

November 17, 2023 | Packet B

Statement of Qualifications

Cascadia High-Speed Rail and I-5 Program Plan

Submitted to:

Submitted by:

In partnership with:

AECOM ARUP

i Department of Trans ••••••

November 17, 2023

Washington State Department of Transportation (WSDOT) Submitted via email to CSOSubmittals@wsdot.wa.gov

Re: Cascadia High-Speed Rail & I-5 Program Plan General Engineering Consultant

Dear Selection Committee,

WSP and our major teaming partners, Arup and AECOM, commit a General Engineering Consultant (GEC) team with the program and project level experience, capacity, and stakeholder relationships to deliver the Cascadia High-Speed Rail (HSR) and I-5 Program Plan connecting communities across the state and beyond to a safe, sustainable, integrated, and equitable multimodal system. Our GEC includes 23 firms with experience in Washington, Oregon and Canada, including nine DBE-certified terms; we will meet or exceed the 18% DBE utilization goal.

The WSP team brings:

Long-term knowledge and deep engagement in the three modes (highway, rail, and

air) considered along I-5, giving the team the technical foundation needed to integrate the planning process and the trusted relationships from BC through Portland to build program momentum. The WSP team has been involved in various studies, projects, and initiatives related to the I-5 corridor, such as the 2019 UHSGT Business Case Analysis, the 2020 Cascadia UHSGT Framework for the Future Final Report, the Washington State Aviation System Plan and Site Selection Study, the Amtrak Cascades Service Development Plan, SR 167 Master Plan and PEL, and WSDOT Community Engagement for Statewide Planning project.

Complex WSDOT megaprogram experience coupled with international and U.S. HSR program management expertise to develop and advance a sustainable program into

delivery. WSP has managed complex megaprograms for WSDOT, such as the Alaskan Way Viaduct Replacement Program, the I-5 Bridge Replacement Program, and the Puget Sound Gateway Program. WSP and our partners have also successfully delivered HSR projects in countries such as the United Kingdom, France, Spain, China, and Australia, as well as in California and Texas.

A proven, trusted program manager in Christina Martinez who brings 20 years of multimodal corridor planning experience and complex bistate (WA/OR) infrastructure experience

Washington State

that will help her build consensus and lead the program team. As a proven and trusted advisor, Christina has built a scalable team to provide strategy and delivery of this program. She has led and managed multimodal corridor studies, environmental reviews, and stakeholder engagement processes for projects such as the I-5 Bridge Replacement Program, the I-405 Congestion Relief and BRT Program, and the West Seattle and Ballard Link Extension Programs.

An approach that prioritizes equity to connect communities across the corridor. We

recognize that infrastructure improvements can have positive and negative impacts on the communities along the corridor, especially on historically marginalized and disadvantaged groups. WSP's approach is to make sure equity is embedded in every aspect of the program, from the vision and goals, to the alternatives analysis and evaluation, to design and construction, and operations and maintenance. WSP's approach is to engage with the communities and tribes in a meaningful and inclusive way, to understand their needs and concerns, to identify and mitigate potential impacts, and to maximize the benefits and opportunities of multimodal improvements along the corridor.

We are excited to collaborate with WSDOT and their partners. Please contact us at 425-229-1365 (karen.doherty@wsp.com) or 949-212-2439 (christina.martinez@wsp.com) if you have any questions regarding our proposal.

Sincerely,

Karen Mohut

Karen Doherty, PE Senior Vice President Pacific Mountain West District Lead

Mosting Martine Z

Christina Martinez Senior Vice President **Program Manager**

WSP USA

1001 Fourth Avenue Suite 3100 Seattle, WA 98154 T +1 206-382-5200 www.wsp.com/usa



Criterion 6

Contractor Certification – Worker's Rights

(Prime Consultant and Subconsultants)

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: Cascadia High-Speed Rail & I-5 Program Plan

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

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FIRM NA	ME: WSP USA Inc.		
	Name of Contractor/Bidder – Print	t full legal entity na	me of firm
By:	Karen Myohnt	Karer	n Doherty
	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Senior Vice President	Place:	Seattle, WA
	Title of person signing certificate	_	Print city and state where signed
Date:	November 1, 2023		

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FIRM N	AECOM Technical Services, Inc.			
		Name of Contractor/Bidder – Print full legal entity name of firm		
By:	Ti Though	Travis	Kraupa, PE, DBIA	
,	Signature of authorized person P		me of person making certifications for firm	
Title:	Vice President, US West Coast Transportation	Place:	Seattle, WA	
	Title of person signing certificate		Print city and state where signed	
Date:	November 17, 2023			

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FIRM N	AME: Arup US, Inc.		
	Name of Contractor/Bidder – Print fu	ll legal entity na	me of firm
By:	A	Aidan	Hughes
•	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Principal	Place:	Oakland, CA
	Title of person signing certificate		Print city and state where signed
Date:	11/1/23	_	

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FIRM NAME:		Kenneth Berry			
	-	Name of Contractor/Bidder – Pr	int full legal entity	nar	ne of firm
By:	Ke	n Berry	Ke	en	Berry
,	Signat	ture of authorized person	Print	Var	ne of person making certifications for firm
Title:	Owr	ner	Place	e:	Seattle, WA
	Title o	of person signing certificate			Print city and state where signed
Date:	11-14	4-2023			

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	Broadview Planning, LLC	
FIRM N	AME:	
	Name of Contractor/Bidder – Prin	It full legal entity name of firm
By:	alled	Andrea Petzel
Dy.	Signature of authorized person	Print Name of person making certifications for firm
Title:	Principal + OWner	Seattle, WA Place:
	Title of person signing certificate	Print city and state where signed
Date:	24 October 2023	

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.

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

FIRM N	AME: Coates Kokes, Inc.		
	Name of Contractor/Bidder – Print ful	egal entity name of firm	
By:	Stephen C. Kop	Stephen C. Kokes	
	Signature of authorized person	Print Name of person making ce	rtifications for firm
Title:	President	Place: Portland, Oreg	on
	Title of person signing certificate	Print city and state wh	ere signed
Date:	10/30/2023		

j.

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

FIRM NAME: Northwest Heritage Consultants, LLC dba: Cultural Resource Consultants, LLC_ Name of Contractor/Bidder – Print full legal entity name of firm

By: Signature of authorized person Title: Principal Investigator Title of person signing certificate

Margaret Berger Print Name of person making certifications for firm Place: <u>Seattle, WA</u>

Print city and state where signed

Date: 10/27/2023

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.

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FIRM N	AME: Confluence Environmental Company		
	Name of Contractor/Bidder – Print full lega	l entity na	me of firm
By:	$\bigcirc \bigcirc$	Sasha V	/isconty
	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Senior Principal Policy & Planning Specialist	Place:	Seattle, WA
	Title of person signing certificate		Print city and state where signed
Date:	October 27, 2023		

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.

> Cascadia High-Speed Rail and I-5 Program Plan Solicitation Title:

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 N	AME: eComply Solutions LLC		
	Name of Contractor/Bidder – Print	full legal entity na	me of firm
By:	The Sinh	Huey	Siah
,	Signature of Juthorized person	Print Na	me of person making certifications for firm
Title:	Managing Director	Place:	Bellevue, WA
	Title of person signing certificate		Print city and state where signed
Date:	10/26/2023		

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.

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FIRM N	AME: <u>Economic Consultants Oregon Ltd.</u> ,	ECONorthwest	
	Name of Contractor/Bidder – Print f	full legal entity na	me of firm
By:	Lalm !	Cindy	O'Connell
	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Head of Operations & Finance	Place:	Boise, Idaho
	Title of person signing certificate		Print city and state where signed
Date:	November 14, 2023		

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Firm N	IAME: Name of Contractor/Bidder – Prin	t full legal entity name of firm
By:	Signature of authorized person	Print Name of person making certifications for firm
Title:	Title of person signing certificate	_ Place: Print city and state where signed
Date:		

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

FIRM NAME: Fehr & Peers

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

By: Signature of authorized person

Title:

Principal Title of person signing certificate

October 27, 2023 Date:

Chris Breiland

Print Name of person making certifications for firm

Seattle, WA Place:

Print city and state where signed

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FIRM NA	MF: INNOVEX Environmental N	anagement, Inc.	
	Name of Contractor/Bidder – Print	full legal entity name of	of firm
By:	Al OL_	R	Ronald D. Chinn
	Signature of authorized person Pr		of person making certifications for firm
Title:	President / CEO	Place: C	Concord, CA
	Title of person signing certificate	Pri	nt city and state where signed
Date:	October 24, 2023		

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.

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Firm N	AME: Name of Contractor/Bidder - Print Jull lega	
Ву:	Signature of authorized person	Print Name of person making certifications for firm
Title:	Title of person signing certificate	Place: Nen Dileans LA Print city and state where signed
Date:	11 (14 23	

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FIRM NA	ME: Kimley-Horn and Associates, Inc.		
	Name of Contractor/Bidder – Print full leg	al entity na	me of firm
By:	Dum W	David	l Williams, P.E.
/	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Associate	Place:	Seattle, WA
	Title of person signing certificate		Print city and state where signed
Date:	October 24, 2023		

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FIRM NAME: Kirsten L Pennington Consulting, LLC						
	Name of Contractor/Bidder – Print fu	ll legal entity na	me of firm			
By:	Kirsten Z. Zeminaton	Kirste	en Pennington			
	Signature of authorized person	Print Name of person making certifications for firr				
Title:	Owner	Place:	Portland, Oregon			
	Title of person signing certificate		Print city and state where signed			
Date:	10-24-23	_				

CONTRACTOR CERT #3CAT3ON II EXECUTIVE ORDER 18-03 – WORKERS' R3GHTSII WASH NGTON STATE GOODS & SERVXES CONTRACTS II

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FIRM p AM	IE: Marta Leardi-Ande	erson	NpNpNpN	
	Name of Contractor/Bidder – P	rint full lega	l entity name of firm NN	
Ву: р	MR-Miles	— р	Marta Leardi-Anderson	
· · -	ignature of authorized person p	•	Print Name of person making certifications for firm p	
Title: Mp	Owner MpMpM	р	Place: Amherstburg, Ontario (Canada)	р
Т	itle of person signing certificate p		Print city and state where signed p	
Date: p _	November, 6, 2023	р		

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FIRM N	AME: Michael Minor & Associates, Inc.		
	Name of Contractor/Bidder – Print Digitally signed by Michael Minor DN: cn=Michael Minor. o=Michael	full legal entity na	ame of firm
By:	Minor & Associates, Inc., ou, email=mminor@drnoise.com, c=US Date: 2023.11.06 13:21:28 -08'00'	Michae	el Minor
	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Principal	Place:	Portland Oregon
	Title of person signing certificate	-	Print city and state where signed
Date:	11-6-2023		

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FIRM NA	MF: Otak, Inc.		
	Name of Contractor/Bidder – Print fi	Ill legal entity name of firm	
By:	JDM	Justin Monahan	
by.	Signature of authorized person	Print Name of person making certifications for firm	
Title:	General Counsel	Place: Portland, Oregon	
	Title of person signing certificate	Print city and state where signed	
Date:	11/9/2023	_	

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: Cascadia High-Speed Rail & I-5 Program Plan

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

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.

FIRM NA	ME: Peyser Associates LLC		
By:	Atu a Perzer	Peter	A. Peyser
27.	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Principal	Place:	Washington, DC
	Title of person signing certificate		Print city and state where signed
Date:	10-27-2023	_	

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: Cascadia High-Speed Rail & I-5 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 <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.

FIRM N	IAME: PRR, Inc.		
	Name of Contractor/Bidder – Print f	ull legal entity na	me of firm
	I'ng R'		
By:	allectints	Colle	een Gants
	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Principal	Place:	Seattle, WA
	Title of person signing certificate		Print city and state where signed
Date:	10/27/2023		

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: Cascadia High-Speed Rail & I-5 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 <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.

FIRM N	IAME: Thomson Strategic Consulting		
	Name of Contractor/Bidder – Print fu	ll legal entity na	me of firm
By:	Ameri Mm_	Angie	e Thomson
-	Signature of authorized person	Print Na	me of person making certifications for firm
Title:	Principal	Place:	Tacoma, WA
	Title of person signing certificate		Print city and state where signed
Date:	10/30/2023		

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: Cascadia High-Speed Rail & I-5 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 <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.

FIRM NA	AME: Westby Consulting, LLC		
	Name of Contractor/Bidder – Print f	full legal entity na	me of firm
By:	find atom	Karl V	Vestby
27.	Signature of authorized person	Print Name of person making certifications	
Title:	Principal	Place:	Phoenix, AZ
nuc.	Title of person signing certificate		Print city and state where signed
Date:	11/09/2023		



Criterion 7 References/ Past Performances

(Prime Consultant Only)

WSDOT: Puget Sound Gateway Program Management Services

WSDOT: SR 167 Completion General Engineering Consulting (GEC) Services

ODOT: I-205 Toll Project and Regional Mobility Pricing Project

City of Edmonton (Alberta, CAN): Metro Line NW LRT Extension, Phase 1 Washington State Department of Transportation

Performance Evaluation Consultant Services

WSP USA Inc	Consultant Name WSP USA Inc			Evaluation Type		
Consultant Address		Project PSGP	Title - Program Management Service	s		
1001 4th Ave. Suite 3100, Seattle, WA	98154			nent Number		
Type of Work	ify Below):	Lur	f Agreement np Sum urly Rate			
Complexity of Work ✓ Difficult □ Routine	Date Agreement Appr June 24, 2016	roved	_	st Plus Fixed Fee		
Amount of Original Agreement \$ 15,000,000	Total Amount Mod \$ 17,250,000	lifications		Total Amount Agreement \$ 32,250,000		
Completion Date Including Extensions June 30, 2027	Actual Completion N/A	n Date		Actual Total Paid \$ 18,613,233.49		
Type and Extent of Subcontracting comunications, grant and local agency a	it, document contro	l, traffic	planning			
Performance Rating Scale (From Averag	e Score Below)					
Superior Al	AR Move Std. M	MR leets Std.	Below			
Standard Criteria		Comments (J	ustify	Above & Below Ratings)	Rating	
1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications.						
Adhered to WSDOT guidelines on fee. Met negotiation schedule.		willingness to neg	potiate ir	e to negotiations with a good faith. They have been consive during negotiations.	AR	
Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications.	surate with work)	willingness to neg very cooperative	potiate ir and resp	good faith. They have been	AR AR	
Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith 2. Cost / Budget Finished within agreed budget, including Appropriate level of effort (Cost commen	surate with work) (Approx. xx% -yy%) luding supplements. nents).	willingness to neg very cooperative WSP has consist budget	potiate ir and resp ently fini	a good faith. They have been bonsive during negotiations.		

Rated By (Project Manager Name and Title)	roject Manager Signature	Date
Overall Rating		
7. Other Criteria (As agreed)	Evaluation includes comments for SR 167 Engine Manager.	eering
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	Monthly progress reports are thorough and comp Meetings are efficient and managers are good at keeping to the agenda and important issues. Collaboration with WSDOT is very good. WSP has always been very responsive to any challenges or "fire drills". WSP does a efficient job at managing subconsul	s
5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress	WSP provides clear and concise communication sharing of information is done at regular schedul meeting or more often as needed.	

Rated By (Project Manager Name and Title)	Project Manager Signature	Date
Rated By (Area Consultant Liaison Name and Title) Sheril Mackenzie, Program Manager, ACL	Area Consultant Liaison Signature	Date 9/25/23
Executive Review (Name and Title) Dewayne Matlock- PSGP Deputy Program Administrator	Executive Signature Dewayne Matlock	Date 9/25/2023
	0	

Performance Evaluation Consultant Services

Consultant Name				Evaluation Type Interim Subconsultant Final								
Project Title							Subcons	Sultant	Filia	I		
Consultant Address					Agreement Number							
						Type of Agreement						
						Lump Sum						
Type of Work						Но	urly Rat	е				
Study Design	R/W P	PS&E	Other (Sp	pecif	y Below):		•	Fixed Fee				
						Otl	her					
Complexity of Work Difficult Routine	9	Da	te Agreement A	ppro	oved							
Amount of Original Agre \$	ement		Total Amount N \$	Modi	fications	1	Total A \$	mount Agr	eement			
Completion Date Includi	ng Extensions		Actual Comple	etion	Date			Total Paid				
Type and Extent of Subo	contracting						Ŧ					
Performance Rating Sca	ale (From Avera	ge So										
S		A			MR	В	R		Р			
-	or A	A		Me	MR eets Std.	B Belov			P Poor			
S	or A	A	۲			Belov	v Std.	e & Belo	Poor	igs)	Rating	
Superior Standard Criteria 1. Negotiations		A	۲		eets Std.	Belov	v Std.	e & Belo	Poor	igs)	Rating	
Superior Standard Criteria 1. Negotiations Cooperative and respon	sive	A	۲		eets Std.	Belov	v Std.	e & Belo	Poor	igs)	Rating	
Superior Standard Criteria 1. Negotiations Cooperative and respon Adhered to WSDOT guid	sive delines on fee.	A	۲		eets Std.	Belov	v Std.	e & Belo	Poor	igs)	Rating	
Superior Standard Criteria 1. Negotiations Cooperative and respon	sive delines on fee. e.	A	۲		eets Std.	Belov	v Std.	e & Belo	Poor	igs)	Rating	
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S Superior Standard Criteria 1. Negotiations Cooperative and respon Adhered to WSDOT guid Met negotiation schedule Open and honest comm Willingness to negotiate 2. Cost / Budget Finished within agreed b Appropriate level of effor	sive delines on fee. e. unications. in good faith pudget, including rt (Cost commer	Al Above	Supplements te with work)		eets Std.	Belov	v Std.	• & Belo	Poor	igs)	Rating	
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Superior Standard Criteria 1. Negotiations Cooperative and respon Adhered to WSDOT guid Met negotiation schedule Open and honest comm Willingness to negotiate 2. Cost / Budget Finished within agreed b Appropriate level of effor Reasonable direct, non- 3. Schedule Complete within agreem Achieved schedule (Inclu	sive delines on fee. e. unications. in good faith oudget, including rt (Cost commen salary expenses uent schedule in uding all supple ew comments WSDOT	Al Above g all s nsura s (Ap cludii ment	R Std. Supplements ite with work) prox. xx% -yy% ng supplements s).))	eets Std.	Belov	v Std.		Poor	ngs)	Rating	
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5. Communications	
Clear and concise communication (Oral, written, drawings).	
Demonstrates an understanding of oral and written	
instructions	
Communicated at intervals appropriate for continual progress	
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	
7. Other Criteria (As agreed)	
Overall Rating	

Rated By (Project Manager Name and Title)	Project Manager Signature	Date
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date
Executive Review (Name and Title)	Executive Signature Dewayne Matlock	Date 10/5/23
	· //	1

Washington State Department of Transportation

Consultant Name: WSP	
Consultant's Project Manager: Heather Wills	
Project Name to be Evaluated on: (Work must have been completed within the I-205 Toll Project and Regional Mobility Pricing	
Type of Work: Roadway Design Plans Specs & Estimates T	ransportation Study Right-of-Way Vother
Contract Information: (Work must have been completed within the last 3 years	
Start Date End	Date Dollar Amount of Services
Sub 04/22/19	45,610,317.93
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 th budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	9.00
3. Did the firm complete the project within the contract schedule(s)?	9.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	58.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score (Average the score by dividing the total score by the total number of criteria that	at was rated.)
Evaluator II	nformation:
Firm/Company Name: Oregon Department of Transportati	on
Evaluator's Name: Mandy Putney	Evaluator's Title: Strategic Initiatives Director, Urban M
Firm/Company Address: 123 NW Flanders St, Portland, OF	R 97209
Phone: (503) 720-4843 Fax:	Date: 02/24/23
Distribution: Original: Return to Consultant being evaluated; and	
Copy: Fax to WSDOT at 360-705-6838 or email to v	งรนบแรมพพรนบเ.พส.นบง

Washington State Department of Transportation

Consultant Name	[*] WSP Canada, Inc.						
Consultant's Proj	ect Manager: Jordan Dani	els					
	be Evaluated on: (Work must ha e NW LRT Extension	-	e last 3 years or i	s currently being	g performed.)		
Type of Work:	way Design 🖌 Plans Spec	s & Estimates	Fransportation S	Study R	ight-of-Way	Other	
Contract Informa	tion: (Work must have been cor Start Date		rs or is currently b	being performed.		mount of Services	
Prime Sub	04/17/17		1/23			00,000.00	
		Performanc	e Evaluatio	n			
	R	ating Criteria				Score	
P	Please rate each criteria on a scale	e of 1 to 10. 1 being low and	l 10 being high.		1 - Lo	ow to 10 - High	
	cooperative and responsive durir work element related?	ng any negotiations whether t	hey were			10.0	0
2. Did the firm c	omplete the project within the to	otal budgeted amount?		-		10.0	0
3. Did the firm c	omplete the project within the co	ontract schedule(s)?		-		10.0	0
4. Did the firm n	neet all of your technical standar	ds and quality expectations?		-		10.0	0
5. Was the firm's	s communication, both oral and v	written, clear and concise?				10.0	0
6. Was the firm's	s project management system eff	ective?				10.0	0
Total Score				-		60.0	0
(Total the score b	by adding the scores for criterias	1 through 6.)			_	00.0	0
Average Score (Average the score	re by dividing the total score by	the total number of criteria th	nat was rated.)		_	10.0	0
		Evaluator I	nformation				
Firm/Company N	^{lame:} City of Edmonto						
Evaluator's Name	² Vincent Lee		Evaluator's Title	[*] Senior El	ectrical Eng	gineer	
Firm/Company A	ddress: City of Edmont	on LRT Expansion	n & Renew	al, 20/F 10	0235 - 101	Street NW, Edm	.01
Phone: (780)	720-7823 Fa	IX:]	Date: 10/31/2	23		
Distribution:	Original: Return to Consu	ultant being evaluated; an	d			Rev. 20	14

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



Consultant Information Forms

(Prime Consultant and Subconsultants)

Consultant Information Form

Firm Name:				F	YE Date:		Number of Employees:	
WSP USA, Inc.					12/31		16,000	
Address:		0 1 0400						
1001 Fourth Avenue, Suite 3100								
City:	Zip Code:			County:				
Seattle	WA	4	98154 King					
Phone:		Fax:	Company Web Site:					
(206) 382-5200		(206) 282-52	222 www.wsp.o			cor	n	
1001 Fourth Ave	enu	e, Suite 3100						
City:	State:		Zip Code:			County	y:	
Seattle	WA	4	98154	ŀ		Kin	g	
Phone:			Fax:				-	
(206) 382-5200			(206) 282-5222					
Statewide Vendor Number (SWV) for	Remit t	to Address:	Federal Tax ID Number or Social Security Number:					
004 10060-01			11-1531569					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number: 05-666-8700					
601 886 141								
Year Firm Established:		UDBE/SBE/MSVWBE Certif						
1933		N/A			541330 E	Engir	neering Services	
Proposed Project Manager:			Email:					
Christina Martine	Christina.Martinez@wsp.com							
Financial Contact:			Email:					
Karen Doherty			Karen.Doherty@wsp.com					
Firm Type:								
Annual Gross Receipt:								
□ \$0 to \$1 Million □ \$1 Mi	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million	\$10 N	Aillion to \$15 Mill	ion	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 firm's legal name.

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

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

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

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

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

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

Consultant Information Form

Firm Name:		FYE Date:		Number of Employees:				
AECOM Technical Services, Inc.					Sept. 30		46,000	
Address: 111 Third Avenue, Suite 1600								
111 Third Avenue, Suite 1600 City: State: Zip Code: County:								
Seattle	WA	4	98101			Kin		
Phone:	•••	Fax:	00101		pany Web Site:		9	
206.438.2700		866.495.528	1 2			om.com		
Remit to Address:				I				
same as above								
City:	State:		Zip Code:			County	7:	
Phone:	1		Fax:			I		
Statewide Vendor Number (SWV) for	Remit t	to Address:			iber or Social Secu	urity Nui	nber:	
SWV0094302			95-26	619	922			
Unified Business Identifier Number (U	JBI):				bering System (D	UNS) N	umber:	
60170618			15-32	56-	-1212			
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code N	ame:	
1990	N/A	541330 / Engineering Serv						
Proposed Project Manager:			Email:					
Travis Kraupa			travis.	kra	aupa@a	ieco	m.com	
Financial Contact:			Email:	ail:				
Travis Kraupa			travis.kraupa@aecom.com					
Firm Type:								
Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company								
Annual Gross Receipt:								
Note:	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 firm's legal name.

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

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

Firm Name:				F	YE Date:		Number of Employees:
Arup US, Inc				Ν	/larch 3	1	1,475
Address: 1191 Second Av	/en	ue Suite 400					
City:	State:	•	Zip Code:			County	7.
Seattle	W						g County
Phone: 206-749-9674		Fax:	Company Web Site:).CO	m
Remit to Address: 1191 Second Av	/en	ue, Suite 400					
City:	State:		Zip Code:			County	y:
Seattle	WA	4	98101			Kin	g County
Phone: 206-749-9674	Fax:						
Statewide Vendor Number (SWV) for SWV0289028-0	0	o Address:	36-27	11:		·	
Unified Business Identifier Number (I 604-644-823	JBI):		Date Universal Numbering System (DUNS) Number: 11-805-8790				
Year Firm Established:		UDBE/SBE/MSVWBE Certif	fication Number:: NAICS Code & Code Name:				
1922		None			541330 E	Engir	neering Services
Proposed Project Manager:			Email:		-		
Claire McConne				.M	cConne		arup.com
Financial Contact: Mark Westerhou	ıt		Email: Mark	We	esterhou	ut@	arup.com
Firm Type:							
Annual Gross Receipt:							
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 firm's legal name.

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Firm Name:					YE Date:		Number of Employees:	
Berry Consulting	g, L	LC		1	2/31		1	
Address:								
12424 2ND PL \$	500							
City:	State:		Zip Code:			County		
Burien	WA	4	98146	5		Kin	g	
Phone:		Fax:	•		pany Web Site:			
253.653.3621				be	errycons	ultir	ngllc.com	
Remit to Address:	~-							
126 SW 148TH	SI	C100-380						
City:	State:	_	Zip Code:			County		
Burien	WA	4	98166			Kin	g	
Phone:	1		Fax:					
253.653.3621								
Statewide Vendor Number (SWV) for	Remit t	o Address:			nber or Social Secu	urity Nun	nber:	
Pending			36-4886789					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:					
604-204-602			08-803-4487					
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code Na	ame:	
12/27/17		M3M0025689/D3	3M00256	589	NAICS 541611: B	usiness r	nanagement consulting services	
Proposed Project Manager:			Email:		•			
Kenneth Berry			Berryc	ons	sultingse	rvice	s@gmail.com	
Financial Contact:			Email:					
Kenneth Berry			Berryc	ons	sultingse	rvice	es@gmail.com	
Firm Type:								
🗌 Sole Proprietor 🔲 Partnership 🔲 C – Corp. 🔲 Limited Partnership 🔲 Subchapter S Corp. 🔳 Limited Liability Company								
Annual Gross Receipt:	Annual Gross Receipt:							
Annual Gross Receipt: If the second								

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 firm's legal name.

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Firm Name: Broadview Pla	ngllC			YE Date: 2/31		Number of Employees:		
Address:		ng, LLO			2/01		-	
2034 NE 103rd	d S	treet						
City:	State:		Zip Code: County:					
Seattle	Wa		9812			Kir	ng	
Phone: 206.709.9588		^{Fax:}		Company Web Site: www.broadviewplanning.com				
Remit to Address: Same as above								
City:	City: State:					County	/:	
Phone:			Fax:					
206.709.9588			n/a					
Statewide Vendor Number (SWV) for				_	ber or Social Sec	urity Nu	nber:	
SWV0310359	-00		81-23	395	5445			
Unified Business Identifier Number (U	JBI):				bering System (D	UNS) N	umber:	
603-611-919			079953604					
Year Firm Established:		UDBE/SBE/MSVWBE Certifi			NAICS Code &			
2014		D2F0023525/W	2F0023	515	541320)- Ur	ban Planning	
Proposed Project Manager:			Email:	_ .				
Sara Belz			sara@	Ŋþi	roadvie	wp	lanning.com	
Financial Contact:			Email:	0				
Andrea Petzel		andrea@broadviewplanning.com						
Firm Type:								
Annual Gross Receipt:		_		_			_	
■ \$0 to \$1 Million □ \$1 Mi	llion to	\$5 Million S \$5 Million to \$	10 Million	\$10 N	Aillion to \$15 Mil	lion	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 firm's legal name.

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Firm Name:				F	YE Date:		Number of Employees:		
Coates Kokes, I	nc.			0)9/30		16		
Address:									
421 SW 6th Ave	enue	e, Suite 1300							
City:	State:		Zip Code:			County			
Portland	OF	R	97204			Mul	tnomah		
Phone:		Fax:			npany Web Site:				
503-241-1124		n/a		W	ww.coat	esk	okes.com		
Remit to Address:		0 1 4000							
421 SW 6th Avenue, Suite 1300									
City:	State:	`	Zip Code:			County			
Portland	OF	K	97204	•		IVIU	tnomah		
Phone:			Fax:						
503-241-1124			n/a						
Statewide Vendor Number (SWV) for	Remit t	o Address:			mber or Social Secu	rity Nur	ber:		
Pending			93-07	21	993				
Unified Business Identifier Number (U	JBI):				nbering System (DU	UNS) Nu	mber:		
602343948			04-749-0750						
Year Firm Established:		UDBE/SBE/MSVWBE Certif			NAICS Code &	Code Na	me:		
1978		WBE: 397 (C)regon)	541810 A	Adve	rtising Agencies		
Proposed Project Manager:			Email:	_					
Steve Kokes			steve(@c	coatesko	okes	.com		
Financial Contact:			Email:			_			
Lindsay Frank			lindsa	y@	Dcoates	koke	es.com		
Firm Type:									
	Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company								
Annual Gross Receipt:									
*	llion to S	\$5 Million 🔲 \$5 Million to \$	10 Million] \$10 N	Million to \$15 Mill	ion 🗌	Over \$15 Million		
	□ \$0 to \$1 Million ■ \$1 Million to \$5 Million □ \$5 Million to \$10 Million □ \$10 Million to \$15 Million □ Over \$15 Million \square \$10 Million to \$15 Million □ Over \$15 Million								

Note: \$41VI, IISCAI year end U9/30/2023.

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Firm Name:				F	YE Date:		Number of Employees:	
Confluence Env	iror	nmental Comp	bany	1	2/31		27	
Address:								
146 N Canal Str	reet	, Suite 111						
City:	State:		Zip Code:			County		
Seattle	W	4	98103			Kin	g	
Phone:		Fax:			pany Web Site:			
206-713-9406		N/A		WV	ww.conf	env	.com	
Remit to Address:								
146 N Canal Street, Suite 111								
City:	State:	-	Zip Code:			County		
Seattle	W	4	98103	3		Kin	g	
Phone:			Fax:					
206-713-9406			N/A (of	ffsit	e availat	ble: 2	206-545-0671)	
Statewide Vendor Number (SWV) for		to Address:			nber or Social Secu	urity Nur	nber:	
SWV 0086673-0			20-81					
Unified Business Identifier Number (U	JBI):				bering System (D	UNS) Nı	umber:	
602-682-914			01-953-8804					
Year Firm Established:		UDBE/SBE/MSVWBE Certif		::	NAICS Code &			
2007		S000025349			541620) En	v Cons Svcs	
Proposed Project Manager:			Email:					
Sasha Visconty			sasha	.vis	sconty@)co	nfenv.com	
Financial Contact:			Email:		_	_		
Nora Burton, Dir	r. of	Finance	nora.t	bur	ton@co	nfei	nv.com	
Firm Type:								
□ Sole Proprietor □ Partnership □ C – Corp. □ Limited Partnership ■ Subchapter S Corp. □ Limited Liability Company								
Annual Gross Receipt:								
So to \$1 Million ■ \$1 Million to \$5 Million □ \$5 Million to \$10 Million □ \$10 Million to \$15 Million □ Over \$15 Million								
				_ 0101		L		

Note:

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Firm Name:				FYE Date: Num			Number of Employees:	
Northwest Heritage Consultants	s, LLC	dba: Cultural Resource Co	nsultants, LL	cD	ecembe	r 31	12	
Address:							I	
PO Box 4159								
City:	State:		Zip Code:			County		
Seattle	WA	4	98194	-		Kin	g	
Phone:		Fax:		Com	Company Web Site:			
206-855-9020				WV	vw.crcw	/a.c	om	
Remit to Address: PO Box 4159								
City:		Zip Code:			County	/:		
Seattle	W	4	98194	•		King	g; SCS #1933	
Phone:	Fax:							
206-855-9020								
Statewide Vendor Number (SWV) for		to Address:			ber or Social Secu	urity Nur	nber:	
SWV 0207972-0			81-07					
Unified Business Identifier Number (bering System (D	UNS) Nı	umber:	
603-564-735-00	0		080094973					
Year Firm Established:		UDBE/SBE/MSVWBE Certif						
2016		W2F0024849	9		541690	J		
Proposed Project Manager:			Email:					
lan Kretzler Proj	ect	s Manager)	crc\	wa.com			
Financial Contact:			Email:	1				
Margaret Berger, P	rinc	ipal investigator	marga	are		a.co	om	
Firm Type:								
🗌 Sole Proprietor 📄 Partnership 📄 C – Corp. 📄 Limited Partnership 📄 Subchapter S Corp. 🔳 Limited Liability Company								
Annual Gross Receipt:	Annual Gross Receipt:							
■ \$0 to \$1 Million □ \$1 Mi	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million] \$10 N	Aillion to \$15 Mil	lion 🗌	Over \$15 Million	
Note:								
Firm Name: Please do not use: dba'	s – doin	o business as: combination name	es when two firm	is are v	vorking 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:				-	YE Date:		Number of Employees:	
eComply Solution	ns	LLC		1	2/31		9	
Address:	_	-					·	
1400 112th Ave	SE	, Suite 100						
City:	State:		Zip Code:			County		
Bellevue	WA	4	98004 King			g		
Phone:		Fax:	-		npany Web Site:	_		
425-296-8142		425.969.999	9	htt	tps://ecor	nply	vsolutions.com	
Remit to Address:								
1400 112th Ave SE, Suite 100								
City:	State:		Zip Code:			County		
Bellevue	WA	4	98004	ŀ		KIN	IG	
Phone:		Fax:						
425-296-8142			425.969.9999					
Statewide Vendor Number (SWV) for	Remit t	o Address:			nber or Social Secu	irity Nur	nber:	
Pending			82-25					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:					
604 228 790			080900560					
Year Firm Established:		UDBE/SBE/MSVWBE Certif		::	NAICS Code &	Code N	ame:	
2017		M4M002527	0		518210 - Data Pr	ocessing	, Hosting and Related Services	
Proposed Project Manager:			Email:	_		_	_	
Huey Siah			huey@ecomplysolutions.com					
Financial Contact:			Email:				_	
Lynn Hang	lynn@ecomplysolutions.com							
Firm Type:								
	ship [C – Corp. Limited Parti	nership 🗌 Su	ıbchap	oter S Corp. 🔳 I	imited I	Liability Company	
Annual Gross Receipt:								
□ \$0 to \$1 Million ■ \$1 Mil	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million] \$10 M	Million to \$15 Mill	ion 🗌	Over \$15 Million	

Note:

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Firm Name:			FY	'E Date:		Number of Employees:			
Economic Consultant	s Oregon, Ltd. (ECON	lorthwest	t) 1 2	2/31		74			
Address:									
222 SW Colum	nbia Street, Sui	te 160	0						
City:	State:	Zip Code:			County	:			
Portland	OR	9720	-						
Phone: 503-222-6060			pany Web Site:	onv	v.com/				
Remit to Address:				•					
Same									
City:	State:	Zip Code:			County	:			
Phone:		Fax:							
Statewide Vendor Number (SWV) for	Remit to Address:			ber or Social Secu	irity Nun	nber:			
0074759-00		93-06							
Unified Business Identifier Number (U	JBI):			bering System (D	UNS) Nu	imber:			
601-112-630		021398458							
Year Firm Established:	UDBE/SBE/MSVWBE Certif	ication Number		NAICS Code &		ame:			
1974				54199	0				
Proposed Project Manager:		Email:							
Matthew Kitche	en	kitche	en((Decon	N.CO	om			
Financial Contact:		Email:							
Cindy O'Conne		ocon	nel	l@ecor	nw.	com			
Firm Type:									
Sole Proprietor Partner	ship 🔳 C – Corp. 🔲 Limited Part	nership 🗌 Sı	ıbchapt	er S Corp. 🛛 🛛	limited L	iability Company			
Annual Gross Receipt:									
*	llion to \$5 Million 🛛 \$5 Million to \$	10 Million	I\$10 №	fillion to \$15 Mill	ion 🗆	Over \$15 Million			
S0 to \$1 Million \$1 Million to \$5 Million \$5 Million \$5 Million to \$10 Million \$10 Million \$10 Million to \$15 Million Over \$15 Million									

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Firm Name:				FY	YE Date:		Number of Employees:							
Equinox Research ar	nd C	onsulting Internat	ional Inc.)ec 31		12							
Address:														
1229 Cleveland	Av	enue												
City:	State:		Zip Code:			County:								
Mount Vernon	WA	4	98273			Ska	agit							
Phone:		Fax:	•		pany Web Site:									
360-826-4930		360-826-483	0	WV	vw.equi	nox	erci.com							
Remit to Address:														
Same														
City:	State:		Zip Code:			County	<i>r</i> :							
Phone:			Fax:											
Statewide Vendor Number (SWV) for		to Address:	Federal Tax II	D Num	ber or Social Secu	urity Nun	nber:							
SWV0190753-0	0		03-03	896	688									
Unified Business Identifier Number (U	JBI):		Date Universa	al Num	bering System (D	UNS) Nu	amber:							
602172778			037077331											
Year Firm Established:		UDBE/SBE/MSVWBE Certif		:	NAICS Code &	Code Na	ame:							
2002		W2F0024050)		541990 All other	r profess	ional Scientific and Technical							
Proposed Project Manager:		I	Email:											
Kelly R Bush			kelrbu	sh	@equin	oxe	erci.com							
Financial Contact:			Email:											
Cat Cummings			ccumr	nin	igs@eq	uind	oxerci.com							
Firm Type:														
Sole Proprietor Partner	ship	C – Corp. Limited Parti	nership 🔳 Su	bchapt	ter S Corp. 🔲 I	limited L	iability Company							
	Annual Gross Receipt:													
■ \$0 to \$1 Million □ \$1 Mi	1110n to	\$5 Willion □ \$5 Million to \$	IU MIIIIOn] \$10 N	villion to \$15 Mill	ion L	■ \$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.

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Firm Name:					YE Date:	Number of Employees:		
Fehr & Peers				1	2/31	361		
Address:								
601 Union Stree	et, S	Suite 3525						
City:	State:	_	Zip Code:			ounty:		
Seattle	WA	4	98101			ling		
Phone:		Fax:	_		pany Web Site:			
206-576-4220		206-576-422	5	WV	vw.fehrar	ndpeers.com		
Remit to Address:								
100 Pringle Ave	nue	e, Suite 600	•					
City:	State:		Zip Code:			ounty:		
Walnut Creek	CA		94596)	C	Contra Costa		
Phone:								
925-977-3200			925-9					
Statewide Vendor Number (SWV) for		o Address:			ber or Social Security	Number:		
SWV0287315-0			68-00					
Unified Business Identifier Number (U	JBI):				bering System (DUNS	S) Number:		
602-671-978			167316850					
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number		NAICS Code & Cod			
1985		N/A			541330- Er	ngineering Services		
Proposed Project Manager:			Email:			_		
Chris Breiland			c.breil	an	d@fehrar	ndpeers.com		
Financial Contact:			Email:					
Gina Sharp			g.sha	rp@	yfehrand	peers.com		
Firm Type:								
• •	ship [C – Corp. 🔲 Limited Parti	nership 🔳 Su	ıbchapt	ter S Corp. 🔲 Limi	ted Liability Company		
	Annual Gross Descript:							
Annual Gross Receipt:	llion to	\$5 Million 🗖 \$5 Million 4- \$		٦ ¢ 1 ۵ ۲	fillion to \$15 Million	Over \$15 Million		
S0 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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Firm Name:				F	FYE Date:		Number of Employees:	
INNOVEX Environmental Mana	igemei	nt, Inc.		12	2/31/2022		10	
Address:								
16310 NE 80th Street, Suite 104	4							
City:	State:		Zip Code:			Count	у:	
Redmond	WA		98052			King		
Phone:		Fax:	1	Com	pany Web Site:	1		
(425) 256-3050		(925) 459-5602		wwv	v.innovex.net			
Remit to Address:		1		1				
1800 Sutter Street, Suite 860								
City:	State:		Zip Code:			Count	y:	
Concord	CA 94520					Contr	a Costa	
Phone:			Fax:					
(925) 429-5555 Ron Chinn, Pres	sident	/ CEO	(925) 459-5	5602				
Statewide Vendor Number (SWV) for	Remit	to Address:	Federal Tax I	D Num	nber or Social Sect	urity Nu	mber:	
SWV0207836-00			61-143044.	1				
Unified Business Identifier Number (U	JBI):		Date Univers	al Num	bering System (D	UNS) N	umber:	
603270165			034155942					
Year Firm Established:		UDBE/SBE/MSVWBE Certif	fication Number		NAICS Code &	Code N	ame:	
2002		MBE# M4M0023061/DB	8E# D4M002	3061	541620, 5413	330, 56	2910, 562211	
Proposed Project Manager:		I	Email:		1			
Pamela Fleming			pamela.flei	ming@	@innovex.net			
Financial Contact:			Email:					
Leigh Garcia			leigh.garcia	a@inn	novex.net			
Firm Type:								
☐ Sole Proprietor ☐ Partnership ☐ C – Corp. ☐ Limited Partnership Subchapter S Corp. ☐ Limited Liability Company								
Annual Gross Receipt:								
S0 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 firm's legal name.

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Firm Name:FYE Date:Number of Employees:Insight Strategic Partners, LLC12/315								
901 Pine Stree	et,	Suite 300						
Seattle	State:	-	Zip Code: 9810	Â				
Phone: 3602026366				Company Web Site: insightstrategicpartners.com				
PO Box 21961								
Seattle	State:	4	Zip Code: 9811	1	County US			
Phone: Fax: 3602026366								
Statewide Vendor Number (SWV) for Pending	Remit t	o Address:	Federal Tax I		ber or Social Security Nun 3473	nber:		
Unified Business Identifier Number (U 604004361	JBI):		Date Universal Numbering System (DUNS) Number: 080506107					
Year Firm Established: 2016		UDBE/SBE/MSVWBE Certif	ication Number		NAICS Code & Code Na	ame:		
Proposed Project Manager: Martin Loesch			Email: Marty@	insi	ghtstrategicpa	artners.com		
Financial Contact: Phil Lloyd			Email: Accounti	ng@	insightstrateticp	artners.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								

Note:

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Firm Name:				F	YE Date:		Number of Employees:	
Kimley-Horn and	d As	ssociates, Inc	-	D)ecembe	r 31	7,362	
Address:		0 1 0500						
1201 Third Avenue, Suite 2500								
City:	State:		Zip Code: County:					
Seattle	WA	4	98101 USA				A	
Phone: 206.607.2600		Fax: N/A	Company Web Site: kimley-horn.com			om		
Remit to Address:								
P.O. Box 91322	1							
City:	State:		Zip Code:		/	County		
Denver	CC)	80291	-32	221	US	A	
Phone: N/A			Fax: N/A					
Statewide Vendor Number (SWV) for	Remit	to Address:	Federal Tax I	D Nun	nber or Social Sec	urity Nun	nber:	
SWV0187940			56-08	56-0885615				
Unified Business Identifier Number (U	JBI):				nbering System (D	UNS) Nı	umber:	
601432568			06109	991	31			
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &		ame:	
1967					541330)		
Proposed Project Manager:			Email:					
David Williams			David	.wi	lliams@	kim	ley-horn.com	
Financial Contact:			Email:				_	
Maddi Duran			madd	i.du	uran@k	imle	y-horn.com	
Firm Type:								
□ \$0 to \$1 Million □ \$1 Mi	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million	\$10 1	Million to \$15 Mil	lion 🔳	Over \$15 Million	

Note:

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Firm Name:				F	YE Date:		Number of Employees:	
Kirsten L Pennir	ngto	on Consulting,	, LLC	1	2/31		1	
Address: 2002 SE Lambe	rt S	Street						
Portland	State:	_	97202)2 Multnoma				
Phone: 971-678-3436	1	^{Fax:}	1	Company Web Site: WWW.klpconsult.com			ult com	
Remit to Address:		1 1/7 1		~~ ~		0110		
2002 SE Lambe	ert S	Street						
City:	State:		Zip Code:			County		
Portland	OF	R	97202)		Mu	ltnomah	
Phone:			Fax:					
971-678-3436			N/A					
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax I	D Nun	nber or Social Secu	irity Nun	nber:	
SWV0290144-0	0		87-22	37-2253250				
Unified Business Identifier Number (U	JBI):		Date Univers	al Num	nbering System (D	UNS) Nu	imber:	
604-956-405			04345	591	25			
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code Na	ame:	
2021		D2F0028020)		541611 - Administrative M	lanagement a	nd General Management Consulting Services	
Proposed Project Manager:		I	Email:					
Kirsten Penning	ton		kirster	า@	klpcons	sult.	com	
Financial Contact:			Email:					
Kirsten Penning	ton		kirster	า@	klpcons	sult.	com	
Firm Type:								
Sole Proprietor Partner	ship	C – Corp. Limited Part	nership 🗌 Su	ıbchap	oter S Corp. 🔳 L	limited L	iability Company	
Annual Gross Receipt:								
	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million] \$10 N	Million to \$15 Mill	ion 🗌	Over \$15 Million	
			_					

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Firm Name: Anderson & Tannous C	ross-	Border Advisory Gro	oup		FYE Date: Number of Emplo				
(Marta Leardi-Anderson)									
1401 Washington BLVD, Floor 301									
City: Detroit	State: Mic	higan	Zip Code:County:48226USA						
Phone: 613-890-6029	<u> </u>	Fax: NA	Company Web Site:						
Remit to Address: Same as above				1					
City:	State:		Zip Code:			County	n.		
Phone:			Fax:						
Statewide Vendor Number (SWV) for	Remit	to Address:			mber or Social Secu	urity Nur	nber:		
Pending			93-4400506						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
Pending			Pending						
Year Firm Established: 2023		UDBE/SBE/MSVWBE Certifi	cation Number	::	NAICS Code &	Code Na	ame:		
Proposed Project Manager: Marta Leardi-Anderson			Email: marta_a	nde	rson1@hotr	nail.c	om		
Financial Contact: Marta Leardi-Anderson			Email: marta_a	nde	rson1@hotr	nail.c	om		
Firm Type: Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt:									
	llion to	\$5 Million 🔲 \$5 Million to \$2	10 Million	\$10	Million to \$15 Mill	ion 🗌	Over \$15 Million		
Note:									

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Firm Name: Michael Minor & Associates, Inc					FYE Date: 12/31		Number of Employees:		
Address:					_, • ·		-		
4923 SE 36th Ave									
City: Portland	State:		Zip Code: County: 97202 Multnon						
		Fax:	97202	-					
503-220-0495		rax:	Company Web Site: drnoise.com						
Remit to Address:									
Same as above									
City:	State:		Zip Code:			County	y:		
Phone:			Fax:						
Statewide Vendor Number (SWV) for	Remit t	to Address:	Federal Tax ID Number or Social Security Number:						
SWV0126261-0			93-1310265						
Unified Business Identifier Number (U	JBI):				bering System (D	UNS) N	umber:		
602 574 603			07500	03	67				
Year Firm Established:		UDBE/SBE/MSVWBE Certif			NAICS Code &				
1988		M3M0016853 (MBE) D3N		DBE)	541330 (Aco	ustics)	541620 (Environmental)		
Proposed Project Manager:			Email:		S				
Michael Minor				or(c))drnois	e.co	om		
Financial Contact:			Email:						
Michael Minor mminor@drnoise.com					om				
Firm Type:									
Annual Gross Receipt: S0 to \$1 Million \$1 Million	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million] \$10 N	Aillion to \$15 Mil	lion [Over \$15 Million		

Note:

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Firm Name:				F	YE Date:		Number of Employees:		
Otak, Inc.				1	2/31		360		
Address:	202	d NE Suite '	200						
11241 Willows Road NE, Suite 200 City: State: Zip Code: County:									
Redmond		ashington	98052	2	King				
Phone: 425-822-4446		Fax: 425-827-957	77		Company Web Site: WWW.otak.com				
Remit to Address: LB 1507, PO BC	ох 3	5142							
City:	State:		Zip Code:			Count	y:		
Seattle	Wa	ashington	98124	1-5	142	Kir	ng		
Phone: 503-287-6825			Fax: 503-2			·			
Statewide Vendor Number (SWV) for		to Address:		Federal Tax ID Number or Social Security Number:					
SWV0041152-0			91-13						
Unified Business Identifier Number (U	JBI):				bering System (I	DUNS) N	umber:		
600-614-735			03182	287	83				
Year Firm Established:		UDBE/SBE/MSVWBE Cert	tification Number		NAICS Code &				
1981		N/A			237310), 54	1611, 541330		
Proposed Project Manager:			Email:	_					
Dave Hawkins			dave.	hav	vkins@	otal	k.com		
Financial Contact:			Email:	_					
Jin Lee			jin.lee	@	otak.co	m			
Firm Type:									
\square \$0 to \$1 Million \square \$1 Mi	llion to	\$5 Million 🗌 \$5 Million to	\$10 Million	\$10 N	Aillion to \$15 Mi	llion	Over \$15 Million		

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Firm Name:					YE Date:		Number of Employees:	
Peyser Associat	es	LLC		1	12/31		1	
Address:	_							
333 8th Street SE, APT 210								
City:	State:		Zip Code:					
Washington	DC		20003				N	
Phone:		Fax:		Company Web Site:				
202-262-3969				W١	ww.peys	ser.c	com	
Remit to Address:	_							
333 8th Street S	5E, /	APT 210						
City:	State:	`	Zip Code:	`		County		
Washington	DC	,	20003	5		N/A	۱	
Phone:			Fax:					
202-262-3969								
Statewide Vendor Number (SWV) for	Remit t	o Address:			mber or Social Secu	irity Nun	nber:	
Pending			61-16					
Unified Business Identifier Number (U	JBI):				mbering System (D)	UNS) Nu	imber:	
Pending			00930)30)07			
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number		NAICS Code &			
2012					541820 Pu	ublic F	Relations Agencies	
Proposed Project Manager:			Email:	_	L.			
Peter A. Peyser			peter(@p	beyser			
Financial Contact:			Email:					
Same								
Firm Type:								
Sole Proprietor Partner	ship [C – Corp. Limited Parts	nership 🗌 Su	ubchap	pter S Corp. 🛛 L	limited L	iability Company	
Annual Gross Receipt:	÷ -	-	· -	1	- · · -		- • •	
	llion to S	\$5 Million 🔲 \$5 Million to \$	10 Million	\$10 1	Million to \$15 Mill	ion 🗌] 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 firm's legal name.

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Firm Name:					YE Date:		Number of Employees:
PRR, Inc.				1	2/31		104
Address: 1501 Fourth Ave	enu	e, Suite 550					
^{City:} Seattle	State:		Zip Code: 98101				
Phone: 206.623.0735		Fax: 206.623.078	1	Company Web Site: WWW.prrbiz.com			om
Remit to Address: 1501 Fourth Avenue, Suite 550							
Seattle	State:	4	Zip Code:County:98101King				
Phone: 206.623.0735			Fax: 206.62	23.	0781		
Statewide Vendor Number (SWV) for SWV-0035428-(00	to Address:	Federal Tax ID Number or Social Security Number: 91-1162829				
Unified Business Identifier Number (U 600-428-960	JBI):		Date Universe 17327		bering System (D 34	UNS) N	umber:
Year Firm Established: 1981		UDBE/SBE/MSVWBE Certif			NAICS Code & 541820 - F		ame: Relations Agencies
Proposed Project Manager: Jen Rash			Email:	<u>@</u> pi	rrbiz.co	m	
Financial Contact:	ıry		Email: financ	e@) prrbiz.	com	1
Firm Type:							
Annual Gross Receipt:	llion to	\$5 Million 🗌 \$5 Million to \$	10 Million	\$10 N	Aillion to \$15 Mil	lion [Over \$15 Million

Note:

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Firm Name:					YE Date:		Number of Employees:	
Thomson Strate	gic	Consulting, L	LC	1	2/31		4	
Address:	~ +							
1401 N 5th Street								
City:	State:		Zip Code:	7:				
Tacoma	WA	4	98403				rce	
Phone:		Fax:	Company Web Site:					
206-940-6013				the	omsons	trate	egic.com	
Remit to Address:	o t							
1401 N 5th Stre			1					
City:	State:	•	Zip Code:			County		
Tacoma	WA	4	98403	5		Pie	rce	
Phone:			Fax:					
206-940-6013								
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax I	D Nun	nber or Social Secu	arity Nur	nber:	
0286803-00			88-0594245					
Unified Business Identifier Number (U	UBI):		Date Universal Numbering System (DUNS) Number:					
604872910			09697	27	89			
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number		NAICS Code &	Code Na	ame:	
2022		D2F0027808			541611 Strate	gic Plar	nning Consulting Services	
Proposed Project Manager:		I	Email:					
Angie Thomson			angie	@t	homson	istra	ategic.com	
Financial Contact:			Email:					
Angie Thomson			angie	@t	homson	istra	ategic.com	
Firm Type:								
Sole Proprietor Partner	ship [C – Corp. Limited Part	nership 🔳 Su	ubchap	ter S Corp. 🔳 L	Limited L	iability Company	
Annual Gross Receipt:								
	llion to	\$5 Million 🔲 \$5 Million to \$	10 Million] \$10 N	Million to \$15 Mill	lion 🗌	Over \$15 Million	

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Firm Name:	ina				YE Date: 2/31		Number of Employees:		
Westby Consult	mg,	LLC		I					
16500 NE 48th \$	St								
City:	State:		Zip Code:	/:					
Redmond	WA	-	98052 King				g		
Phone: 206-949-5275		Fax:	Company Web Site: Westbyconsulting.cor				ting.com		
Remit to Address: SAME									
City:	State:		Zip Code:			County	<i>"</i> .		
Phone:	I		Fax:						
Statewide Vendor Number (SWV) for	Remit to	o Address:	Federal Tax ID Number or Social Security Number:						
SW0086521			20-2818611						
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:						
602 508 825			83154						
Year Firm Established:		UDBE/SBE/MSVWBE Certifi		::	NAICS Code &				
2005		S000023665			541690	50	TechOth		
Proposed Project Manager: Karl Westby			Email:	we	stbycon	sult	ting.com		
Financial Contact:			Email:						
Karl Westby			karl@	@westbyconsulting.com					
Firm Type:									
■ \$0 to \$1 Million □ \$1 Mi	llion to \$	55 Million 🔲 \$5 Million to \$	10 Million	\$10 N	Aillion to \$15 Milli	ion 🗌	Over \$15 Million		

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