

Washington State 2024 TSMO PROGRAM PLAN





TRANSPORTATION OPERATIONS



TRANSPORTATION SYSTEMS (ITS)

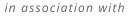


TRANSPORTATION DEMAND MANAGEMENT



SMART AND EMERGING TECHNOLOGIES





















November 21, 2023

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

Reference: Statement of Qualifications for Washington State 2024 TSMO Program Plan

Dear Ms. Vasudeva and Members of the Selection Committee:

STV Incorporated (STV) has assembled a team of familiar faces to WSDOT and is excited to submit our statement of qualifications to continue your efforts to advance the Transportation Systems Management and Operations (TSMO) Program. We are committed to working alongside WSDOT to implement a TSMO program that is based on Safety, Resilience, Workforce Development, Diversity, Equity, and Inclusion, while adapting to the demands of a 21st century transportation system as it impacts the lives of our friends, family, and staff who live and work in the State of Washington.

The STV team is extremely proud to be comprised of members—such as Ted Bailey, Jim Peters, Renee Hurtado, Sydney Borek, Karl Typolt, Mahmood Shehata, Patrick Son, and Jennifer Rash—who have supported WSDOT in developing and achieving these goals over the past 20 years. Combined with new faces and perspectives from Arup, ICF, CPCS, Confluence Environmental, Smart City Traffic, Toole Design, and Transpo Group, our team brings applicable local, regional, and national perspectives that will support the needs of WSDOT. Finally, we believe that equity and diversity are at the heart of every task order. To achieve your vision, and our team's commitments, we have added the positions of Transportation Equity and DBE Liaison, led by Athena Ullah and Adrienne Lindsey, who will review each task order through a vital lens that demands all State of Washington residents are positively impacted by TSMO solutions.

As we collaborate with you to advance your program, the STV team will deliver the same high-quality experience that WSDOT and the community have come to expect. Building on our previous work and experience, we will provide even greater value to WSDOT by focusing on continuity, capacity, and commitment. Our team has a passion for performing purposeful work with a mindset for continuous improvement and optimism for the future.

Continuity. The history and institutional knowledge of the WSDOT TSMO Program and WSDOT policies, from both the STV team and our leadership team, is second to none. From Day One, we will leverage our ability to seamlessly continue focusing on your TSMO strategies, such as truck parking, automated speed safety enforcement, and Vision Zero.

Capacity. With more than 560 local, dedicated TSMO and ITS staff and over 18,500 regional and national TSMO and ITS staff, we are inherently built with the capacity and skills to be both flexible and agile, accessing TSMO-experienced resources quickly and delivering multiple simultaneous task orders for WSDOT. In our continued commitment to ensure that we have the capacity to deliver any WSDOT need that arises, we have supplemented our team with 13 partners that bring a diverse and deep bench of capacity and expertise.

Commitment. STV will provide WSDOT with technical leadership, diverse staffing, high-quality deliverables, and safety in everything we do.

Leadership: STV is committed to continuing to deliver the right leadership and the right technical resources for WSDOT. We have committed Ted Bailey as your Project Manager, Bryan Williams as your Deputy Project Manager, Jim Peters as a Strategic Advisor / National TSMO Expert, and Liz Justison as your Principal-in-Charge, each of whom has delivered successfully for WSDOT in leadership roles.





- ▶ **Diversity:** STV also embraces and shares your commitment to diversity, equity, and inclusion. We are committed to exceeding your disadvantaged business enterprise (DBE) goal by incorporating partners in our task orders to exceed the 16% DBE utilization in this contract.
- ▶ **Quality:** Our team's commitment to quality is evident in the previous assignments completed over the past 20 years. We have assigned Dan Corey, a recognized national TSMO, ITS, and smart/emerging technologies leader, to continue STV's established culture of quality for the delivery team, ensuring that our task order quality procedures are right sized and contextual for each effort and that each task order team delivers on the established plan.
- ► **Safety:** We are keenly aware that safety is a key foundation in everything we do. Our team brings a safety first mentality to WSDOT. Whether it's field views, construction, operations, or maintenance, we will provide solutions that positively impact the public, while protecting WSDOT staff out in the field.

Providing the Best Leadership to WSDOT. Ted Bailey will serve as WSDOT's main point-of-contact. He is a frequent collaborator with WSDOT's executive, planning, design, operations, safety, and other multimodal development and delivery divisions. As a former WSDOT employee who has been approved by WSDOT Consultant Services Office to lead this effort, Ted is a compassionate leader who understands WSDOT policy and culture. He knows how TSMO strategies affect safety and efficiency, and he is passionate about building and improving a transportation system for sustainability, equity, and performance. With more than 24 years of experience working with WSDOT, Ted has proven his ability to lead, problem solve, and improve processes by collaborating with all levels of the organization. As the former Cooperative Automated Transportation Program Manager for the Transportation Operations Division, he worked with each division through the agency to ensure successful delivery. He is a natural leader who knows that successful partnerships focus on the relationship, relying on listening first and then acting on agreed solutions.

Jim Peters will serve as Ted's key advisor for this contract. He has led the WSDOT TSMO program contract since 2020 and has supported WSDOT ITS and TSMO projects around the state for more than 20 years. His presence, experience, and fiscal responsibility is ingrained in the life-cycle of projects developed by WSDOT. From strategic thinking, mentoring, listening, and driving to deliver the TSMO program, Jim provided overall leadership for the TSMO contract, overseeing all scopes and task orders. He was personally involved in the delivery of more than 12 task orders. His knowledge of the program embodies our keys to success of continuity, capacity, and commitment, through his decades of compassionate and dedicated service that progressed the TSMO program.

The STV team looks forward to continuing our support and collaboration with WSDOT to progress your TSMO program. We have assembled a team of proven leadership and technical experts who are equally committed to continuing our partnership. Should you have any questions about our submittal, please reach out to us at the contact information below.

Sincerely,

STV Incorporated

Efustis

Elizabeth (Liz) Justison, PE (CA), PMP President, Transportation West (510) 757-8175 elizabeth.justison@stvinc.com

Ted Bailey, PE

Ted Bailey

Director Government Technology Solutions | Mobility Technology (360) 870-1574 ted.bailey@stvinc.com

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 - WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

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

	business owners who certify that their emp to mandatory individual arbitration clauses	loyees are not, as a condition of employment, subject and class or collective action waivers.
	Solicitation Title:	Washington State 2024 TSMO Program Plan
I hereby	certify, on behalf of the firm identified	below, as follows (check one):
	EMPLOYEES . This firm does <u>NOT</u> req	ON CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR quire its employees, as a condition of employment, to dual arbitration clauses or class or collective action
		OR
	EMPLOYEES. This firm requires its e	CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR employees, as a condition of employment, to sign or tration clauses or class or collective action waivers.
•	re true and correct and that I am author	he laws of the State of Washington, that the certifications orized to make these certifications on behalf of the firm
FIRM NA	AME: STV Incorporated Name of Contractor/Bidder – Print fu	Il legal entity name of firm
By:	Elizabeth Justison (Oct 23, 2023 13:31 PDT)	Elizabeth Justison, PE (CA), PMP
-7.	Signature of authorized person	Print Name of person making certifications for firm
Title:	President, Transportation West	_{Place:} Oakland, CA
mie.	Title of person signing certificate	Print city and state where signed

Date:

November 21, 2023

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

	to m	nandatory individual arbitration clauses and c	class or co	ollective action waivers.
		Solicitation Title:	ngton State 20	24 TSMO Program Plan
I hereby	cer	tify, on behalf of the firm identified belo	w, as foll	lows (check one):
	X	EMPLOYEES. This firm does <u>NOT</u> require	its empl	oyees, as a condition of employment, to ion clauses or class or collective action
		C	R	
			oyees, a	CLASS OR COLLECTIVE ACTION WAIVERS FOR s a condition of employment, to sign or es or class or collective action waivers.
	ire 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 N	AME	Arup US, Inc.		
By:	4	Name of Contractor/Bidder – Print full lega	·	e White
·	-	nature of authorized person	Print Na	me of person making certifications for firm
Title:	A	ssociate Principal	Place:	San Francisco, CA
		e of person signing certificate		Print city and state where signed
Date:	1	0/24/2023		

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 - WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the

	busi	iness owners who certify that their emp	ortaion is seeking to contract with qualified entities and apployees are not, as a condition of employment, subject as and class or collective action waivers.	
		Solicitation Title:	Washington State 2024 TSMO Program PI	
hereby	/ cer	tify, on behalf of the firm identified	d below, as follows (check one):	
		EMPLOYEES . This firm does <u>NOT</u> re	equire its employees, as a condition of employment, to vidual arbitration clauses or class or collective action	
			OR	
		EMPLOYEES. This firm requires its	on Clauses and Class or Collective Action Waivers for employees, as a condition of employment, to sign or ditration clauses or class or collective action waivers.	
	are t	true and correct and that I am auth	the laws of the State of Washington, that the certification horized to make these certifications on behalf of the fir	
Firm N	AME	Citizen Engineers, Name of Contractor/Bidder – Print for		
By:	ke	elly Smith	Kelly Smith	
-,-	_	nature of authorized person	Print Name of person making certifications for firm	
Title:		Managing Director	Place: Spokane, WA	
Date:		Description of person signing certificate Description 23, 2023	Print city and state where signed	

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 — WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

		Solicitation Title:	Washington State 20)24 TSMO Program Plan
I hereby	/ cer	tify, on behalf of the firm identified b	pelow, as fol	lows (check one):
		EMPLOYEES . This firm does <u>NOT</u> req	uire its emp	ND CLASS OR COLLECTIVE ACTION WAIVERS FOR loyees, as a condition of employment, to cion clauses or class or collective action
			OR	
		EMPLOYEES. This firm requires its e agree to mandatory individual arbit tify, under penalty of perjury under the	mployees, a ration claus he laws of th	CLASS OR COLLECTIVE ACTION WAIVERS FOR is a condition of employment, to sign or es or class or collective action waivers. e State of Washington, that the certifications
herein a			orized to ma	ke these certifications on behalf of the firm
FIRM N	AME	Confluence Environm Name of Contractor/Bidder - Print full		
Ву:	Sign	nature of authorized person		t White me of person making certifications for firm
Title:	S	enior Principal Environmental lanner and President	Place:	Seattle, WA
Title:		e of person signing certificate	1 14001	Print city and state where signed
Date:		11/7/2023	-	

Date:

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 - WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

	Washington State Department of Transportaion business owners who certify that their employe to mandatory individual arbitration clauses and	Executive Order 18-03 (dated June 12, 2018), the is seeking to contract with qualified entities and sees are not, as a condition of employment, subject class or collective action waivers.
I hereby	certify, on behalf of the firm identified belo	ow, as follows (check one):
	EMPLOYEES. This firm does <u>NOT</u> require	CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR e its employees, as a condition of employment, to all arbitration clauses or class or collective action
		OR
	EMPLOYEES. This firm requires its emp	AUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR ployees, as a condition of employment, to sign or ion clauses or class or collective action waivers.
-	are true and correct and that I am authoriz	aws of the State of Washington, that the certifications ed to make these certifications on behalf of the firm
FIRM NA		
	Name of Contractor/Bidder – Print full leg	gal entity name of firm
By:	Donald Cudlow	Donald Ludlow
,	Signature of authorized person	Print Name of person making certifications for firm
Title:	Vice President	Place: Washington, DC
	Title of person signing certificate	Print city and state where signed
Date:	November 3, 2023	

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 — WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

	Solicitation Title:	Washington State 2024 TSMO Program PI	
I hereby	certify, on behalf of the firm identified	below, as follows (check one):	
	EMPLOYEES . This firm does <u>NOT</u> red	quire its employees, as a condition of employment, to dual arbitration clauses or class or collective action	
		OR	
	EMPLOYEES. This firm requires its	employees, as a condition of employment, to sign or tration 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: DKS Associates Name of Contractor/Bidder – Print full legal entity name of firm			
By:	7 Hu	Richard Hutchinson	
Dy.	Signature of authorized person	Print Name of person making certifications for firm	
Title:	Vice President	Place: Seattle, WA	
Date:	Title of person signing certificate 10/26/2023	Print city and state where signed	

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

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

Solicitation Title: __Washington State 2024 TSMO Program Plan_ I hereby certify, on behalf of the firm identified below, as follows (check one): ■ No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. OR ☐ MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein. Fehr & Peers FIRM NAME: Name of Contractor/Bidder – Print full legal entity name of firm By: Signature of authorized person Print Name of person making certifications for firm Principal Title: Place: Title of person signing certificate Print city and state where signed Date: __10/24/23_____

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 — WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

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

Solicitation Title:

Washington State 2024 TSMO Program PI

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 e its employees, as a condition of employment, to I arbitration clauses or class or collective action
		OR
	EMPLOYEES. This firm requires its emp	loyees, as a condition of employment, to sign or 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	MAME: Gannett Fleming, Inc. Name of Contractor/Bidder - Print full leg	al entity name of firm
Ву:	MattSchiene	Matt Schiemer, PE
Title:	Signature of authorized person Vice President	Print Name of person making certifications for firm Place: Phoenix, AZ
Date:	Title of person signing certificate 10/31/2023	Print city and state where signed
טמופ.		

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 — WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

	Solicitation Title: Washington State 2024 TSMO Program PI	
I hereby	eby certify, on behalf of the firm identified below, as follows (check one):	
	No Mandatory Individual Arbitration Clauses and Class or Collective Are Employees. This firm does NOT require its employees, as a condition of sign or agree to mandatory individual arbitration clauses or class or waivers.	f employment, to
	OR	
	Mandatory Individual Arbitration Clauses and Class or Collective Active Employees. This firm requires its employees, as a condition of employagree to mandatory individual arbitration clauses or class or collective active activ	yment, to sign or
	eby certify, under penalty of perjury under the laws of the State of Washington, to are true and correct and that I am authorized to make these certifications of the laws of the State of Washington, to are true and correct and that I am authorized to make these certifications of the State of Washington, the laws of Washington, the Washington of Washington, the Washington, the Washington of	
FIRM NA	NAME: ICF Incorporated, L.L.C. Name of Contractor/Bidder – Print full legal entity name of firm	
Ву:	Joseph C. Moran Joseph C. Moran	
Title:		\
Date:	Title of person signing certificate Print city and state where s 10/30/2023	signed

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

	Solicitation Title:	ashington State 2024 TSMO Program PI
I hereby	certify, on behalf of the firm identified be	low, as follows (check one):
	EMPLOYEES. This firm does NOT requi	re its employees, as a condition of employment, to lal arbitration clauses or class or collective action
		OR
	EMPLOYEES. This firm requires its em	LAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR apployees, as a condition of employment, to sign or action clauses or class or collective action waivers.
	re true and correct and that I am authori	laws of the State of Washington, that the certifications ized to make these certifications on behalf of the firm
Firm NA	AME: PRR Name of Contractor/Bidder – Print full le	egal entity name of firm
By:	Colles Gents-	Colleen Gants
,	Signature of authorized person	Print Name of person making certifications for firm
Title:	Principal	Place: Seattle, WA
Date:	Title of person signing certificate 10/27/2023	Print city and state where signed

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

	Solicitation Title:	ngton State 2024 TSMO Program PI
I hereby	certify, on behalf of the firm identified belo	w, as follows (check one):
	EMPLOYEES. This firm does NOT require	its employees, as a condition of employment, to arbitration clauses or class or collective action
	C	DR .
	EMPLOYEES. This firm requires its empl	oyees, as a condition of employment, to sign or clauses or class or collective action waivers.
•	ire true and correct and that I am authorize	ws of the State of Washington, that the certifications d to make these certifications on behalf of the firm
FIRM NA	AME: Rummel, Klepper, & Ka	
Ву:	MUSKA	Melinda Peters, PE, CCM
	Signature of authorized person Partner	Print Name of person making certifications for firm Place: Baltimore, MD
Title:	Title of person signing certificate	Print city and state where signed
Date:	10/24/2023	The sty and state where signed

CONTRACTOR CERTIFICATION EXECUTIVE ORDER 18-03 — WORKERS' RIGHTS WASHINGTON STATE GOODS & SERVICES CONTRACTS

,	o mandatory maividadi di bitration cidases and	cluss of concenive action warvers.	
	Solicitation Title: Wash	ington State 2024 TSMO Program PI	
I hereby	certify, on behalf of the firm identified belo	w, as follows (check one):	
	EMPLOYEES. This firm does NOT require	its employees, as a condition of employment, to arbitration clauses or class or collective action	
		OR .	
	EMPLOYEES. This firm requires its emp	oyees, as a condition of employment, to sign or 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	Name of Contractor/Bidder - Print full legal		
Ву:	Ern Ellis	Erin Ehlinger	
-	Signature of authorized person	Print Name of person making certifications for firm	
Title:	President	Place: Sammamish, WA	
Date:	Title of person signing certificate 11/4/2023	Print city and state where signed	

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

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

2024 TSMO Program Plan Solicitation Title: I hereby certify, on behalf of the firm identified below, as follows (check one): ☑ No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. OR ☐ MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers. I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein. FIRM NAME: Toole Design Group, LLC Name of Contractor/Bidder - Print full legal entity name of firm Jessica Fields, PE, AICP By: Signature of authorized person Print Name of person making certifications for firm Title: Director of Operations, Western U.S. Place: Denver, CO Title of person signing certificate Print city and state where signed 10.25.2023 Date:

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

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

Solicitation Title:	Washington State 2024 TSMO Program PI

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

■ No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

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

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

FIRM NAME: Transpo Group USA, Inc.

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

By: Jon Pascal, PE

Print Name of person making certifications for firm

Title: Managing Principal

Title of person signing certificate

Date: 10/26/23

Transpo Group USA, Inc.

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

Find Pascal, PE

Print Name of person making certifications for firm

Place: Kirkland, WA

Print city and state where signed

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: STV Incorporated		
Consultant's Project Manager: Brehan McBride		
Project Name to be Evaluated on: (Work must have been completed within the PennDOT District 2-0 SR 0080 Section B42 ITS		
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 year		
Prime	Date 51/24	Dollar Amount of Services 800,000.00
Performanc	e Evaluation	
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and	d 10 being high.	Score 1 - Low to 10 - High
Was the firm cooperative and responsive during any negotiations whether to budget related or work element related?		8.00
2. Did the firm complete the project within the total budgeted amount?		7.50
3. Did the firm complete the project within the contract schedule(s)?		8.00
4. Did the firm meet all of your technical standards and quality expectations?		8.50
5. Was the firm's communication, both oral and written, clear and concise?		9.00
6. Was the firm's project management system effective?		8.50
Total Score (Total the score by adding the scores for criterias 1 through 6.)		49.50
Average Score (Average the score by dividing the total score by the total number of criteria the	nat was rated.)	8.25
Evaluator I	nformation:	
Firm/Company Name: Pennsylvania Department of Trans	portation-Traffic Ur	nit (Central Region RTMC)
Evaluator's Name: Nicholas Minarchick	Evaluator's Title: Traffic	Control Specialist (ITS)
Firm/Company Address: PA Department of Transportation	70 PennDOT Driv	ve Clearfield, PA 16830
Phone: (814) 592-4614 Fax: (814) 768-0727 Distribution: Original: Return to Consultant being evaluated; an	Date: 11/14	1/23 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 Nar	ne: STV Incorporated							
Consultant's Pro	oject Manager: Adrian Peari	mine						
-	o be Evaluated on: (Work must haven puter Aided Dispatch	_		currently being performed	.)			
Type of Work:	dway Design Plans Specs	s & Estimates	ransportation St	udy Right-of-Wa	y Other			
Contract Inform	nation: (Work must have been com	npleted within the last 3 year	s or is currently be	ing performed.)				
Prime	Start Date	End	Date	Do	ollar Amount of Services			
Sub	02/01/22	10/3	1/23		75,000.00			
		Performance	e Evaluation					
		ting Criteria			Score			
1 117 1 6	Please rate each criteria on a scale				1 - Low to 10 - High			
	n cooperative and responsive during or work element related?	g any negotiations whether t	ney were		10.00			
2. Did the firm	complete the project within the tot	tal budgeted amount?			10.00			
3. Did the firm	complete the project within the co	ntract schedule(s)?			8.00			
4. Did the firm	meet all of your technical standard	ls and quality expectations?			10.00			
5. Was the firm	n's communication, both oral and w	ritten, clear and concise?			10.00			
6. Was the firm	n's project management system effe	ective?			10.00			
Total Score					58.00			
(Total the score	by adding the scores for criterias	1 through 6.)						
Average Score (Average the sc	eore by dividing the total score by the	he total number of criteria th	at was rated.)		9.67			
		Evaluator I	nformation:					
Firm/Company	Name: Regional Transpo							
Evaluator's Nar	ne: Eric Farrington		Evaluator's Title:	Senior Project M	lanager, IT			
Firm/Company	Address: 1560 Broadway	, STE 1099, FAS-	102, Denve	r, CO 80202				
Phone: (303)) 299-2216 Fax	x:	Da	ate: 11/16/23				
Distribution:	Original: Return to Consu Copy: Fax to WSDOT at 3			 t.wa.gov	Rev. 2014			

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: STV Incorporated	
Consultant's Project Manager: Adrian Pearmine	
Project Name to be Evaluated on: (Work must have been completed within TriMet Next Gen Transit Signal Priority: Plann	
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 y	ears or is currently being performed.)
	and Date Dollar Amount of Services
Prime Sub 06/01/16 07	1,200,000.00
Performan	nce Evaluation
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low	and 10 being high. 1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether budget related or work element related?	er they were 10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectation	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?	8.00
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	a that was rated.)
Evaluator	r Information:
Firm/Company Name: TriMet	
Evaluator's Name: Arthur J. O'Connor	Evaluator's Title: Director Intelligent Transportation Sys
Firm/Company Address: 4012 SE 17th Ave Portland, Ord	egon 97202
Phone: (503) 962-5615 Fax:	Date: 11/17/23
Distribution: Original: Return to Consultant being evaluated;	<u> </u>
Copy: Fax to WSDOT at 360-705-6838 or email	to wsdotcso@wsdot.wa.gov

Firm Name:					FYE Date: Number of Emplo		
STV Incorporate	d			0	09/30		2,533
Address: 11245 SE 6th St	tree	t, Lincoln Pla		ildi	ng B, S	uite	B-220
City:	State:		Zip Code:			County	
Bellevue	WA	4	98004 King				
Phone: (425) 598-7703		Fax: N/A	Company Web Site: www.stvir		- ·	nc.com	
Remit to Address:							
Same as above							
City:	State:		Zip Code:			County	:
Phone:			Fax:				
Statewide Vendor Number (SWV) for Remit to Address: Federal Tax ID Number or Social Security Number:						nber:	
SWV0311048-0	0		13-19	86	759		
Unified Business Identifier Number (U	JBI):		Date Universa	al Nun	nbering System (D	UNS) Nu	ımber:
601-892-662			04-835-7735				
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	ication Number	::	NAICS Code &	Code Na	ame:
1912		N/A			541330 (I	Engir	neering Services)
Proposed Project Manager:			Email:				
Ted Bailey, PE			∣ted.ba	aile	y@stvir	nc.co	om
Financial Contact:			Email:				
Thomas Butcher			thoma	as.k	outcher(@st	vinc.com
Firm Type:							
Sole Proprietor Partners	ship [■ C – Corp.	nership 🔲 Su	ıbchap	ter S Corp. 🔲 I	Limited L	iability Company
Annual Gross Receipt:							
□ \$0 to \$1 Million □ \$1 Million to \$5 Million □ \$5 Million to \$10 Million □ \$10 Million to \$15 Million ■ Over \$15 Million							
Note:							
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new c							

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:			FYE	E Date:		Number of Employees:	
Arup US, Inc.			3/	3/31/2024		1591	
Address: 1191 2nd Avenue	Suite 400						
,	State: Zip Code: County:						
Seattle W	A	98101 King County					
Phone:	Fax:	Company Web Site:					
(206) 749-9674	N/A		WW	w.arup	.cor	m	
1191 2nd Avenue Suite 400							
City: Stat	2:	Zip Code:			County		
Seattle W	A	98101			Kin	g County	
Phone: (206) 749-9674	,						
Statewide Vendor Number (SWV) for Remi	to Address:			er or Social Secu	rity Nun	nber:	
SWV0289028-00		36-27					
Unified Business Identifier Number (UBI):			_	ering System (DI	JNS) Nu	ımber:	
604-644-823		11-805-8790					
Year Firm Established:	UDBE/SBE/MSVWBE Certif	ication Number		NAICS Code &		ame:	
1922	N/A		,	541330)		
Proposed Project Manager:		Email:		_			
Paul Maye		paul.n	naye	e@aru _l	o.cc	om	
Financial Contact:		Email:		_			
Mark Westerhout		mark.	wes	terhout	t@a	arup.com	
Firm Type: Sole Proprietor Partnership C - Corp. Limited Partnership Subchapter S Corp. Limited Liability Company							
Annual Gross Receipt:							
	\$5 Million \$\square\$ \$5 Million to \$	10 Million	\$10 Mi	llion to \$15 Mill	ion 🔳	Over \$15 Million	
Note:							
Firm Name: Please <u>do not</u> use: dba's – doi formation of a legally registered new compa							

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.

Citizen Engineers, LLC					TE Date: 2/31/2 0)23	Number of Employees:	
Address: 2735 SE 58th /	4ve	enue		•				
City: Portland	State: OF	₹	97206 M			County	Itnomah	
Phone: 971.336.0795		Fax:	Company Web Site:			en-engineers.com		
Remit to Address: Same as above	е							
City:	State:					County	:	
Phone: Fax:								
Statewide Vendor Number (SWV) for Remit to Address: SWV0300782-00			Federal Tax ID Number or Social Security Number: 92-3129650					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number: 12-558-4457					
Year Firm Established: 2023		UDBE/SBE/MSVWBE Certifi	ication Number:	:	NAICS Code & Code Name: 541330 Traffic Engineering Consulting Services			
Proposed Project Manager: Jim Peters			jim.pet	ters	s@citize	n-eı	ngineers.com	
Financial Contact: Jim Peters			jim.pet	ters	s@citize	n-eı	ngineers.com	
Firm Type: Sole Proprietor Partnership C – Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt:								
Note:	■ \$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 formation of a legally registered new c								

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:
Confluence Envi	iron	mental Comp	any	1	2/31		27
Address:		0 11 444					
	146 N Canal Street, Suite 111						
City:	State:						
Seattle	WA	4	98103	3		Kin	g
Phone:		Fax:			pany Web Site:		
206-713-9406		N/A		W۱	ww.conf	env	.com
Remit to Address:							
146 N Canal Str	eet	, Suite 111					
City:	State:		Zip Code:			County	
Seattle	WA	4	98103	3		Kin	g
Phone: Fax:							
206-713-9406	N/A (offsite available: 206-545-0671)						
Statewide Vendor Number (SWV) for Remit to Address:					nber or Social Sect	urity Nur	nber:
SWV 0086673-0			20-81				
Unified Business Identifier Number (U	ЛВІ):				nbering System (D	UNS) Nı	ımber:
602-682-914			01-953-8804				
Year Firm Established:		UDBE/SBE/MSVWBE Certific	cation Number:	::	NAICS Code &		
2007		S000025349			541620) En	v Cons Svcs
Proposed Project Manager:			Email:		1		
Scott White			scott.white@confenv.com				
Financial Contact:			Email:				
Nora Burton, Dir	of.	Finance	nora.burton@confenv.com				
Firm Type:							
	ship [☐ C – Corp. ☐ Limited Partr	nership 🔳 Su	ıbchap	ter S Corp. 🔲 I	Limited L	iability Company
Annual Gross Receipt:							
•	llion to S	\$5 Million	10 Million] \$10 N	Million to \$15 Mill	lion [Over \$15 Million
Note:							
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new c							

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:					FYE Date: Number of Employ		
CPCS Transcom	Ш	C.			08/31/20	23	24
1028 33rd Street	N۱	W, Suite 320					
	tate:		Zip Code: County:				
	C		20007 DC				
Phone: (202)791-9055		(202)217-230	Company Web Site: cpcstrans.		.cor	n	
1028 33rd Street NW, Suite 320							
,	tate:	,	Zip Code: 20007	,		County	
Phone: (571)214-4509			Fax: (202)217-2301				
Statewide Vendor Number (SWV) for Remit to Address: SWV0261385			Federal Tax ID Number or Social Security Number: 352493821				
Unified Business Identifier Number (UBI) 604-107-368):		Date Universal Numbering System (DUNS) Number: 079307601				
Year Firm Established: 2013		UDBE/SBE/MSVWBE Certifi	cation Number:	::	NAICS Code & 541614 Profes		ame: Scientific and Technical
Proposed Project Manager:			Email:		0 1		
Donald Ludlow				W	@cpcstr	ans	.com
Financial Contact:			Email:				
Mohammed Musa	1		mmusa@cpcs.ca				
Firm Type:							
☐ Sole Proprietor ☐ Partnership	.	■ C – Corp.	ership	ıbch	apter S Corp. 🔲 I	imited L	iability Company
Annual Gross Receipt:							
□ \$0 to \$1 Million □ \$1 Million	n to \$	55 Million	0 Million	\$10	Million to \$15 Mill	ion [Over \$15 Million
Note:							
Firm Name: Please <u>do not</u> use: dba's – of formation of a legally registered new com							

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:		
DKS Associates	<u> </u>				April 30 150			
719 Second Ave	e, S	uite 1250						
City:	State:		Zip Code:			County	<i>r</i> :	
Seattle	Wa	ashington	98104	ļ		Kin	g	
Phone: (206) 382-9800		n/a		Company Web Site: WWW.dksasso			ociates.com	
1050 SW 6th Ave, Suite 600								
City:	State:		Zip Code:			County		
Portland	Or	egon	97204	}		∣Mu	Itnomah	
Phone:			Fax:					
(503) 243-3500			n/a					
Statewide Vendor Number (SWV) for Remit to Address:			1		mber or Social Secu	urity Nur	nber:	
SWV0090517-0	0		94-25	83	153			
Unified Business Identifier Number (U	JBI):		1		nbering System (D	UNS) Nı	ımber:	
601460417			09-995-5627					
Year Firm Established:		UDBE/SBE/MSVWBE Certif	ication Number	::	NAICS Code &			
1979		n/a			541330 (Engir	neering Services)	
Proposed Project Manager:			Email:					
Joel McCarroll			joel.m	cca	arroll@dl	ksas	ssociates.com	
Financial Contact:	_		Email:					
Marie Steffen, S	r. A	ccountant	accour	ntsp	payable@	dksa	associates.com	
Firm Type:								
Sole Proprietor Partner	ship	☐ C – Corp. ☐ Limited Part	nership 🔳 Sı	ubchap	oter S Corp.	Limited I	Liability Company	
A		. –	• —	•				
Annual Gross Receipt:	llion to	\$5 Million \$5 Million to \$	10 Million	T \$10.1	Million to \$15 Mill	lion 🔳	l Over \$15 Million	
	□ \$0 to \$1 Million □ \$1 Million to \$5 Million □ \$5 Million to \$10 Million □ \$10 Million to \$15 Million ■ Over \$15 Million							
Note: Firm Name: Please do not use: dba':	s – doin	g business as; combination name	es when two firm	ns are	working together.	unless th	e combination name is the	
formation of a legally registered new								

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:							Number of Employees:	
Fehr & Peers				1	12/30/22 3		361	
Address:	٠ ,							
601 Union Stree	ι, ১	ouite 3525						
City:	State:		Zip Code: County:					
Seattle	WA	4	98101 King			g		
Phone:		Fax:	_		npany Web Site:	l.		
206-576-4220		206-576-422	5	W۱	ww.tenra	ana	peers.com	
Remit to Address:		Ct- COO						
100 Pringle Ave		e, Suite 600						
City:	State:		Zip Code:			County		
Walnut Creek	CA	\	94596)		Col	ntra Costa	
Phone:			Fax:	22	0007			
925-977-3200 925-933-8007								
Statewide Vendor Number (SWV) for		o Address:			nber or Social Sect	ırity Nun	nber:	
SWV0287315-0			68-00					
Unified Business Identifier Number (U	JBI):		Date Universal Numbering System (DUNS) Number:					
602-671-978			167316850					
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	cation Number:	::	NAICS Code &			
1985		N/A			541330-	Engir	neering Services	
Proposed Project Manager:			Email:		O ()			
Chris Grgich)	ch(@tehrar	idpe	ers.com	
Financial Contact:			Email:		2			
Gina Sharp			g.shar	p @	g)tehran	dpe	ers.com	
Firm Type:								
	ship [☐ C – Corp. ☐ Limited Partr	nership 🔳 Su	ıbchap	oter S Corp.	imited L	iability Company	
Annual Gross Receipt:								
•	lion to	\$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 formation of a legally registered new c								

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	YE Date:		Number of Employees:	
Gannett Fleming	g, Ir	IC.		1	12/31		2,873	
Address:			,					
207 Senate Ave	nue	e (headquarte	rs)					
City:	State:		Zip Code:			County		
Camp Hill	PA	1	17011 Cumberland					
Phone: 747 700 7044		Fax:		Company Web Site: gannettfleming.com				
717-763-7211		7170763815		ga	ınneıme	min	g.com	
Remit to Address:								
Same as above								
City:	State:		Zip Code:			County	:	
Phone:			Fax:					
Statewide Vendor Number (SWV) for	_	o Address:			nber or Social Secu	ırity Nun	nber:	
SWV0311125-0			25-16					
Unified Business Identifier Number (U	ЈВІ):				nbering System (DI	UNS) Nu	mber:	
601-219-262			60-915-3887					
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	cation Number:	:	NAICS Code & Code Name:			
1915		N/A			541330)		
Proposed Project Manager:			Email:					
Patrick Son			pson@	<u>)</u> g	fnet.con	n		
Financial Contact:			Email:					
James Nevada			jnevad	da(@gfnet.d	com	l	
Firm Type:								
	ship [■ C – Corp. ☐ Limited Partr	nership 🔲 Su	ıbchap	ter S Corp. \[\Bar{\text{L}} \]	imited L	iability Company	
		<u>. —</u>	. —	1	· -			
Annual Gross Receipt:	llion += (©5 Million ©5 Million 4-	10 Milliam	1 ¢10 x	Million to 015 Mill	ion ⊏	Over \$15 Million	
☐ \$0 to \$1 Million ☐ \$1 Mil	шоп ю	\$5 Million \$5 Million to \$1	IO MIIIIOII	1 210 L	viiiioii to \$13 Milli	1011	Over \$13 Willion	
Note: Firm Name: Please do not use: dba's	s _ doin	a husiness as combination name	e when two firm	ne oro	working together	ınless the	a combination name is the	
formation of a legally registered new c								

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:							Number of Employees:
ICF Incorporated	d, L	.L.C.		1	2/31		9,000
Address:	_	Di					
1902 Reston Me	etro	Plaza					
City:	State:		Zip Code:			County	
Reston	VA	1	20190 Fairfax				rfax
Phone:		Fax:	Company Web Site:				
703.934.3000		703.934.3740	<u>)</u>	W۱	ww.icf.co	om	
Remit to Address:	_				000.4	711 (D((NI) A (
ICF Consulting Group, Inc. c/o PNC Bank, 800 17th Street NW							
City:	State:		Zip Code:			County	
Washington	DC	,	20006)		Dist	rict of Columbia
Phone: Fax: 0.77, 4.00, 0.5, 4.0							
202-835-4447	877-420-3540						
Statewide Vendor Number (SWV) for	Remit to	o Address:			nber or Social Sect	ırity Nun	nber:
SWV0113453			52-08				
Unified Business Identifier Number (U	JBI):				bering System (D	UNS) Nu	ımber:
601-119-208			07-264-8579				
Year Firm Established:		UDBE/SBE/MSVWBE Certifi	cation Number	::	NAICS Code &	Code Na	ame:
1984		N/A			561990 - A	ll Oth	er Support Services
Proposed Project Manager:			Email:		1		_
Virginia Lingham	1		virgini	a.lingham@icf.ocm			
Financial Contact:			Email:		_		
John Akinrimisi			john.a	ıkir	nrimisi@	icf.	com
Firm Type:							
Sole Proprietor Partners	ship [☐ C – Corp. ☐ Limited Partr	nership	ıbchap	ter S Corp. 🔳 L	imited L	iability Company
Annual Gross Receipt:							
	lion 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	g business as; combination name	s when two firm	ns are	working together, i	ınless the	e combination name is the
formation of a legally registered new c	ompany	such as a joint venture; derivati	ves of your leg	al nam	e; 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: PRR					7E Date: 2/31		Number of Employees: 104		
1501 4th Ave #550									
Seattle,	State: WA		Zip Code: 98101			County: King			
Phone: (206) 623-0735 N/A				https://www.prrbiz.con					
Remit to Address: 1501 4th Ave #550									
Seattle, State: WA			Zip Code: 9810)1 King					
Phone: (206) 623-0735			^{Fax:} 206.623.0781						
Statewide Vendor Number (SWV) for Remit to Address: SWV-0035428-00			Federal Tax ID Number or Social Security Number: 91-1162829						
Unified Business Identifier Number (UBI): 600-428-960			Date Universal Numbering System (DUNS) Number: 173275934						
Year Firm Established: 1981		D2F000854/W2	ification Number:: NAICS Code & Code Name: 2F0008454 541820 - Public Relations Agencies						
Proposed Project Manager: Jennifer Rash	jrash@prrbiz.com								
Financial Contact: Lynnette Bradbury			Ibradbury@prrbiz.com						
Annual Gross Receipt:		☐ C – Corp. ☐ Limited Partr \$5 Million ☐ \$5 Million to \$	_	_	• –	_	iability Company Over \$15 Million		
Firm Name: Please <u>do not</u> use: dba's formation of a legally registered new of									

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:					FYE Date:		Number of Employees:		
Rummel, Klepper, & Kahl, LLP				2	2024		1579		
Address:									
700 East Pratt Street, Suite 500									
City:	State:	`	Zip Code:		County: Baltimore				
Baltimore Phone:	IVIL	MD 21202			npany Web Site:	Dai	umore		
Phone: 410.728.2900 Fax: 410.728.283				com					
Remit to Address: 700 East Pratt Street, Suite 500									
City:	State:		Zip Code:	p Code:			County:		
Baltimore	ME		21202	2		Baltimore			
Phone: 410.728.2900	Fax: 410.728.2834								
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID Number or Social Security Number:						
SWV0299846-00			52-0599112						
Unified Business Identifier Number (UBI):					nbering System (D	UNS) Nu	mber:		
60-165-885			093812381						
Year Firm Established:	ication Number:: NAICS Code & Code Name:								
1923				541330					
Proposed Project Manager: Mahmood Sheha	mshehata@rkk.com								
Mahmood Shehata, PE, PTOE Financial Contact:			Email:						
Melinda Peters, PE, CCM			mpeters@rkk.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									
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:		FYE Date:		Number of Employees:			
Smart City Traffic LLC		Dec 30	Dec 30 1				
24036 SE 47th St							
Sammamish WA	Zip Code: 98029		County: King				
Phone: 425-221-0320 N/A	Company Web		· Site:				
Remit to Address: 24036 SE 47th St							
Sammamish WA	Zip Code: 98029	9	County Kir				
Phone: 425-221-0320	Fax: N/A						
Statewide Vendor Number (SWV) for Remit to Address: SWV0310593-00	Federal Tax ID Number or Social Security Number: 81–2966223						
Unified Business Identifier Number (UBI): 604005009	Date Universal Numbering System (DUNS) Number: 043966541						
Year Firm Established: UDBE/SBE/MSVWBE Certifold DBE (Fed) = D2F0024645 WBI	F 4 4 0 0 0						
Proposed Project Manager: Erin Ehlinger	erinehlinger@smartcitytraffic.com						
Financial Contact: Erin Ehlinger	erinehlinger@smartcitytraffic.com						
Firm Type: Sole Proprietor Partnership C - Corp. Limited Par Annual Gross Receipt:	tnership 🔲 Sub	ochapter S Corp.	Limited L	iability Company			
■ \$0 to \$1 Million ■ \$1 Million to \$5 Million ■ \$5 Million to Note: Firm Name: Please <u>do not</u> use: dba's – doing business as; combination nam formation of a legally registered new company such as a joint venture; derivation.	nes when two firms	s are working together,	unless the	e combination name is the			

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.

Toole Design Group, LLC]	FYE Date:		Number of Employees: 250		
Address: 720 3rd Avenue, Suite 2020									
City:	State: Zip Code: County:								
Seattle	WA	4	98104 King						
		Fax: 301.927.2800			mpany Web Site:	oany Web Site: Dledesign.com			
Remit to Address:									
8484 Georgia A	ven	ue, Suite 800)						
City:	State:		Zip Code:			County	:		
Silver Spring	ME		20910)		Mo	ntgomery		
Phone:			Fax:						
301.927.1900			301.927.2800						
Statewide Vendor Number (SWV) for	Remit t	o Address:	Federal Tax ID Number or Social Security Number:						
SWV0263720			05-0545429						
Unified Business Identifier Number (UBI):			Date Universa	al Nu	mbering System (D	UNS) Nu	ımber:		
602-611-046			133507090						
Year Firm Established: UDBE/SBE/MSVWBE Certific			cation Number:	::	NAICS Code &	Code Na	ame:		
2003		N/A							
Proposed Project Manager: Email:									
Dustin DeKoekkoek			ddekoekkoek@tooledesign.com						
Financial Contact:	Email:								
Lakshya Sobti, CFA, ASA			Isobti@tooledesign.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									
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:				FY	FYE Date:		Number of Employees:	
Transpo Group USA, Inc.				Já	an 1		76	
12131 113th Ave NE, Ste. 203								
Kirkland	State:	4	Zip Code: 98034	34		King		
Phone: 425-821-3665				Company Web Site: www.transp			ogroup.com	
Remit to Address: same as above								
City: State:			Zip Code:	p Code: County:			:	
Phone:	Fax:							
Statewide Vendor Number (SWV) for Remit to Address: 0170501-00			Federal Tax ID Number or Social Security Number: 46-1523472					
Unified Business Identifier Number (UBI): 603 258 009			Date Universal Numbering System (DUNS) Number: 079240015					
Year Firm Established: 1975				NAICS Code & Code Name: 541-990				
Proposed Project Manager: Mark Jensen			mark.jensen@transpogroup.com					
Financial Contact: Anissa Corea			anissa.corea@transpogroup.com					
Firm Type: Sole Proprietor Partnership C - Corp. Limited Partnership Subchapter S Corp. Limited Liability Company Annual Gross Receipt: Solo \$1 Million \$1 Million \$5 Million \$5 Million \$5 Million \$5 Million \$10 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 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 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.





11245 SE 6th St. Lincoln Plaza Building B, Suite B-220 Bellevue, WA 98004-6499 T: (425) 598-7703