWA) and the American Association of State Highway and Transportation Officials (AASHTO) to train agencies throughout the country in new TSMO approaches, TSMO planning, and how agencies can improve their internal processes to improve system operations.

**We have extensive experience with emerging technologies.** For many years, Kimley-Horn has been working with emerging technology, data, and integration strategies that are the foundation of innovative concepts. We have developed applications in our Traction, KITS, and Kadence suite of smart city software solutions and are working with regions to advance concepts to improve decision-making and elevate efficiency of core agency functions in safety, mobility, prosperity, responsiveness, liability, and preservation.

Project Manager Mark Bandy and the entire proposed team understands and is experienced with both the technical themes, components, and desired outcomes of TSMO while also understanding how to manage on-call contracts in partnership with WSDOT. Additionally, Mark has prior WSDOT experience and has helped lead new initiatives within the agency and in partnership with other stakeholders. We are excited to have the opportunity to submit our qualifications to you for consideration. If you have any questions as you review our qualifications, please contact Mark Bandy at 206.203.9306 or at [mark.bandy@kimley-horn.com](mailto:mark.bandy@kimley-horn.com).

Sincerely,

KIMLEY-HORN



Mark Bandy, P.E.  
**Project Manager**



Consultant Name Kimley-Horn and Associates, Inc.		Evaluation Type Interim <input type="checkbox"/> Subconsultant <input type="checkbox"/> Final <input type="checkbox"/>	
Consultant Address  1201 Third Avenue, Suite 2500, Seattle WA 98107		Project Title Washington State Aviation System Plan	
Type of Work Study <input type="checkbox"/> Design <input type="checkbox"/> R/W <input type="checkbox"/> PS&E <input type="checkbox"/> Other (Specify Below):		Agreement Number Y-12572	
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 12/8/2021			
Amount of Original Agreement \$ 329,959	Total Amount Modifications \$ 2,435,076	Total Amount Agreement \$ 2,765,035	
Completion Date Including Extensions 12/31/2027	Actual Completion Date N/A	Actual Total Paid \$	
Type and Extent of Subcontracting  Kimley-Horn has included a total of five subconsultants on our team to complete the Washington State Aviation System Plan update that is being accomplished in three phases due to FAA funding constraints. Subconsultants include Ricondo, Hovecon, Cascadia, Connico, and Marr Arnold Planning for approximately 40% of the contract value. All firms have participated in at least two of the phases of work.			

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				MR
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	There was a delay in the delivery of the scope for the next phase.			BR
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>The team always provides clear and open communication. They show leadership in maintaining the flow of the schedule while in the phase of work.</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>The team has managed the process, budget, and schedule (in phase) with finesse. There have been some minor errors in invoices but these were quickly rectified. The team has managed subcontractors well. Very responsive at all levels.</p>	<p>S</p>
<p>7. Other Criteria (As agreed)</p>		
<p><b>Overall Rating</b></p>	<p>See above (pseudo-average of ratings)</p>	<p>AR</p>

<p>Rated By (Project Manager Name and Title)  David Ison, Aviation Planner</p>	<p>Project Manager Signature  </p>	<p>Date  11/13/2023</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)</p>	<p>Executive Signature</p>	<p>Date</p>

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Kimley-Horn and Associates, Inc.</b>
Consultant's Project Manager: <b>Jeff Dale, P.E., PMP</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>NCDOT TSMO Program Support</b>

Type of Work:

Roadway Design  
  Plans Specs & Estimates  
  Transportation Study  
  Right-of-Way  
  Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

<input checked="" type="checkbox"/>	Prime	Start Date <b>01/01/21</b>	End Date	Dollar Amount of Services <b>30,000,000.00</b>
<input type="checkbox"/>	Sub			

Performance Evaluation	
Rating Criteria <small>Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.</small>	Score <small>1 - Low to 10 - High</small>
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	<b>10.00</b>
2. Did the firm complete the project within the total budgeted amount?	<b>10.00</b>
3. Did the firm complete the project within the contract schedule(s)?	<b>8.00</b>
4. Did the firm meet all of your technical standards and quality expectations?	<b>10.00</b>
5. Was the firm's communication, both oral and written, clear and concise?	<b>10.00</b>
6. Was the firm's project management system effective?	<b>10.00</b>
<b>Total Score</b> <small>(Total the score by adding the scores for criterias 1 through 6.)</small>	<b>58.00</b>
<b>Average Score</b> <small>(Average the score by dividing the total score by the total number of criteria that was rated.)</small>	<b>9.67</b>

Evaluator Information:		
Firm/Company Name: <b>North Carolina Department of Transportation</b>		
Evaluator's Name: <b>Jennifer Portanova</b>	Evaluator's Title: <b>State TSMO Engineer</b>	
Firm/Company Address: <b>750 Greenfield Parkway, Garner, NC 27529</b>		
Phone: <b>(919) 825-2621</b>	Fax: <b>(919) 771-2745</b>	Date: <b>11/07/23</b>

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

**Washington State  
Department of Transportation**

**Performance Evaluation  
Completed by Reference**

Consultant Name: <b>Kimley-Horn and Associates, Inc.</b>
Consultant's Project Manager: <b>Michael Mosley, P.E., PTOE</b>
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) <b>NDOT Traffic Operations On-Call (4 year contract)</b>

Type of Work:

Roadway Design  
  Plans Specs & Estimates  
  Transportation Study  
  Right-of-Way  
  Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

<input checked="" type="checkbox"/>	Prime	Start Date <b>07/16/21</b>	End Date	Dollar Amount of Services <b>2,322,780.00</b>
<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?	<b>9.00</b>
2. Did the firm complete the project within the total budgeted amount?	<b>10.00</b>
3. Did the firm complete the project within the contract schedule(s)?	<b>10.00</b>
4. Did the firm meet all of your technical standards and quality expectations?	<b>10.00</b>
5. Was the firm's communication, both oral and written, clear and concise?	<b>10.00</b>
6. Was the firm's project management system effective?	<b>9.00</b>
<b>Total Score</b> (Total the score by adding the scores for criterias 1 through 6.)	<b>58.00</b>
<b>Average Score</b> (Average the score by dividing the total score by the total number of criteria that was rated.)	<b>9.67</b>

Evaluator Information:		
Firm/Company Name: <b>Nevada Department of Transportation, Traffic Operations Division</b>		
Evaluator's Name: <b>Jae Pullen</b>	Evaluator's Title: <b>Asst. Chief Traffic Operations Engine</b>	
Firm/Company Address: <b>1263 S. Stewart Street, Carson City, NV 89712</b>		
Phone: <b>(775) 888-7867</b>	Fax:	Date: <b>11/13/23</b>

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

**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: Washington State 2024 TSMO Program Plan

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

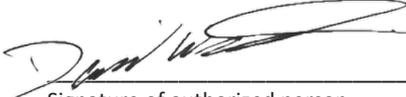
**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

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

By:   
Signature of authorized person

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

Title: Associate  
Title of person signing certificate

Place: Seattle, WA  
Print city and state where signed

Date: October 24, 2023

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

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Solicitation Title: 2024 TSMO Program Plan

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

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

OR

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

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

By:   
Signature of authorized person  
Transportation Business Line Lead  
Title: Pacific Mountain West District  
Title of person signing certificate

Lorelei Williams, P.E.  
Print Name of person making certifications for firm  
Place: Seattle, WA  
Print city and state where signed

Date: 11/17/2023

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

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Solicitation Title: Request for Qualification for Washington State 2024 TSMO Program Plan

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

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

OR

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: PRR, Inc.  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

Colleen Gants  
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: 11/17/2023

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

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

Solicitation Title: 2024 TSMO Program Plan

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

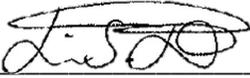
**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Toole Design Group, LLC  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

Jessica Fields, PE, AICP  
Print Name of person making certifications for firm

Title: Director of Operations, Western U.S.  
Title of person signing certificate

Place: Denver, CO  
Print city and state where signed

Date: 11.17.2023

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

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Solicitation Title: Washington State 2024 TSMO Program Plan

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

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

OR

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Citizen Engineers, LLC  
Name of Contractor/Bidder – Print full legal entity name of firm

By: Kelly Smith  
Signature or authorized person

Kelly Smith  
Print Name of person making certifications for firm

Title: Managing Director  
Title of person signing certificate

Place: Spokane, WA  
Print city and state where signed

Date: October 23, 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: Request for Qualification for Washington State  
2024 TSMO Program Plan

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

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

OR

**MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Larson Consulting Associates, LLC  
Name of Contractor/Bidder – Print full legal entity name of firm

By: Catherine Larson Catherine Larson  
Signature of authorized person Print Name of person making certifications for firm

Title: CEO Place: Tacoma, WA  
Title of person signing certificate Print city and state where signed

Date: November 20, 2023

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

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Solicitation Title: Washington State 2024 TSMO Program Plan

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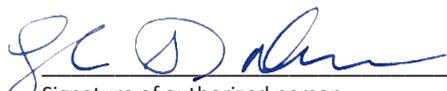
**NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

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: Perteet Inc.  
Name of Contractor/Bidder – Print full legal entity name of firm

By:   
Signature of authorized person

Crystal Donner, PE  
Print Name of person making certifications for firm

Title: President/CEO  
Title of person signing certificate

Place: Everett, Washington  
Print city and state where signed

Date: November 17, 2023

# Consultant Information Form

Firm Name: <b>Kimley-Horn and Associates, Inc.</b>		FYE Date: <b>December 31</b>	Number of Employees: <b>7,362</b>
Address: <b>1201 Third Avenue, Suite 2500</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98101</b>	County: <b>King</b>
Phone: <b>206.607.2600</b>	Fax: <b>N/A</b>	Company Web Site: <b>kimley-horn.com</b>	
Remit to Address: <b>P.O. Box 913221</b>			
City: <b>Denver</b>	State: <b>CO</b>	Zip Code: <b>80291-3221</b>	County: <b>King</b>
Phone: <b>N/A</b>	Fax: <b>N/A</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0187940</b>		Federal Tax ID Number or Social Security Number: <b>56-0885615</b>	
Unified Business Identifier Number (UBI): <b>601432568</b>		Date Universal Numbering System (DUNS) Number: <b>061099131</b>	
Year Firm Established: <b>1967</b>	UDBE/SBE/MSVWBE Certification Number:: <b>N/A</b>	NAICS Code & Code Name: <b>541330</b>	
Proposed Project Manager: <b>Mark Bandy, P.E.</b>		Email: <b>mark.bandy@kimley-horn.com</b>	
Financial Contact: <b>Maddi Duran</b>		Email: <b>maddi.duran@kimley-horn.com</b>	

**Firm Type:**

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

**Annual Gross Receipt:**

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

**Note:**

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

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

**Unified Business Identifier (UBI) Number:** Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

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

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

**It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.**

# Consultant Information Form

Firm Name: <b>WSP USA Inc.</b>		FYE Date: <b>12/29/2023</b>	Number of Employees: <b>14,719</b>
Address: <b>1001 Fourth Ave., Suite 3100</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98154</b>	County: <b>King</b>
Phone: <b>206.382.5200</b>	Fax: <b>206.382.5222</b>	Company Web Site: <b>www.wsp.com</b>	
Remit to Address: <b>1001 Fourth Ave., Suite 3100</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98154</b>	County: <b>King</b>
Phone: <b>206.382.5200</b>	Fax: <b>206.382.5222</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>004 10060-01</b>		Federal Tax ID Number or Social Security Number: <b>11-1531569</b>	
Unified Business Identifier Number (UBI): <b>601 886 141</b>		Date Universal Numbering System (DUNS) Number: <b>SAM.gov UEI: LLWLXEU6T563</b>	
Year Firm Established: <b>1933</b>	UDBE/SBE/MSVWBE Certification Number: <b>n/a</b>	NAICS Code & Code Name: <b>541330 Engineering Services</b>	
Proposed Project Manager: <b>Lawrence Guan</b>		Email: <b>lawrence.guan@wsp.com</b>	
Financial Contact: <b>Lawrence Guan</b>		Email: <b>lawrence.guan@wsp.com</b>	

Firm Type:

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

Annual Gross Receipt:

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

**Note:**

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

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

**Unified Business Identifier (UBI) Number:** Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

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

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

**It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.**

# Consultant Information Form

Firm Name: <b>PRR, Inc.</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>102</b>
Address: <b>1501 Fourth Avenue, Suite 550</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98101</b>	County: <b>King</b>
Phone: <b>206-623-0735</b>	Fax: <b>206-623-0781</b>	Company Web Site: <b>www.prrbiz.com</b>	
Remit to Address: <b>1501 Fourth Avenue, Suite 550</b>			
City: <b>Seattle</b>	State: <b>WA</b>	Zip Code: <b>98101</b>	County: <b>King</b>
Phone: <b>206-623-0735</b>		Fax: <b>206-623-0781</b>	
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV-0035428-00</b>		Federal Tax ID Number or Social Security Number: <b>91-1162829</b>	
Unified Business Identifier Number (UBI): <b>600-428-960</b>		Date Universal Numbering System (DUNS) Number: <b>173275934</b>	
Year Firm Established: <b>1981</b>	UDBE/SBE/MSVWBE Certification Number: : <b>D2F0008454/W2F0008454</b>	NAICS Code & Code Name: <b>541820-Public Relations Agencies</b>	
Proposed Project Manager: <b>Jennifer Rash</b>		Email: <b>jrash@prrbiz.com</b>	
Financial Contact: <b>Lynnette Bradbury</b>		Email: <b>finance@prrbiz.com</b>	

Firm Type:

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

Annual Gross Receipt:

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

**Note:**

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

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

**Unified Business Identifier (UBI) Number:** Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

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

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

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# Consultant Information Form

Firm Name: <b>Toole Design Group, LLC</b>		FYE Date: <b>December 31</b>	Number of Employees: <b>250</b>
Address: <b>8484 Georgia Avenue, Suite 800</b>			
City: <b>Silver Spring</b>	State: <b>MD</b>	Zip Code: <b>20910</b>	County: <b>Montgomery</b>
Phone: <b>301.927.1900</b>	Fax: <b>301.927.2800</b>	Company Web Site: <b>tooledesign.com</b>	
Remit to Address: <b>8484 Georgia Avenue, Suite 800</b>			
City: <b>Silver Spring</b>	State: <b>MD</b>	Zip Code: <b>20910</b>	County: <b>Montgomery</b>
Phone: <b>301.927.1900</b>		Fax: <b>301.927.2800</b>	
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0263720</b>		Federal Tax ID Number or Social Security Number: <b>05-0545429</b>	
Unified Business Identifier Number (UBI): <b>602-611-046</b>		Date Universal Numbering System (DUNS) Number: <b>133507090</b>	
Year Firm Established: <b>2003</b>	UDBE/SBE/MSVWBE Certification Number::	NAICS Code & Code Name: <b>541320 Land use planning services</b>	
Proposed Project Manager: <b>Dustin DeKoekkoek</b>		Email: <b>ddekoekkoek@tooledesign.com</b>	
Financial Contact: <b>Lakshya Sobti</b>		Email: <b>lsobti@tooledesign.com</b>	

Firm Type:

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

Annual Gross Receipt:

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

**Note:**

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

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

**Unified Business Identifier (UBI) Number:** Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

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

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

**It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.**

# Consultant Information Form

Firm Name: <b>Citizen Engineers, LLC</b>		FYE Date: <b>12/31/2023</b>	Number of Employees: <b>2</b>
Address: <b>2735 SE 58th Avenue</b>			
City: <b>Portland</b>	State: <b>OR</b>	Zip Code: <b>97206</b>	County: <b>Multnomah</b>
Phone: <b>971.336.0795</b>	Fax:	Company Web Site: <b>www.citizen-engineers.com</b>	
Remit to Address: <b>Same as above</b>			
City:	State:	Zip Code:	County:
Phone:	Fax:		
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0300782-00</b>		Federal Tax ID Number or Social Security Number: <b>92-3129650</b>	
Unified Business Identifier Number (UBI): <b>605 195 724</b>		Date Universal Numbering System (DUNS) Number: <b>12-558-4457</b>	
Year Firm Established: <b>2023</b>	UDBE/SBE/MSVWBE Certification Number::	NAICS Code & Code Name: 541330 Traffic Engineering Consulting Services	
Proposed Project Manager: <b>Jim Peters</b>		Email: <b>jim.peters@citizen-engineers.com</b>	
Financial Contact: <b>Jim Peters</b>		Email: <b>jim.peters@citizen-engineers.com</b>	

Firm Type:

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

Annual Gross Receipt:

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

**Note:**

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

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

**Unified Business Identifier (UBI) Number:** Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

**Statewide Vendor (SWV) Number:** The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

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

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

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# Consultant Information Form

Firm Name: <b>Larson Consulting Associates</b>		FYE Date: <b>12/31</b>	Number of Employees: <b>7</b>
Address: <b>3710 N 35th ST</b>			
City: <b>Tacoma</b>	State: <b>WA</b>	Zip Code: <b>98407</b>	County: <b>Pierce</b>
Phone: <b>206.979.7974</b>	Fax: <b>N/A</b>	Company Web Site: <b>www.Larson.Consulting</b>	
Remit to Address: <b>3710 N 35th ST</b>			
City: <b>Tacoma</b>	State: <b>WA</b>	Zip Code: <b>98407</b>	County: <b>Pierce</b>
Phone: <b>206.979.7974</b>	Fax: <b>N/A</b>		
Statewide Vendor Number (SWV) for Remit to Address: <b>SW024499300</b>		Federal Tax ID Number or Social Security Number: <b>47-3311464</b>	
Unified Business Identifier Number (UBI): <b>603-482-483</b>		Date Universal Numbering System (DUNS) Number:	
Year Firm Established: <b>2015</b>	UDBE/SBE/MSVWBE Certification Number:: <b>W2F0024749</b>	NAICS Code & Code Name: <b>541611</b>	
Proposed Project Manager: <b>Catherine Larson</b>		Email: <b>catherine@larson.consulting</b>	
Financial Contact: <b>Catherine Larson</b>		Email: <b>catherine@larson.consulting</b>	

Firm Type:

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

Annual Gross Receipt:

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

**Note:**

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

**Unified Business Identifier (UBI) Number:** Your firm will be REQUIRED to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at [www.dor.wa.gov](http://www.dor.wa.gov).

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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](http://www.omwbe.wa.gov).

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# Consultant Information Form

Firm Name: <b>Perteet Inc.</b>		FYE Date: <b>2023</b>	Number of Employees: <b>94</b>
Address: <b>2707 Colby Avenue, Suite 900</b>			
City: <b>Everett</b>	State: <b>WA</b>	Zip Code: <b>98201</b>	County: <b>Snohomish</b>
Phone: <b>425.252.7700</b>	Fax: <b>425.339.6018</b>	Company Web Site: <b>www.perteet.com</b>	
Remit to Address: <b>2707 Colby Avenue, Suite 900</b>			
City: <b>Everett</b>	State: <b>WA</b>	Zip Code: <b>98201</b>	County: <b>USA</b>
Phone: <b>425.252.7700</b>		Fax: <b>425.339.6018</b>	
Statewide Vendor Number (SWV) for Remit to Address: <b>SWV0094242</b>		Federal Tax ID Number or Social Security Number: <b>91-1505037</b>	
Unified Business Identifier Number (UBI): <b>601 288 065</b>		Date Universal Numbering System (DUNS) Number: <b>624218707</b>	
Year Firm Established: <b>1988</b>	UDBE/SBE/MSVWBE Certification Number:: <b>N/A</b>	NAICS Code & Code Name: <b>541330 - Engineering Services</b>	
Proposed Project Manager: <b>Ryan Guilick, PE</b>		Email: <b>ryan.guilick@perteet.com</b>	
Financial Contact: <b>Denice Moan</b>		Email: <b>denice.moan@perteet.om</b>	

Firm Type:

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

Annual Gross Receipt:

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

**Note:**

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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](http://www.omwbe.wa.gov).

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