PACKET **B**

WASHINGTON STATE DEPARTMENT OF TRANSPORTATION

STATEMENT OF QUALIFICATIONS FEBRUARY 22, 2023 **STORMWATER CONVEYANCE SYSTEM MAPPING**





Challenging today. Reinventing tomorrow.

Jacobs

Challenging today. Reinventing tomorrow.

1100 112th Avenue NE Suite 500 Bellevue, WA 98004-5118 United States

> T +1.425.453.5000 www.jacobs.com

February 22, 2023 ATTN: ESOContracts&Finance@wsdot.wa.gov **RE: Jacobs' SOQ for WSDOT Stormwater Conveyance System Mapping**

Dear Selection Committee,

With new legislation that resulted in WSDOT's decision to expand MS4 inventory statewide, we understand the critical impact this increased effort has on current and future project needs and schedules. Building upon the solid foundation our team has established working with you on the previous stormwater conveyance system mapping contract in 2018 as well as our experience successfully delivering WSDOT projects over the last 10 years, we stand ready with a team that provides statewide coverage, capacity, and expertise to meet this contract's schedule and goals. We offer:

- Dedicated statewide resources to complete inventory both safely and efficiently. Jacobs is backed by a pool of resources that spans the region. We have also partnered with several subconsultants with whom both Jacobs and WSDOT have partnered successfully in the past. As a team, we bring a depth of field staff who understand how to conduct safe field data collection and are ready to mobilize.
- Ability to train and mobilize field crews quickly to leverage as much of the upcoming field season as possible. We have assembled the right mix of staff who bring institutional knowledge from the prior contract, who have experience coordinating and leading field crew, who understand WSDOT processes, and who have conducting safe, accurate, and transparent roadside and field data collection.
- A team of staff who WSDOT knows and trusts. Proposed Project Manager Adrian Braxton has direct experience delivering large-scale WSDOT projects involving field staff management and coordination. Having first-hand experience delivering this work with WSDOT for your office, Proposed Technical Advisor Jana Crawford will serve as a resource to you and Adrian, bridging institutional knowledge and expectations to maximize team performance. A geospatial data collection project of this scope and scale requires excellent technical oversight, and proposed GIS and Data Management SME Peter Barney will bring his experience successfully implementing QA/QC on the previous contract as well as best practices from other projects to help ensure WSDOT meets data requirements.

We look forward to continuing our valued partnership with WSDOT on this project. Should you have any questions, please contact Adrian via his phone number or email address provided below.

Sincerely,

Jacobs

Adria Bratton

Adrian Braxton Project Manager Adrian.Braxton@jacobs.com 206.406.8478



How

- Form should be reviewed and discussed with the Consultant prior to contract negotiations. Establish performance expectations.
- Performance evaluation ratings include a reflection of sub-consultants used by the prime consultant.
- Evaluation may include additional criteria, noted as 7. "Other Criteria (As Agreed)", as mutually agreed to by both parties in advance of performing contract work(e.g. public involvement or volume of work
- Provide justification for performance ratings above or below "Meets Std." Include examples.
- The evaluator and the consultant should understand and discuss at the beginning of the work and during the evaluation process that a "Meets Standard" score should be interpreted as a positive score. It simply means that the product was delivered as expected and that it meets the requirement of the work. As a reference, a "Meets Standard" score would indicate that the product was similar to what WSDOT would expect from a typical design team from WSDOT.

When

Final Evaluation

• Complete and distribute a performance evaluation at the point of termination of the agreement. Distribute the form as specified at bottom of form.

Interim Evaluation

- Interim evaluations should be performed as follows:
 - 1. At phase transitions
 - 2. When project management changes occur
 - 3. Provide consultant with constructive feedback in order to correct poor performance
 - 4. Annually if none of the other conditions occur Distribute as specified at the bottom of the form.
- Distribute as specified at the bottom of the form.

Subconsultant Evaluation

- For sub-consultants with significant project participation (more than \$100,000) an evaluation is recommended. Ensure coordination and review with the prime consultant prior to distribution.
- Performance evaluation ratings include a reflection of sub-consultants used by the prime consultant.
- · Distribute as specified at the bottom of the form, including prime consultant and sub-consultant.

Why

 Meaningful evaluations provide consultants with constructive feedback to improve performance and meet WSDOT expectations. Scores from these evaluations factor into "Past Performance" ratings, which are used to help determine selection of future consultants. In addition, poor ratings may lead to being disqualified to perform WSDOT work and elimination from pre-qualification status.



Performance Evaluation Consultant Services

Consultant Name		Evaluation Type	
		Interim Subconsultant Final	
Consultant Address		Project Title	
		Agreement Number	
Type of Work		Type of Agreement	
Study Design R/W P	E Other (Specify Below):	Lump Sum	
		Hourly Rate	
Complexity of Work	Date Agreement Approved	Cost Plus Fixed Fee	
Difficult Routine		Other	
Amount of Original Agreement	Total Amount Modifications	Total Amount Agreement	
\$	\$	\$	
Completion Date Including Extensions	Actual Completion Date	Actual Total Paid	
		\$	

Type and Extent of Subcontracting

Primary Subcontractor is WSP providing project level technical support throughout the Program. Additional Subconsultants include: eVision (Technical System & Roadside Expertise), Larson Consulting (Policy and CSC Operations Support), Silicon Transportation Consultants (Subject Matter Expertise in National Toll Interoperability).

Performance Rating Scale (From Average Score Below)						
	S	AR	MR	BR	Р	
	Superior	Above Std.	Meets Std.	Below Std.	Poor	
Standard	Criteria		Comment	ts (Justify Above &	Below Ratings)	Rating
1. Negotiatio	ns					
Cooperative	and responsive					
Adhered to V	VSDOT guidelines of	on fee.				
Met negotiati	ion schedule.					
Open and ho	nest communicatio	ns.				
Willingness t	o negotiate in good	faith				
2. Cost / Bud	lget					
Finished with	nin agreed budget, i	ncluding all supplements	s			
Appropriate I	evel of effort (Cost	commensurate with wor	k)			
Reasonable	direct, non-salary e	xpenses (Approx. xx% -	yy%)			
3. Schedule						
Complete wit	thin agreement sche	edule including supplem	ents.			
Achieved sch	nedule (Including all	supplements).				
Prompt respo	onse to review com	ments				
	hanges by WSDOT					
Notified WSE	OOT early regarding	schedule issues				
4. Technical	Quality					
Work produc	ts meet WSDOT de	sign policy & standards				
Performed a	ppropriate quality co	ontrol and assurance				
		n subsequent submissio	on 🛛			
	ovative design solut					
	ompatible" electronio					
Implemented	l principles of practi	cal design				

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 Jennifer Charlebois	Date
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date
Rick Naten, Toll Division Contracts Manager	Rick Naten	8/16/2022
Executive Review (Name and Title)	Executive Signature	Date
Edward Barry, Toll Division Director	Cdward Barry	08/16/2022



Performance Evaluation Consultant Services

Consultant Name Jacobs Engineering Group, Inc.			Evaluation Type Interim Subconsultant Final		
Consultant Address			Project Title Olympic Region General Engineering Consultant		
1100 112th Ave NE, Suite 500, Bellevue, WA 98004			Agreement Number Y-12554		
Type of Work		Туре о	f Agreement		
Study 🖌 Design 🔲 R/W 🖌 PS	S&E 🖌 Other (Specify Below):	Lur	mp Sum		
		✓ Hourly Rate			
Complexity of Work	Date Agreement Approved		st Plus Fixed Fee		
✓ Difficult □ Routine	8/19/2021	Other			
Amount of Original Agreement	Total Amount Modifications		Total Amount Agreement		
\$ 20,500,000	\$ 19,500,000		\$ 40,000,000		
Completion Date Including Extensions	Actual Completion Date		Actual Total Paid		
June, 30, 2023 on-going			\$ 10,449,833 to date		
Type and Extent of Subcontracting					
Assist Olympic Region in delivering projects to include pre-design, design, PS&E, contract administration, and staff augmentation.					

Performance Rating Scale (From Average Score Below)						
	S	AR	MR	BR	P	
	Superior	Above Std.	Meets Std.	Below Std.	Poor	
Standard	Criteria		Comment	s (Justify Above 8	Below Ratings)	Rating
Adhered to Met negotiat	ns and responsive VSDOT guidelines o ion schedule. onest communication o negotiate in good t	S.	cooperative Region. Con	neering Group, Inc. (Ja and very responsive to nmunications and negot honest and refreshingly	the needs of Olympic tiations have been	AR
Appropriate	hin agreed budget, in level of effort (Cost c	cluding all supplement ommensurate with wor penses (Approx. xx% -	k) monitor budg	applied the appropriate gets to successfully deli		MR
Achieved sc Prompt resp Adapted to c	thin agreement sche nedule (Including all onse to review comn hanges by WSDOT DOT early regarding	nents	delays or cha	communicated early if th allenges. Most delays h were not anticipated du covery was discussed c	ave been changing Iring negotiations.	MR
Performed a Responds to Pursued inno Delivered "co	ts meet WSDOT des ppropriate quality co	n subsequent submissio ons files	excellent. Ve and those th working thro	ality on design submitta ery few quality concerns at have were quickly co ugh construction related ty products leading to fa	have been identified rrected. Consistently d deliverables to	AR

 5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress 	Communication has been transparent and effective. It is concise and has an intended purpose. It is appropriate and promotes a project first environment.	s
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	Jacobs has managed this agreement well. They are knowledgeable of all the task orders status, any issues, how to resolve them and work collaboratively with WSDOT to improve the GEC program.	AR
7. Other Criteria (As agreed)		
Overall Rating	Jacobs has embodied the partnering culture that WSDOT strives for. They have become a true extension of WSDOT in the pursuit of excellent project delivery.	AR

Project Manager Signature	Date
Jann Boon	9/14/2022
Area Consultant Liaison Signature	Date
bacoe & Homes	9/14/2022
Executive Signature	Date
AFR	9/14/2022
	Area Consultant Liaison Signature



How

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- The evaluator and the consultant should understand and discuss at the beginning of the work and during the evaluation process that a "Meets Standard" score should be interpreted as a positive score. It simply means that the product was delivered as expected and that it meets the requirement of the work. As a reference, a "Meets Standard" score would indicate that the product was similar to what WSDOT would expect from a typical design team from WSDOT.

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- · Distribute as specified at the bottom of the form, including prime consultant and sub-consultant.

Why

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Performance Evaluation Consultant Services

		Evaluation Type			
Consultant Address	Project Title SCR General Engineering Consultant				
1100 112th Avenue NE, Suite 500 Bellevue, Wa 98004		Agreement Number Y-11855			
Type of Work ✓ Study ✓ Design ✓ R/W ✓ PS&E ✓ Other (Specify Below		Type of Agreement Lump Sum Hourly Rate			
Complexity of Work	Date Agreement Approved March 17, 2016	Cost Plus Fixed Fee			
Amount of Original Agreement \$ 5,000,000	Total Amount Modifications \$ 75,000,000	Total Amount Agreement \$ 80,000,000			
Completion Date Including Extensions June 30, 2025	Actual Completion Date	Actual Total Paid \$ 35,665,318			
Type and Extent of Subcontracting Engineering, Environmental, Planning, Utility, Public Involvement, Project Control, Surveying, Material Testing & Inspection Support.					
Performance Rating Scale (From Average	ge Score Below)				

	S Superior	AR Above Std.	MR Meets Std.	BR Below Std.	P Poor	
Standard	-		Comme	nts (Justify Above &	Below Ratings)	Rating
Adhered to Met negotia Open and h	ons and responsive NSDOT guidelines or ion schedule. onest communications to negotiate in good fa	S.	They are o	s met or exceeded the sta open and honest in commu te while making an effort to	unications and willing	AR
Appropriate	hin agreed budget, ind level of effort (Cost co	cluding all supplements ommensurate with worl penses (Approx. xx% -	k) budget as	ntinuously strives to stay v negotiated.	vithin or below	AR
Achieved so Prompt resp Adapted to o	thin agreement scheo hedule (Including all s onse to review comm changes by WSDOT DOT early regarding s	ents	Negotiatio are require	ntinues to meet timelines a ns are easily done when e ed for project's needs. Tin egarding any schedule issu	extended timelines nely meetings are set	AR
Performed a Responds to Pursued inn Delivered "c	cts meet WSDOT des ppropriate quality cor	subsequent submissic ns files	continued has pursu technical i	ed and staff-augmentation to meet or exceed industry ed innovative solutions in o ssues, as well as, delivery livery teams, providing cos	y standard. Jacobs designs solutions in methods such as	AR

5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progres	listed, and has been very responsive to questions or any clarifications as needed in a timely manner.	MR
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	Jacobs management is effectively and efficiently providing all listed in this section. Jacobs management is quick to respond to any questions and provides additional information/clarification if requested. Reports are accurate and submitted consistently and timely. Jacobs-initiated supplements to task orders are limited and collaboration with WSDOT and management of sub-consultants is effective.	AR
7. Other Criteria (As agreed)		
Overall Rating	Jacobs continues to meet or exceed expectations with timely, efficient, and collaborative communication and delivery. Management and technical quality of deliverables are efficient.	AR
Rated By (Project Manager Name and Title) Doug Darwood, SCR Project Control Engr. (ACLL	Project Manager Signature Date Digitally signed by Douglas A. Datwood Date: 2022.09.13 15:27:49 -07'00' 9/13/202	22
Rated By (Area Consultant Liaison Name and Title) Doug Darwood, SCR Project Control Engr. (ACL)	Area Consultant Liaison Signature Date Douglas A. Darwood Darwood Date: 2022.09.13.15:28:20-07/00' 9/13/202	22

Body Barwood, Cort Tojoot Control Engl. (ACE)	Date: 2022.09.13 15:28:20 -07'00'	0/10/2022
Executive Review (Name and Title)	Executive Signature	Date
W. Brian White Assistant Region Administrator	MB with Digitally signed by Brian White Date: 2022.09.13 20:24:53 -07'00'	

Firm Name:			FYE Date:	1	Number of Employees:			
Address:								
~								
City:	State:	Zip Code:		County:				
Dhama	E		Commence Web Citer					
Phone:	Fax:		Company Web Site:					
Remit to Address:								
City:	State:	Zip Code:		County:				
Phone:		Fax:	Fax:					
Statewide Vendor Number (SWV) for	r Remit to Address:	Federal Tax II	Federal Tax ID Number or Social Security Number:					
II.: C. J D		Dete Universit	1 North and a Constant		h			
Unified Business Identifier Number (UBI):	Date Universa	Date Universal Numbering System (DUNS) Number:					
Year Firm Established:	UDBE/SBE/MSVWBE (^T ertification Number:	:: NAICS Code	& Code Nam	٥.			
Proposed Project Manager:		Email:						
Financial Contact:	Email:	Email:						
Firm Type:								
Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company								
Annual Gross Receipt:								
	illion to \$5 Million 🗌 \$5 Millior	n to \$10 Million	\$10 Million to \$15 M	lillion 🗌 C	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.

Firm Name:					YE Date:		Number of Employees:
AAR Testing ar	nd li	nspection, Inc).		989		75
Address: 7126 180th Av	/en	ue NE Suite		1			
Redmond	State:	4	Zip Code: 98052	2		^{County}	
Phone: 425-881-5812 NA			Company Web Site: WWW.aartesting.com				ting.com
Remit to Address: 7126 180th Avenue NE Suite C101							
Redmond	State:	4	Zip Code: 98052	2		County Kin	
Phone: 425-881-5812			Fax: NA				
Statewide Vendor Number (SWV) for	r Remit t	o Address:	Federal Tax ID Number or Social Security Number:				
0162509-00			91-1459239				
Unified Business Identifier Number (1 601202429	UBI):		Date Universal Numbering System (DUNS) Number: 781669395				
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ification Number:: NAICS Code & Code Name:				
1989		DBE #D4M0026150/MB	E #M4M002	6150	541380 Lab Tes	ting 5413	50 Building Inspection Service
Proposed Project Manager:			Email:			I	
Chris Christen	sei	1	chris@aartesting.com				
Financial Contact: Michele Guerr	michele@aartesting.com				ng.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:				F	YE Date:		Number of Employees:
Exeltech Consulting, Inc.							
Address:							
8729 Commerce	e Pl	ace Drive NE	, Suite	Α			
City:	State:		Zip Code:			County	
Lacey	W	4	98516	5		Thι	urston
Phone:	•	Fax:			pany Web Site:		
360.357.8289		360.357.822	5	WV	ww.xltec	ch.c	om
Remit to Address:		1					
Same as above							
City:	State:		Zip Code:			County	7:
Phone:	1		Fax:				
Statewide Vendor Number (SWV) for	Remit	to Address:	Federal Tax ID Number or Social Security Number:				
SWV009423901			911-491-880				
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:				
601-266-522			55692-1526				
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &	Code Na	ame:
1989		D4M2304220	0 (WA) 541330 (Engineering Services), 237310 (Construction Management S		struction Management Services), 541620 (Environmental		
Proposed Project Manager:		I	Email:				
David Talcott, P	Ε		dtalcott@xltech.com				ו
Financial Contact:			Email:				
Mike Rice			mrice@xltech.com				
Firm Type:							
Firm Type:							
🛄 50 to 51 Million 🔳 51 Mil	🗌 \$0 to \$1 Million 🔳 \$1 Million to \$5 Million 🗌 \$5 Million to \$10 Million 🗌 \$10 Million to \$15 Million 🗍 Over \$15 Million						

Note:

Firm Name: Please <u>do not</u> use: dba's – 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:	
i-TEN Associates, Inc.				1	12/31/2022 8		8	
Address:								
4850 SW Scholls	Fer	ry Rd Ste 200						
City:	State:		Zip Code:			County		
Portland	OF	R	97225			Wa	shington	
Phone:		Fax:			pany Web Site:			
503 546 3755		503 233 8796		WV	vw.i10as	SOC	.com	
Remit to Address:								
Same as above								
City:	State:		Zip Code:			County	7:	
Phone:			Fax:					
Statewide Vendor Number (SWV) for	Remit	to Address:	Federal Tax ID Number or Social Security Number:					
			87-0708963					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:					
602 339 997			191128862					
Year Firm Established:		UDBE/SBE/MSVWBE Certif				ame:		
2003		D4M0024877	541340					
Proposed Project Manager:			Email:					
Bijoy Nair			bijoy.nair@i10assoc.com					
Financial Contact:			Email:					
Bijoy Nair			bijoy.nair@i10assoc.com					
Firm Type:								
Sole Proprietor Partner	ship	C – Corp. Limited Parti	nership 🔳 Su	ıbchap	ter S Corp. 🛛 I	limited I	Liability Company	
	Annual Gross Receipt:							

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Firm Name:							Number of Employees:
Osborn Consulting, Inc.				1	12/31		68
Address:							
1800 112th Ave							
City:	State:		Zip Code:			County:	
Bellevue	W	-	98004			Kir	ig
Phone:			Company Web Site:				
425-451-4009		425-955-934	1	VV V		mc	onsulting.com
Remit to Address: 1800 112th Ave NE, Suite 220-E							
City:	State:		Zip Code:			Count	
Bellevue	W	4	98004	-		Kir	ng
Phone:			Fax:				
425-451-4009			425-955-9347				
Statewide Vendor Number (SWV) for		to Address:	Federal Tax ID Number or Social Security Number:				
SWV0177176-0			20-1896054				
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:				
602 446 858			360872556				
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ification Number:: NAICS Code & Code Name:				lame:
2004		D2F001930	541339, 541320, 541620, 541690, 541340, 54171				20, 541690, 541340, 541715
Proposed Project Manager:			Email:				
Deepa Mungasa	ava		deepa@osbornconsulting.com				
Financial Contact:			Email:	~			
Deepa Mungasavalli deepa@				osborno	cons	sulting.com	
Firm Type:							
	ship	C – Corp. Dimited Part	nership 🔳 Su	ıbchap	ter S Corp. 🔲 I	Limited	Liability Company
	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.

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.

Firm Name:			F	FYE Date:		Number of Employees:	
PACE Engineers, Inc.				12/31			135
Address:							
11255 Kirkland Way, Suit	e 300)					
City:	State:		Zip Code:			Count	y:
Kirkland	WA		98033			King	
Phone:	1	Fax:		Com	pany Web Site:	1	
425.827.2014		N/A		ww	w.paceengr	s.com	
Remit to Address:		1		1			
11255 Kirkland Way, Suit	e 300)					
City:	State:	:	Zip Code:			Count	y:
Kirkland	WA		98033			King	
Phone:	1		Fax:			1	
425.827.2014			N/A				
Statewide Vendor Number (SWV) for	Remit	to Address:	Federal Tax	ID Nun	nber or Social Sec	urity Nu	mber:
SWV0125632			91-1553757				
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:				
601 382 789			789 629 508				
Year Firm Established:		UDBE/SBE/MSVWBE Certi	fication Number:: NAICS Code & Code		c Code N	Code Name:	
1992		N/A			541330 En	iginee	ring/541370 Survey
Proposed Project Manager:			Email:		•		
Tiffany Hotinger			tiffanyh@paceengrs.com				
Financial Contact:			Email:				
Myra Sachs			myras@paceengrs.com				
Firm Type:							
Annual Gross Receipt:							
🗋 \$0 to \$1 Million 📋 \$1 Million to \$5 Million 📄 \$5 Million to \$10 Million 📄 \$10 Million to \$15 Million 🔳 Over \$15 Million							

Note:

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

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

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

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

Firm Name:				FY	YE Date:		Number of Employees:
Skillings, Inc.				1	12/31		40
Address:							
5016 Lacey Blvo							
City:	State:		Zip Code:			Count	5
Lacey	W	4	98503			In	urston
Phone: 360-491-3399	Fax: 360-491-385		7 Company Web Site: WWW.Skilli		ngs.com		
Remit to Address: P.O. Box 5080							
City:	State:		Zip Code:			Count	,
Lacey	W	4	98509)		I h	urston
Phone:			Fax:	<u> </u>	~~		
360-491-3399			360-491-3857				
Statewide Vendor Number (SWV) for	Remit	to Address:	Federal Tax ID Number or Social Security Number:				
118969153			91-1212924				
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:				
600491794			118969153				
Year Firm Established:		UDBE/SBE/MSVWBE Certif					
1983			541330;541370; 54162				
Proposed Project Manager:			Email:		<u> </u>		
Patrick Skillings	, Pľ	MP	pskilli	ngs	s@skilli	ngs	.com
Financial Contact:			Email:				
Gloria Walkley				com			
Firm Type:							
Annual Gross Receipt:							
Nate:							

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

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

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

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

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

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: _Stormwater Conveyance System Mapping_

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

 $m{m{\boxtimes}}$ 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: Jacobs Engineering Group Inc.		
	Name of Contractor/Bidder – Print full le	gal entity na	me of firm
By:	Cing D. Bualund	Craig I	D. Broadh
	Signature of authorized person	Print Na	ne of perso
Title:	Vice President - Env. Operations Lead	Place:	Bellevu Print city a
Date:	February 21, 2023		,

badhead

person making certifications for firm

levue, Washington city and state where signed

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: WSDOT Stormwater Conveyance System Mapping

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.

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: _____AAR Testing and Inspection

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

By:	Whee	Chris Christensen Print Name of person making certifications for firm					
•	Signature of authorized person						
Title:	Vice President	Redmond, WA Place:					
	Title of person signing certificate	Print city and state where signed					
Date:	2-14-2023						

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: WSDOT Stormwater Conveyance System Mapping

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.

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:	Exeltech Consulting, Inc.				
	Name of Contractor/Bidder – Print f	ull legal entity nan	ne of firm		
Ву:	formille		Santosh J. Kuruvilla		
,	nature of authorized person	Print Name of person making certifications for firm			
Title:	President	Place:	Lacey, Washington		
Title	e of person signing certificate		Print city and state where signed		
Date:	February 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: _____ Conveyance System Mapping

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.

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: i-TEN Associates, I	inc.			
	Name of Contractor/Bidder – Print	t full legal entity na	ime of firm		
By:			Bijoy Nair		
by.	Signature of authorized person	Print Na	me of person making certifications for firm		
Title:	President	Place:	Portland, OR		
	Title of person signing certificate	_	Print city and state where signed		
Date:	2/14/2023				

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: Stormwater Conveyance System Mapping

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: <u>Osborn Consulting Incorporate</u> Name of Contractor/Bidder – Print	
By:	Tarelle Osborm	Tarelle Osborn
	Signature of authorized person	Print Name of person making cer
Title:	Principal & President	Place: Bellevue, WA
	Title of person signing certificate	Print city and state who
Date:	2/8/2023	

rtifications for firm

ere signed

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: Stormwater Conveyance System Mapping

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.

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 NA	PACE Engineers, Inc.			
	Name of Contractor/Bidder – Print full legal entity name of firm			
By:	Scott Mesic Div C-US E-scottm@paceengrs.com, CN-Scott Mesic Date: 2023 02.09 09:58:12-08:00	Scott M	Scott Mesic	
	Signature of authorized person	Print Na	Print Name of person making certifications for firm	
Title:	Senior Principal Engineer	Place:	Everett, Washington	
	Title of person signing certificate		Print city and state where signed	
Date:	February 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: Stormwater Conveyance System Mapping

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.

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: Skillings, Inc.			
	Name of Contractor/Bidder – Print	full legal entity na	me of firm	
By:	Fatel Solo	Patrick Skillings		
	Signature of authorized person	Print Na	me of person making certifications for firm	
Title:	Vice President	Place:	Lacey, WA	
	Title of person signing certificate		Print city and state where signed	
Date:	2/10/2023			

Adrian Braxton Project Manager M: 206.406.8478 adrian.braxton@jacobs.com 1100 112th Ave NE Suite 500 Bellevue, WA 98004 Phone: 425.453.5000





Challenging today. Reinventing tomorrow.