

Packet B

Statement of Qualifications

Geotechnical Engineering & Project Delivery (Area 1)

Washington State Department of Transportation

May 8th, 2024

- I SHANNON & WILSON

3990 Collins Way, Suite 100, Lake Oswego, OR 97035



May 8, 2024

Washington State Department of Transportation CSOSubmittals@wsdot.wa.gov

RE: Statement of Qualifications for Geotechnical Engineering & Project Delivery (Area 1)

Dear Members of the Selection Committee,

We are pleased to submit our statement of qualifications to help WSDOT's State Geotechnical Office (SGO) deliver projects for Area 1 and any other geotechnical assistance that you need. We have unmatched experience in acting as an extension of your staff and can provide the requested services, including specialized geotechnical expertise, report development, project delivery, construction support and related activities on large complex transportation projects statewide.

With S&W's breadth of geotechnical projects across Washington state; thorough understanding of the WSDOT GDM, AASHTO LRFD BDS, and other WSDOT manuals and standards; knowledge of the processes involved in DBB and DB projects; and recent history of providing the same kind of support to WSDOT as requested by the RFQ, we are confident our team has the ability to provide the SGO with the professional services they require.

We are proposing **Travis Nguyen** to be the **SLGE** for this contract. Travis has nearly 35 years of geotechnical engineer experience and will be supported by five impressive Selected Senior Staff, each with more than a decade of geotechnical management experience, and a combined history with fish passage, seismic, ferries, and highway design experience. In addition, we will be supported by S&Ws large geotechnical force as well as our selected DBE firms.

We value our long-term relationship with WSDOT, are committed to providing you with superior quality services, and look forward to continued success as we work together on this important contract. If you have any questions about our qualifications and experience, please feel free to contact Travis at (503)-210-4750.

Sincerely,

SHANNON & WILSON, INC.

Risheng "Park" Piao, PE, GE Vice President | Office Manager

affer.

Criteria 4. Contractor Certification – Worker's Rights

Shannon & Wilson has included the following Contractor Certifications for every firm on the team.

	to m	andatory individual arbitration clauses	and class or c	ollective action waivers.
		Solicitation Title:	Geotechnical	Engineering & Project Delivery (Area 1)
I hereby	/ cer	tify, on behalf of the firm identified	below, as fol	lows (check one):
	X	EMPLOYEES . This firm does <u>NOT</u> red	quire its emp	ND CLASS OR COLLECTIVE ACTION WAIVERS FOR loyees, as a condition of employment, to ion clauses or class or collective action
			OR	
		EMPLOYEES . This firm requires its 6	employees, a	c CLASS OR COLLECTIVE ACTION WAIVERS FOR s a condition of employment, to sign or es or class or collective action waivers.
	are t	rue and correct and that I am auth		e State of Washington, that the certifications ke these certifications on behalf of the firm
FIRM N	AME	Shannon & Wilson, Inc. Name of Contractor/Bidder – Print fu	II legal entity na	me of firm
By:		ryko	Rishen	g "Park" Piao PE, GE
	Sig	nature of authorized person	Print Na	me of person making certifications for firm
Title:	Vic	e President & Office Manager	Place:	Lake Oswego, OR
	Titl	e of person signing certificate		Print city and state where signed
Date:	Ma	ay 8, 2024	_	



	Solicitation Title: 0	seotechnical Engineering & Project Delivery (Area 1)
I hereby	certify, on behalf of the firm	identified below, as follows (check one):
	EMPLOYEES. This firm de	AL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR Des NOT require its employees, as a condition of employment, to atory individual arbitration clauses or class or collective action
		OR
	EMPLOYEES. This firm r	ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR equires its employees, as a condition of employment, to sign or ividual arbitration clauses or class or collective action waivers.
	re true and correct and tha	jury under the laws of the State of Washington, that the certifications t I am authorized to make these certifications on behalf of the firm
FIRM N	AME: HWA GeoSciences Inc Name of Contractor/Bi	lder – Print full legal entity name of firm
Ву:	Signature of authorized person	Sandy Brodahl, PE Print Name of person making certifications for firm
Title:	President Title of person signing certificate	Place: Bothell, WA Print city and state where signed
Date:	05/01/2024	



		ness owners who certify that their emp nandatory individual arbitration clauses	•	
		Solicitation Title:	Geotechnical Eng	ineering & Project Delivery (Area 1)
hereb	y cer	tify, on behalf of the firm identified	below, as follow	rs (check one):
		EMPLOYEES . This firm does <u>NOT</u> re	quire its employe	CLASS OR COLLECTIVE ACTION WAIVERS FOR ees, as a condition of employment, to clauses or class or collective action
			OR	
	are t	agree to mandatory individual arb tify, under penalty of perjury under rue and correct and that I am auth	tration clauses of the Si	condition of employment, to sign or or class or collective action waivers. Eate of Washington, that the certifications these certifications on behalf of the firm
FIRM N	IAME	Cadcab, LLC Name of Contractor/Bidder – Print for	ıll legal entity name	of firm
By:	(abrystaylox	Cab	oryn Taylor
-,.	Sig	nature of authorized person	Print Name	of person making certifications for firm
Title:	C	owner	Place:	Edmonds, WA
	Titl	e of person signing certificate		int city and state where signed
Date:		5/1/2024		
			_	



	to m	andatory individual arbitration clauses a	,	llective action waivers.
		Solicitation Title:	Geotechnical E	Engineering & Project Delivery (Area 1)
hereby	cor	tify, on behalf of the firm identified b	alow as follo	ows (check one):
Пегеру	cei	tily, off behalf of the fifth identified b	elow, as loll	ows (check one).
	X	EMPLOYEES . This firm does \underline{NOT} requ	ire its emplo	by CLASS OR COLLECTIVE ACTION WAIVERS FOR byees, as a condition of employment, to on clauses or class or collective action
			OR	
		EMPLOYEES. This firm requires its en	mployees, as	CLASS OR COLLECTIVE ACTION WAIVERS FOR a condition of employment, to sign or sor class or collective action waivers.
	re t	rue and correct and that I am author		e State of Washington, that the certifications se these certifications on behalf of the firm
FIRM N	AME:	Bolima Drafting & Desi Name of Contractor/Bidder - Print full		
D		h/l/ IA	w:11	iam Bolima
Ву:	Sign	nature of authorized person		ne of person making certifications for firm
Title:		resident e of person signing certificate	Place:	Seattle, WA Print city and state where signed
Date:		5/01/2024		Finit city and state where signed



	mandatory individual arbitration clauses	s and class or collective action waivers.
	Solicitation Title:	Geotechnical Engineering & Project Delivery (Area 1)
hereby c	ertify, on behalf of the firm identified	below, as follows (check one):
C	EMPLOYEES . This firm does <u>NOT</u> re	quire its employees, as a condition of employment, to ridual arbitration clauses or class or collective action
		OR
	EMPLOYEES. This firm requires its agree to mandatory individual arb	N CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR employees, as a condition of employment, to sign or itration clauses or class or collective action waivers. the laws of the State of Washington, that the certifications
nerein are isted here		norized to make these certifications on behalf of the firm
FIRM NAM	ME:Stell Environmental Enterpris Name of Contractor/Bidder – Print fo	
By:	ignature of authorized person	Julie Erickson Print Name of person making certifications for firm
	resident and Cheif Operations Officer itle of person signing certificate	Print city and state where signed
Date: _	_5/1/2024	



Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and

i	busii		oloyees c	ire not,	as a condition of employment, subject llective action waivers.
		Solicitation Title:	Geotec	hnical	Engineering & Project Delivery (Area 1)
hereby	cer	tify, on behalf of the firm identified	below,	as foll	ows (check one):
	◪	EMPLOYEES . This firm does <u>NOT</u> re	quire its	empl	on clauses or class or collective action waivers for on clauses or class or collective action
			OR		
		EMPLOYEES. This firm requires its	employ	ees, a	CLASS OR COLLECTIVE ACTION WAIVERS FOR a condition of employment, to sign or s or class or collective action waivers.
-	re t	rue and correct and that I am auth			e State of Washington, that the certifications se these certifications on behalf of the firm
Firm NA	AME:	Scarlet Plume LLC Name of Contractor/Bidder – Print for	ull legal e	ntity na	me of firm
Ву:	/	Panae A. LaFerney	-	Ranae	A. LaFerney
	Sign	nature of authorized person	Р	rint Nar	ne of person making certifications for firm
Title:	Pı	rincipal	F	lace:	Port Angeles, Washington
	Title	e of person signing certificate			Print city and state where signed
Date:	M	ay 2, 2024			

Criteria 5. References/Past Performances

Shannon & Wilson has included the following performance evaluations:

Client	Evaluator(s)	Project Name
WSDOT	Andrew Fiske	Geotechnical Engineering Personnel Augmentation
WSDOT	Laura Peterson	Geotechnical Engineering Personnel Augmentation I-5 East Fork Lewis River Bridge Replacement
WSDOT	Steven Fuchs, Ionna Kladou, Dewayne Matlock	SR 167/I-5 to SR 161 New Expressway (XL5105)

Department of Transporta

Performance Evaluation Consultant Services

Consultant Name Shannon & Wilson		Evaluation		tant Fina	al		
		Interim	Subconsul	tantFina	dI		
Project Title Geotechnical Engineering Personnel Augmentation							
Consultant Address			Agreement	Number			
400 N 34th Street, Suite 100			Y-12544				
Seattle, WA 98043			Type of Ag	reement			
			Lump S	Sum			
Type of Work			·				
Type of Work Study Design R/W P	S&E Other (S	ecify Relow):	Hourly				
	Oac Gother (of	becity below).	Cost PI	us Fixed Fee			
Geotechnical Studies			Other				
Complexity of Work	Date Agreement A	pproved					
Difficult	6/18/2021						
Amount of Original Agreement	Total Amount I	/lodifications	Tota	al Amount Agree	ment		
\$ 3,500,000	\$ 3,000,000		\$ 6	5,500,000			
Completion Date Including Extensions	Actual Comple	tion Date	Act	ual Total Paid			
12/31/2024			\$				
Type and Extent of Subcontracting			'				
Complete geotechnical projects for the	State Geotechnical	Office (SGO), includin	ng project ma	nagement, field	coordination.	data	
evaluation, geotechnical analyses, geot							
training and improvements, including su	pport of standard p	an development and	update of the	Geotechnical D	esign Manua	l.	
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Performance Rating Scale (From Averag	re Score Relow)						
Performance Rating Scale (From Average		MP	DD.		D		
S	ge Score Below) AR bove Std.	MR Meets Std.	BR Below Sto		P Poor		
S	AR	Meets Std.	Below Sto			Rating	
Superior A Standard Criteria	AR		Below Sto			Rating	
Superior A	AR	Meets Std. Comments (J S&W demonstra	Below Sto	ove & Below	Ratings) in meeting	Rating	
Superior A Standard Criteria 1. Negotiations	AR	Meets Std. Comments (J S&W demonstra guidelines on fee	Below Sto Justify Abo ted exception adherence,	ove & Below nal performance meeting all nego	Ratings) in meeting otiation		
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DOT Form 272-019



5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progres	S&W excels in clear, concise communication, demonstrating a strong understanding of instruct maintaining timely intervals for continual progresses		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	S&W demonstrates excellence in cost control, of creative measures, accurate progress reports, a invoicing. Efficient meetings, limited modification effective collaboration with WSDOT.	and timely	S
7. Other Criteria (As agreed)			
Overall Rating			S
Rated By (Project Manager Name and Title) Andrew Fiske State Geotechnical Engineer	Project Manager Signature Digitally signed by Andrew Fiske Date: 2023.12.15 16:20:29 -08'00'	Date	
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date	
Executive Review (Name and Title)	Executive Signature	Date	

Was i **Department of Transportation**

Performance Evaluation Consultant Services

Consultant Name Shannon and Wilson				ition Typ erim	e Subconsu	ultant	Final	
Project Title Geotechnical Engineering Personnel Augmentation								
Consultant Address 400 N 34th Street, Suite 100		Agreement Number Y-12544						
Seattle, WA 98043			Туре с	f Agreer	nent			
			Lui	mp Sum				
Type of Work			Ho	urly Rate	Э			
	S&E Other (Speci	fy Below):		•	Fixed Fee			
			Oth					
Complexity of Work	Date Agreement Appr	oved	0	101				
ifficult Routine	6/18/2021							
Amount of Original Agreement \$ 3,500,000	Total Amount Mo \$ 3,000,000	ifica ions		Total Ai \$ 6,500	mount Agre 0,000	ement		
Completion Date Including Extensions 12/31/2024	Actual Completion	n Date		Actual \$	Total Paid			
Type and Extent of Subcontracting Complete geotechnical projects for the State Geotechnical Office (SGO), including project management, field coordination, data evaluation, geotechnical analyses, geotechnial reporting, and geotechnical support during construction. Support SGO with internal training and improvements, including support of standard plan development and update of the Geotechnical Design Manual.								
Performance Rating Scale (From Averag	e Score Below)							
S	AR	MR		R		Р		
Superior Al	oove Std. M	leets Std.	Belov	v Std.		Poor		
Standard Criteria		Comments (J	ustify	Above	& Below	v Rating	gs) F	Rating
Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith		Actual contract ne Shannon and Wils and helpful comm Provided detailed fee proposal.	son eng unicatio	aged ou on to disc	r office earl cuss anticip	y with op ated fee.	en A	AR
2. Cost / Budget Finished within agreed budget, including Approp iate level of effort (Cost commen Reasonable direct, non-salary expenses	Through request of WSDOT, added scope to address project changes. Appropriately scaled level of effort to meet project needs without over analysis. Good result.				AR			
3. Schedule Complete within agreement schedule inc Achieved schedule (Including all supplen Prompt response to review comments Adapted to changes by WSDOT No ified WSDOT early regar ing schedul	nents).	Unrelated to Shar encountered dela drawn out. S&W	ys, so o	verall pr	oject timelir	ne was	es. N	MR
4. Technical Quality Work products meet WSDOT design poli Performed appropriate quality control and Responds to review comments in subsect Pursued innovative design solutions Delivered "compa ible" electro ic files Implemented principles of practical design	d assurance luent submission	Provided excellen complex site cond complex analysis Suggested DB cri construction costs Responded well to	ditions. and per teria ap s, and s	Engage formed proach t upported	d technical thorough re o WSDOT t d implement	experts for expert	s	5

DOT Form 272-019 Distribution: Original: Consultant

Revised 04/2023 Copies: Project Manager - Area Consultant Liaison - Consultant Services Office



5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress	Very clear, consise, and understandable communication of complex topics when engaging non-geotechnical staff. Supported discussion with appropriate drawings/figures and content. Engaged needed parties.	AR
6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted mee ings effi lently Limited the number of consultant-initiated contract mo ifica ions / supplements Collaborated effec ively ith WSDOT Responsive Managed subconsultants effec ively	As the agreement was being administered by others, our office did not need to be involved in invoice review or regular progress reporting. Shannon and Wilson conducted meetings very efficiently. Only met when appropriate, and provided solid content at each meeting. Collaborated very well with WSDOT to meet updated project needs throughout the project.	AR
7. Other Criteria (As agreed)		
Overall Rating		

Rated By (Project Manager Name and Title)	Project Manager Signature	Date
Laura Peterson, Assistant Area Engineer	Laura Peterson Digitally signed by Laura Peterson Date: 2024.05.02 06:19:05 -07'00'	5/2/24
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date
Andrew Fiske for Ioanna Kladou	An	5/2/2024
Executive Review (Name and Title)	Executive Signature	Date

Department of Transporta

Performance Evaluation Consultant Services

Consultant Name Shannon & Wilson			Evaluation Type Interim Subconsultant Final					
Project Title SR 167/I-5 to SR 161 New Expressway (XL5105)								
Consultant Address 400 N 34th Street, Suite 100 Seattle, WA 98043	,		Agreement Number Y-12544 Task AH Type of Agreement					
			Lump Sum					
Type of Work Study Design R/W P	ify Below):	_	urly Ra st Plus	te Fixed Fe	ee			
Geotechnical Studies			Oth	ner				
Complexity of Work Difficult Routine	Date Agreement Appl 11/22/2021	roved						
Amount of Original Agreement \$ 678,010	Total Amount Moo \$ -100,010	difications		Total <i>A</i> \$ 578		greement		
Completion Date Including Extensions 6/30/2024	Actual Completion tbd	n Date		Actual	l Total Pa	nid		
Type and Extent of Subcontracting								
Coordinate collection of geotechnical data, perform conceptual geotechnical design, support preparation of the RFP, and prepare reference and contract geotechnical deliverables including geotechnical reference memoranda, a geotechnical data report, and a geotechnical baseline report.								
Denferment Detirem Cools (Frame Avenue	va Caara Dalawi)							
Performance Rating Scale (From Average	ge Score Below)							
	ΛD	MD	DI	D		D		
Superior A	AR bove Std. N	MR Neets Std.	Bl Below			P Poor		
			Below	/ Std.	e & Be	Poor	gs)	Rating
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DOT Form 272-019 Revised 04/2023



5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progres	Monique is a good communicator and is good at clarifying questions. Her written communication concise yet accurate.	_	AR
6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively	Monique is always good at keeping meetings sh to the point and to solve the issues at hand. Sh respected among her WSDOT peers and she collaborates well to solve issues.	AR	
7. Other Criteria (As agreed)			
Overall Rating			AR
Rated By (Project Manager Name and Title)	Project Manager Signature	Date	
Steve Fuchs, SR 167 Completion Project Manager	Steven D. Fuchs	12/17/202	23
Rated By (Area Consultant Liaison Name and Title)	Area Consultant Liaison Signature	Date	
panna Kladou, Geotechnical Design & Project Development Manage	loanna Kladou	12/19/20:	23
Executive Review (Name and Title) Dewayne Matlock, Deputy Program Administrator	Executive Signature Dewayns Matlock Date 12/20/202		

Consultant Information Sheets

Shannon & Wilson has included Consultant Information Sheets for every firm on the team.

Firms Included
Shannon & Wilson, Inc. (Prime)
HWA GeoSciences, Inc.
CADCAB LLC
Bolima Drafting & Design, Inc.
Stell Environmental Enterprises, Inc.
Scarlet Plume LLC

Firm Name:				F	YE Date:		Number of Employees:	
Shannon & Wilson, Inc.				12-28-2024			369	
Address:	(2						
3990 Collins Way, Suite 100								
City:	State:)	Zip Code:			Claskamas		
Lake Oswego	OF		97035		W 1 C's	Clackamas		
503.210.4750		Fax: N/A			pany Web Site: WW.Shar	nnonwilson.com		
Remit to Address: POBOX 300303	}							
City:	State:		Zip Code:			County	:	
Seattle	WA	4	98103	•		Kin	g	
Phone:			Fax:	~ _	0777			
206.632.8020			206.69					
Statewide Vendor Number (SWV) for SWV0033499	· Remit t	o Address:	Federal Tax II 91-074		nber or Social Secu	rity Nun	nber:	
Unified Business Identifier Number (I			nbering System (DU		mber:			
578 058 207 MMC9F7QGEJ76								
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number:	:	NAICS Code &	Code Na	ime:	
1954		N/A			541330 E	Engir	eering Services	
Proposed Project Manager:			Email:					
Travis Nguyen			travis.nguyen@shanwil.com					
Financial Contact:			Email:					
Peter Gowell			peter.gowell@shanwil.com					
Firm Type:								
☐ Sole Proprietor ☐ Partner	rship	■ C – Corp.	nership 🔲 Su	bchap	ter S Corp.	imited L	iability Company	
Annual Gross Receipt:								
□ \$0 to \$1 Million □ \$1 Mi	llion to S	\$5 Million	10 Million	\$10 N	Million to \$15 Milli	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 Fedenumber, please use your social securit			registered to you	ır lega	l firm name. If you	do not l	nave a Federal Tax ID	
Unified Business Identifier (UBI) Number: Your firm will be <i>REQUIRED</i> 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 <i>REQUIRED</i> 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. For additional information, please visit the Office of Financial Management (OFM) at https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services								
FYE Date: Your firm's fiscal year er	nd date.				Î	•		
UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov								
	It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.							

Firm Name:				FYE Date: Number of Employees:					
HWA GeoSciences Inc				Dec 31 2025 57			57		
Address: 21312 30th DR	SE	Suite 110							
City: State: Zip Code:									
Bothell	WA	/	98021			Kin	g		
Phone: 425-774-0106		Fax: 425-774-271	4	١.	npany Web Site:	ny Web Site: ageo.com			
Remit to Address: 21312 30th DR									
City:	State:		Zip Code:			County			
Bothell	WA	+	98021			Kin	9		
425-774-0106			Fax: 425-7						
SWV0089261-0	0	o Address:	91-11	42					
Unified Business Identifier Number (U	JBI):		Date Universal 10350		mbering System (DI	JNS) Nu	ımber:		
Year Firm Established:		UDBE/SBE/MSVWBE Certif			NAICS Code &	Code Na	ame:		
1978		M5F0024692					neering Services		
Proposed Project Manager: Sandy Brodahl,	PE		sbrodahl@hwageo.com						
Financial Contact: Vasiliy Babko			vbabko@hwageo.com						
Firm Type: Sole Proprietor Partner Annual Gross Receipt:		■ C – Corp.			•	_	iability Company		
So to \$1 Million \$1 Million to \$5 Million \$5 Million to \$10 Million \$10 Million to \$15 Million Over \$15 Million									
Federal Tax ID Number: Your Feder number, please use your social security			registered to yo	ur leg	al firm name. If you	do not l	have a Federal Tax ID		
Unified Business Identifier (UBI) Nu approved as a Sub-consultant to an ex State Department of Revenue web site	isting ag	greement. This is a Washington							
Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is <i>REQUIRED</i> 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. For additional information, please visit the Office of Financial Management (OFM) at https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services									
FYE Date: Your firm's fiscal year en	d date.								
Underutilized Disadvantaged Business	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								
It is critical that your firm name is y name utilized for your SWV number		al firm name and that it is the	same name ass	igned	l to your Federal T	ax ID nı	umber and is the same		

SHANNON & WILSON

			,				
Cadcab, LLC			12/31	Number of Employees:			
21202 92nd PI W							
Edmonds V	Zip Code: 9802	0		Snohomish			
206-417-1414		Company Web Site:	cor	n			
21202 92nd PI W							
•	va Va	Zip Code: 9802	0	Sn	ohomish		
206-417-1414		Fax:					
Statewide Vendor Number (SWV) for Ren	nit to Address:		Number or Social Sec 727300	curity Nur	nber:		
Unified Business Identifier Number (UBI): Date Universal Numbering System (DU 604 111 135					umber:		
Year Firm Established: 2007	UDBE/SBE/MSVWBE Certif				ame:		
Proposed Project Manager: Cabryn Taylor	,	Email: Cabry	n@cad	cab	.com		
Financial Contact: Cabryn Taylor		Email:	n@cad				
Firm Type: Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt: Solic S Million S							
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 <i>REQUIRED</i> 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 da	te.						
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.

rim Name:							Number of Employees:	
Bolima Drafting & Design, Inc.				1	2/31		17	
1904 3rd Ave Suite 711								
Seattle	State:		Zip Code: 98101			County: King		
Phone: Fax: 206.332.9729 206.374.2686				_	pany Web Site: lima.con	า		
Remit to Address: 1904 3rd Ave Suite 711								
City: Seattle	State:		Zip Code: 98101			County		
Phone: 206.332.9729			Fax: 206.37	4.2	2686			
Statewide Vendor Number (SWV) for SWV0229517-00	Remit t	o Address:	91-192	214	_			
Unified Business Identifier Number (UBI): 601-512-071			Date Universal		bering System (D	UNS) Nu	ımber:	
Year Firm Established: UDBE/SBE/MSVWBE Certification Number:: NAICS Code & Code Name: 1987 D1M0005127/M1M0005127 541340				ame:				
Proposed Project Manager: William Bolima	wbolima@bolima.com							
Financial Contact: Erin Bolima			Email: ebolim	a@	bolima.	com	1	
Firm Type: Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt: \$0 to \$1 Million \$1 Million \$5 Million \$5 Million \$5 Million to \$10 Million \$10 Million to \$15 Million Over \$15 Million Note: Firm Name: Please do not use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your								
firm's legal name. Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.								
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FYE Date: Your firm's fiscal year en	d 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 y name utilized for your SWV numbe		al firm name and that it is the	same name ass	igned 1	to your Federal T	ax ID n	umber and is the same	



Firm Name:			FYE Date:		Number of Employees:		
Stell Environmental	Enterprises,	Inc.	12/31 90		90		
6100 219th St SW, Suite 480							
Mountlake Terrace WA	Zip Code: 98043			County: Snohomish			
Phone: 206-717-7010	Fax: 206-717-701	n	Company Web Si		m		
Remit to Address:	200-7 17-701	0	Stellee.	50111			
6100 219th St SW, Suite 480							
Mountlake Terrace WA	A	Zip Code: 98043		Sno	ohomish		
Phone: 206-717-7010			17-7010				
SWV019026100	o Address:	20-078					
Unified Business Identifier Number (UBI): 603-056-267	Date Universal Numbering System (DUNS) Number: 144817785						
Year Firm Established: 2004	UDBE/SBE/MSVWBE Certified W2F0023788/D2			ode & Code N)-Enviro r			
	VVZI 0023700/D	Email:	00 041020	J-LIIVIIOI			
Proposed Project Manager: Danielle Gascoyne,	, PMP	dgascoyne@stellee.com					
Julie Erickson, PMF)	jerickson@stellee.com					
Firm Type: Sole Proprietor Partnership [☐ C – Corp. ☐ Limited Partr	nership 🔳 Su	bchapter S Corp.	Limited !	Liability Company		
Annual Gross Receipt:		10.16311	0103611	5) 6'11' F	70 01515111		
\$0 to \$1 Million \$1 Million to	\$5 Million \$5 Million to \$5	l0 Million □	\$10 Million to \$1:	5 Million L	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 In number, please use your social security number		registered to you	r legal firm name.	If you do not	have a Federal Tax ID		
Unified Business Identifier (UBI) Number: Your firm will be <i>REQUIRED</i> 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 <i>REQUIRED</i> 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. For additional information, please visit the Office of Financial Management (OFM) at https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services							
FYE Date: Your firm's fiscal year end date.							
Underutilized Disadvantaged Business Enterp	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						
It is critical that your firm name is your leg name utilized for your SWV number.	al firm name and that it is the	same name assi	gned to your Fed	eral Tax ID n	number and is the same		

SHANNON & WILSON

Firm Name:				EZ	E Date:		Number of Employees:		
Scarlet Plume LLC				12/31			1		
266 Seagull Driv	/e								
City:	State:		Zip Code:			County	:		
Port Angeles	WA	WA 983				Clallam			
Phone: Fax: 206-230-8478				1	pany Web Site: VW.SCA	letp	lume.com		
266 Seagull Drive									
City: Port Angeles	State:	4	Zip Code: 98363	}		Cla	llam		
Phone: 206-230-8478			Fax:						
Statewide Vendor Number (SWV) for SWV0125172-0		o Address:	Federal Tax I 537-4		ber or Social Sect	ırity Nun	nber:		
Unified Business Identifier Number (UBI):			Date Universal Numbering System (DUNS) Number:						
602-726-930			041010475						
Year Firm Established:		UDBE/SBE/MSVWBE Certif							
2007 (as LLC)		W2F001474							
Proposed Project Manager: Ranae LaFerne	.,		ranae@scarletplume.com						
Financial Contact:	y								
Same as above				as	above				
Firm Type:									
■ Sole Proprietor □ Partner	ship [☐ C – Corp. ☐ Limited Partı	nership 🔲 Su	ıbchapt	er S Corp. 🔲 I	imited L	iability Company		
Annual Gross Receipt:									
	llion to S	65 Million	10 Million] \$10 N	Million to \$15 Mill	ion 🗌	Over \$15 Million		
Note:									
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new of 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 <i>REQUIRED</i> 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 en	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.