Reconnecting East Central Spokane

Washington State Department of Transportation, Eastern Region

PACKET B



Presented by:





February 14, 2024

Washington State Department of Transportation Eastern Region Headquarters 2714 N. Mayfair Street Spokane, WA 99207

SUBJECT: Reconnecting East Central Spokane - Packet B

Dear Selection Committee Members.

David Evans and Associates, Inc. (DEA), has maintained a local presence in Spokane since 1985 with a focus on transportation engineering. We look forward to the opportunity to continue building upon our relationship with WSDOT Eastern Region through our successful delivery of General Engineering Consultant (GEC) task orders. This exciting project to reconnect the East Central neighborhood requires unique skill and a strategic approach to guide the design process to develop a solution that the community is proud of. DEA's team of experts has unique experience working together on similar land bridge projects. We are committed to partnering with WSDOT to implement a community led engagement effort that seeks to maximize contributions of residents and businesses alike. To guide the planning process, we recommend leverage the planning and environmental linkage (PEL) process to systematically vision the project and efficiently bring it to a preferred solution while considering the environmental process needed to ultimately build the project. As the project manager for this team, I hope you find our team and approach to align with WSDOT's vision for this community healing project. Additionally, as the Consultant Resource Manger, I have the authority to commit the necessary personnel to deliver the project and will hold our subconsultants accountable for their commitments to the team and to the project.

As requested in the RFQ, the following items are included:

Scoring Criteria 6: Contractor Certification – Worker's Rights

- David Evans and Associates, Inc.
 US 395/Ridgeline Drive Grade
- Hough Beck & Baird, Inc.
- HDR Engineering, Inc.
- GeoEngineers, Inc.
- CivTech, Inc.
- Ott-Sakai & Associates, LLC

Scoring Criteria 7: References/ Past Performance (DEA only)

- Separation
- I-90, SH-41 Interchange
- Maple Street Bridge

Consultant Information Forms

- David Evans and Associates, Inc.
- Hough Beck & Baird, Inc.
- HDR Engineering, Inc.
- GeoEngineers, Inc.
- CivTech, Inc.
- Ott-Sakai & Associates, LLC

Thank you for the opportunity to submit the proposal on behalf of the DEA Reconnecting East Central Spokane Team!

Sincerely, Julino

Jake Menard, PE, SE

Senior Associate, Project Manager/Consultant Resource Manager

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: Reconnecting East Central Spokane

hereby	cer	tify, on behalf of the firm identified belo	ow, as foll	ows (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.								
	re t	rue and correct and that I am authorize		e State of Washington, that the certifications ke these certifications on behalf of the firm					
FIRM NA	AME:	David Evans and Associates, Inc. Name of Contractor/Bidder – Print full leg	al entity na	me of firm					
By:		Juane	Jake N	Лenard, PE, SE					
,	Sign	nature of authorized person	Print Na	me of person making certifications for firm					
Title:	Se	nior Associate, Project Manager	Place:	Spokane, WA					
	Titl	e of person signing certificate		Print city and state where signed					
Date:	F	ebruary 5, 2024							

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

i	to mandatory individual arbitration clauses and class or collective action waivers.							
	Solicitation Title:	Reconnectin	g East Central Spokane					
I hereby	certify, on behalf of the firm identified	below, as foll	ows (check one):					
	EMPLOYEES . This firm does <u>NOT</u> red	quire its empl	OF CLASS OR COLLECTIVE ACTION WAIVERS FOR coyees, as a condition of employment, to ion clauses or class or collective action					
		OR						
	EMPLOYEES. This firm requires its	employees, a	CLASS OR COLLECTIVE ACTION WAIVERS FOR a condition of employment, to sign or es or class or collective action waivers.					
•	re true and correct and that I am auth		e State of Washington, that the certifications ke these certifications on behalf of the firm					
FIRM NA	MAME: Hough Beck & Baird Inc. Name of Contractor/Bidder – Print fu	ıll legal entity na	me of firm					
By:	() Jan		t Vong					
	Signature of authorized person	Print Nai	me of person making certifications for firm					
Title:	Vice President / Principal Title of person signing certificate	Place:	Seattle, Washington Print city and state where signed					
Date:	1/29/24	_						

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:	HDF	REngin	eering, Inc.				
I hereby	cer	tify, on behalf of the firm identified	belov	v, as foll	ows (check one):				
		EMPLOYEES . This firm does <u>NOT</u> red	quire	its empl	OD CLASS OR COLLECTIVE ACTION WAIVERS FOR oyees, as a condition of employment, to ion clauses or class or collective action				
			0	R					
	☐ MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.								
•	re 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 NA	AME:	HDR Engineering, Inc.							
	7	Name of Contractor/Bidder – Print fu	II legal	entity na	me of firm				
By:	K	oldho		Rob Be	rman				
•	Sign	nature of authorized person		Print Name of person making certifications for firm					
Title:		ashington Area Operations Manager		Place:	Bellevue, WA				
	Title	e of person signing certificate			Print city and state where signed				
Date:	Feb	oruary 14, 2024	_						

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Solicitation Title: Reconnecting East Central Spokane

hereb	y cer	tify, on behalf of the firm identified be	low, as fol	lows (check one):					
	Ø	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.								
		agree to mandatory individual arbitra	tion clause	es or class or collective action waivers.					
	are t	tify, under penalty of perjury under the rue and correct and that I am authori	laws of th	es or class or collective action waivers. e State of Washington, that the certifications ke these certifications on behalf of the firm					
erein sted h	are t ereir	tify, under penalty of perjury under the rue and correct and that I am authorin.	laws of th	e State of Washington, that the certification:					
erein	are t ereir	tify, under penalty of perjury under the rue and correct and that I am authorin.	laws of th zed to ma	e State of Washington, that the certifications ke these certifications on behalf of the firm					
erein sted h FIRM N	are t ereir	tify, under penalty of perjury under the rue and correct and that I am authorin. GeoEngineers, Inc.	laws of th zed to ma	e State of Washington, that the certifications ke these certifications on behalf of the firm					
erein sted h	are the sereing serein	tify, under penalty of perjury under the true and correct and that I am authorin. GeoEngineers, Inc. Name of Contractor/Bidder – Print full le	laws of th zed to ma egal entity na _Emily	e State of Washington, that the certifications ke these certifications on behalf of the firm					
erein sted h FIRM N	are the ereing $\frac{g}{Sig}$	tify, under penalty of perjury under the crue and correct and that I am authoring. GeoEngineers, Inc. Name of Contractor/Bidder – Print full le	laws of th zed to ma egal entity na _Emily	e State of Washington, that the certifications ke these certifications on behalf of the firm					
erein sted h FIRM N By:	JAME	tify, under penalty of perjury under the crue and correct and that I am authorian. GeoEngineers, Inc. Name of Contractor/Bidder – Print full le	egal entity na	e State of Washington, that the certifications ke these certifications on behalf of the firm me of firm r F. Dahl me of person making certifications for firm					

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Solicitation Title: Reconnecting East Central Spokane

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.							
		0	R					
	MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.							
herein a	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	AME:	CivTech, Inc. Name of Contractor/Bidder – Print full legal	entity na	me of firm				
Ву:		San Min-	Sean Messner, PE					
		nature of authorized person	Print Na	me of person making certifications for firm				
Title:		acific Northwest Director	Place:	Spokane, Washington				
Date:		e of person signing certificate Jan 2024		Print city and state where signed				

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	Solicitation Title: Re	connecting East Central Spokane							
I hereby	certify, on behalf of the firm identified belo	ow, as follows (check one):							
	EMPLOYEES. This firm does NOT require	CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR its employees, as a condition of employment, to arbitration clauses or class or collective action							
		OR							
	☐ MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.								
•	re true and correct and that I am authorize	aws of the State of Washington, that the certifications ed to make these certifications on behalf of the firm							
FIRM NA	Ott-Sakai & Associates LLC Name of Contractor/Bidder – Print full leg	al entity name of firm							
By:	Kevin Sakai Digitally signed by Kevin Sakai DN: C-US, E=kevin@ott-sakai.com, O-OII-Sakai A Associates, CN+Kevin Sakai Dade: 2024.01.24 11.199.03-8000	Kevin Sakai							
by.	Signature of authorized person	Print Name of person making certifications for firm							
Title:	Principal	Place: Mountlake Terrace, WA							
	Title of person signing certificate	Print city and state where signed							
Date:	January 24, 2024								

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: David Evans & Associates							
Consultant's Project Manager: Greg Holder / Dave Witthaus							
Project Name to be Evaluated on: (Work must have been completed within th US 395/Ridgeline Interchange	ne last 3 years or is currently being performed.)						
Type of Work:	Transportation Study Right-of-Way Other						
Contract Information: (Work must have been completed within the last 3 year	rs or is currently being performed.)						
Start Date End Prime	Dollar Amount of Services						
Sub 07/20/16 11/3	2,554,323.00						
Performance	e Evaluation						
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and	Score d 10 being high. 1 - Low to 10 - High						
Was the firm cooperative and responsive during any negotiations whether t budget related or work element related?							
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 (Total the score by adding the scores for criterias 1 through 6.)	58.00						
Average Score (Average the score by dividing the total score by the total number of criteria the	hat was rated.)						
Evaluator I	Information:						
Firm/Company Name: City of Kennewick, WA							
Evaluator's Name: Bruce Mills, PE	Bruce Mills, PE Evaluator's Name: Deputy Public Works Director						
Firm/Company Address: 1010 Chemical Drive, Kennewick	s, WA						
Phone: (208) 939-1542 Fax:	Date: 02/04/20						
Distribution: Original: Return to Consultant being evaluated; and	nd Rev. 2014						

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

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name	David Evans and A	ssociates, Inc.						
Consultant's Project Manager: Jake Menard, PE, SE								
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) I-90, SH-41 Interchange (ITD Key No. 20442)								
Type of Work:		, , , , , , , , , , , , , , , , , , ,						
Roadway Design Plans Specs & Estimates Transportation Study Right-of-Way Other								
Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)								
[Do	llar Amount of Services						
Prime Sub	05/17/18	12/3	51/25		9,506,224.00			
		Performanc	e Evaluatio	on				
	Ra	ating Criteria			Score			
P	lease rate each criteria on a scale	e of 1 to 10. 1 being low and	l 10 being high.		1 - Low to 10 - High			
	cooperative and responsive durin work element related?	g any negotiations whether t	hey were	·	8.00			
2. Did the firm c	omplete the project within the to	tal budgeted amount?			7.00			
3. Did the firm c	omplete the project within the co	ontract schedule(s)?			10.00			
4. Did the firm n	neet all of your technical standard	ds and quality expectations?			9.00			
5. Was the firm's	communication, both oral and v	vritten, clear and concise?			8.00			
6. Was the firm's	project management system effe	ective?			8.00			
Total Score					50.00			
(Total the score b	by adding the scores for criterias	1 through 6.)			50.00			
Average Score					0.22			
(Average the scor	re by dividing the total score by t	he total number of criteria th	nat was rated.)		8.33			
		Evaluator I	nformation	:				
Firm/Company N	Idaho Transporta	tion Department						
Evaluator's Name	Evaluator's Name: Shannon Stein Evaluator's Title: Staff Engineer							
Firm/Company A	ddress: 600 W Prairie A	Ave, Coeur d'Alen	e, ID 8381	5				
Phone: (208)	772-8013 Fa	x:		Date: 02/01/24				
Distribution:		ıltant being evaluated; an		· •	Rev. 2014			
Γ	Copy: Fax to WSDOT at 3	360-705-6838 or email to	wsdotcso@wso	lot.wa.gov				

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: David Evans and Associates, Inc.							
Consultant's Project Manager: Jake Menard							
Project Name to be Evaluated on: (Work must have been completed within the Maple Street Bridge Deck Rehabilitation	e last 3 years or is currently being performed.)						
Type of Work: Roadway Design Plans Specs & Estimates	Fransportation Study Right-of-Way Other						
Contract Information: (Work must have been completed within the last 3 years	rs or is currently being performed.)						
Start Date End	Date Dollar Amount of Services						
Prime Sub 11/07/22 12/0.	320,802.36						
Dorformano	e Evaluation						
Rating Criteria	Score						
Please rate each criteria on a scale of 1 to 10. 1 being low and							
Was the firm cooperative and responsive during any negotiations whether the budget related or work element related?	hey were 9.00						
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?	9.00						
5. Was the firm's communication, both oral and written, clear and concise?	9.00						
6. Was the firm's project management system effective?	9.00						
Total Score	54.00						
(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 the	nat was rated.)						
Evaluator In	nformation:						
Firm/Company Name: City of Spokane							
Evaluator's Name: Mark Serbousek	Mark Serbousek Evaluator's Title: City Bridge Engineer						
Firm/Company Address: 808 W Spokane Falls Blvd., Spok	cane, WA 99201						
Phone: (509) 625-6154 Fax:	Date: 02/06/24						
Distribution: Original: Return to Consultant being evaluated; and	d Rev. 201 ²						

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

Firm Name:				F	YE Date:		Number of Employees:	
David Evans and		1	10/31		1,038			
Address: 908 N. Howard St	ree	t, Suite 300		·				
City:	State:		Zip Code:			County	:	
pokane WA			99201			Spokane		
Phone: Fax:				Com	pany Web Site:			
509-327-8697		N/A		wv	vw.deair	C.CC	om	
Remit to Address: 2100 SW River	Par	kway						
City:	State:		Zip Code:			County	:	
Portland	OF	}	97201			Mu	ltnomah	
Phone:			Fax:					
503-223-6663			N/A					
Statewide Vendor Number (SWV) for		o Address:	Federal Tax ID Number or Social Security Number:					
SWV003204301			93-0661195					
Unified Business Identifier Number (U	ЉІ):		Date Universal Numbering System (DUNS) Number:					
600-227-608			086612439					
Year Firm Established:		UDBE/SBE/MSVWBE Certif						
1976		N/A	541330, 541370				41370	
Proposed Project Manager:			Email:					
Jake Menard, PE,	, SE		jake.menard@deainc.com					
Financial Contact:			Email:					
Ariel Williamson			ariel.williamson@deainc.com					
Firm Type:								
Annual Gross Receipt:								
☐ \$0 to \$1 Million ☐ \$1 Mil	llion to S	\$5 Million	10 Million] \$10 N	Million to \$15 Mill	ion 🔳	Over \$15 Million	
Note:								
Firm Name: Please <u>do not</u> use: dba's	- doing	business as; combination name	s when two firm	ns are v	working together,	unless the	e combination name is the	

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

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. 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.

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:		FYE Date		YE Date:		Number of Employees:		
Hough Beck & Ba	Inc. (HBB)		December 31		r 31	20		
Address:								
2101 4th Avenue,	Su	ite 1800						
City:	Zip Code: County:							
Seattle Washington			98121			Kin	g	
Phone: Fax:				Company Web Site:				
206-682-3051		206-682-3245		W۷	ww.hbbs	eattl	e.com	
2101 4th Avenue	e, S	Suite 1800						
City:	State:		Zip Code:			County	:	
Seattle	Wa	ashington	98121			Kin	g	
Phone:	ı		Fax:					
206-682-3051			206-682-3245					
Statewide Vendor Number (SWV) for	Remit t	to Address:	Federal Tax ID Number or Social Security Number:					
SWV0125069-00			91-1504647					
Unified Business Identifier Number (U	ЈВІ):		Date Universal Numbering System (DUNS) Number:					
601-284-757			15-383-7950					
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	fication Number:: NAICS Code & Code Name:					
1990		D/W2F000887	76 541320 - Landscape Ar			dscape Architect		
Proposed Project Manager:			Email:					
	oal /	Vice President	jvong@hbbseattle.com					
Financial Contact:			Email:					
Karlie McCormick			kmccormick@hbbseattle.com					
Firm Type:								
☐ Sole Proprietor ☐ Partner	ship [■ C – Corp.	nership 🔲 Su	bchap	oter S Corp. 🔲 I	imited L	iability Company	
Annual Gross Receipt:								
	llion to	\$5 Million	0 Million □	l \$10 M	Million to \$15 Mill	ion \sqcap	Over \$15 Million	
					T =	_		
Note: Firm Name: Please do not use: dba's	_ doing	t husiness as: combination name	when two firm	ne are	working together	unless th	e combination name is the	
THE TRAINE. I TEASE HO HOL USE. UDA S	dome	, ousmoss as, comomanon name:	MITTER TWO IIII	10 arc	working together,	amess m	c comomation name is the	

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

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

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

HDR Engineerin	nc		FYE Date: 12/31			Number of Employees: 12,584	
Address:	y, I	110.			<i>L</i> /J1		12,004
835 N. Post, Sui	te	101					
City:	Zip Code:			County:			
Spokane WA			99201			Spo	okane
Phone: 509.343.8500		509.343.850	1		pany Web Site: vw.hdrir	nc.c	om
PO Box 740082	02						
City:	State:		Zip Code:			County	
Chicago	IL		60674	82	202	Cod	ok
Phone:			Fax:				
425-450-6200							
Statewide Vendor Number (SWV) for SWV0092719-1	0	o Address:	Federal Tax ID Number or Social Security Number: 47-0680568				
Unified Business Identifier Number (U	ЈВІ):		Date Universal Numbering System (DUNS) Number:				
601-021-437			187294624				
Year Firm Established:		UDBE/SBE/MSVWBE Certifi					
1917 Proposed Project Manager:		None	541330 - Engineering Services				
Scott Marshall			Scott.R.Marshall@hdrinc.com				
Financial Contact:			Fmail:				
Jamie Kivela			Jamie.Kivela@hdrinc.com				
Firm Type:							
☐ Sole Proprietor ☐ Partners	ship [☐ C – Corp. ☐ Limited Partr	nership 🔳 Su	bchap	ter S Corp. 🔲 I	Limited L	iability Company
Annual Gross Receipt:							
□ \$0 to \$1 Million □ \$1 Million to \$5 Million □ \$5 Million to \$10 M] \$10 N	Million to \$15 Mill	lion 🔳	Over \$15 Million
Note:							
Firm Name: Please <u>do not</u> use: dba's							

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

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

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Firm Name:				F	FYE Date:		Number of Employees:		
GeoEngineers, Inc.				D	December 31		440		
Address:									
17425 NE Union Hill Road, Suite 250									
City:	State:		Zip Code:			County			
Redmond	Wa	ashington	98052		Kir		g		
		Fax:			pany Web Site:		1		
425.861.6000		425.861.6050 v		W۷	www.geoengineers.com				
PO Box 94207									
City:	State:		7in Codo			Country			
Seattle		schington	Zip Code:			King			
	VVC	ashington	98124-6507			MIII	9		
425.861.6000			425.861.6050						
Statewide Vendor Number (SWV) for Remit to Address:			Federal Tax ID Number or Social Security Number:						
SWV0012678-00			91-3237984						
Unified Business Identifier Number (UBI):			Date Universal Numbering System (DUNS) Number:						
600 375 010			01-898-2918						
Year Firm Established:	Firm Established: UDBE/SBE/MSVWBE Certif			iffication Number:: NAICS Code & Code Name:					
1980	980 N/A		5413		541330 E	330 Engineering Services			
Proposed Project Manager: Emai				Email:					
Teresa Dugger, PE			tdugger@geoengineers.com						
Financial Contact:			Email:						
Jane Lu			jlu@geoengineers.com						
Firm Type:									
☐ Sole Proprietor ☐ Partnership ■ C – Corp. ☐ Limited Partnership ☐ Subchapter S Corp. ☐ Limited Liability Company									
Annual Gross Receipt:									
□ \$0 to \$1 Million □ \$1 Million to \$5 Million □ \$5 Million to \$10 Million □ \$10 Million to \$15 Million ■ Over \$15 Million									
Notes									
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									

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Firm Name:				FY	YE Date:		Number of Employees:	
CivTech, Inc.				1	12/31		23	
Address:								
10605 N. Hayden Rd., Suite 140								
City:	State:		Zip Code: County:				_	
Scottsdale	ΑZ		85260			Maricopa		
Phone:		Fax:	Company Web Site:			_		
30.659.4250 / 602.290.3016 (Sean Messner cell) 489.659.056		6 www.civte		ech.com				
Remit to Address:								
10605 N. Hayden Rd., Suite 140								
City:	State:		Zip Code:			County	_	
Scottsdale	ΑZ		85260		Ma		ricopa	
Phone:			Fax:					
480.659.4250 / 602.290.3016 (Sean Messner cell)			100100010000					
Statewide Vendor Number (SWV) for Remit to Address:			Federal Tax ID Number or Social Security Number:					
0283737-00	46-0491045							
Unified Business Identifier Number (UBI):			Date Universal Numbering System (DUNS) Number:					
604863641	147350925							
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	ification Number:: NAICS Code & Code Name:					
2002		WA WBE# W2	F00278	30	541330 - Engineering Service			
Proposed Project Manager:	Email:							
Sean Messner, I	smessner@civtech.com							
Financial Contact:			Email:					
Dawn Cartier, PE, PTOE			dcartier@civtech.com					
Firm Type:								
☐ Sole Proprietor ☐ Partnership ☐ C – Corp. ☐ Limited Partnership ■ Subchapter S Corp. ☐ Limited Liability Company								
Annual Gross Receipt:								
□ \$0 to \$1 Million ■ \$1 Million to \$5 Million □ \$5 Million to \$10 Million □ \$10 Million to \$15 Million □ Over \$15 Million								
D 90 to \$1 MIIIIOI □ OVER \$15 MIIIIOII C \$10 MIIIIOII U \$10 MIIIIOII U \$10 WIIIIOII U \$10 WIIIIOII U \$10 WIIIIOII U \$10 WIIIIIOII U \$10 WIIIIOII U \$10 WIIIIIOII U \$10 WIIIIOII U \$10 WIIIIIOII U \$10 WIIIIOII U \$10 WIIIIIOII U \$10 WIIIIOII U \$10 WIIIIIOII U \$10 WIIIIOII U \$10 WIIIIII U \$10 WIIIII U \$10 WIIII U \$10 WIII U \$10 WIIII U \$10 WIII U \$10 WIIII U \$10 WIII U \$10 WIIII U \$10 WI								
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								

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Ott-Sakai & Associates					TE Date: 12/31		Number of Employees:		
PO Box 247									
Mountlake Terrace	State: WA		Zip Code: 98043			Snohomish			
Phone: 206-255-2509		Fax: NA		Company Web Site:					
Same as above									
City:	State:	State: Zip Cod				County:			
Phone:			Fax:						
Statewide Vendor Number (SWV) for Remit to Address: SWV0204000			Federal Tax ID Number or Social Security Number: 47-3933414						
Unified Business Identifier Number (UBI): 602330314			Date Universal Numbering System (DUNS) Number:						
Year Firm Established: 2015		D4M002322							
Proposed Project Manager: Kevin Sakai			kevin@ott-sakai.com						
Kimberly McShea			kimberly@ott-sakai.com						
Firm Type: Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt: Solo \$1 Million to \$5 Million to \$5 Million to \$10 Million. \$10 Million to \$10 Million. \$10 Million to \$10 Million.									
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DAVID EVANS AND ASSOCIATES IN .

Jake Menard, PE, SE, Project Manager 908 N. Howard Street, Suite 300 Spokane, WA 99201 509.252.5886 jake.menard@deainc.com

