

Exhibit A – Proposed Staff

PSB 20-2

Please provide the information for the following Key Project Personnel, (Key Project Personnel are defined as those specific positions identified in each PSB Item, and are subject to approval by the Illinois Tollway if they change during contract performance), including the staff from the Sub-Vendors. **The personnel named in Exhibit A must also be listed on Exhibit D: Availability of Key Project Personnel.**

| Senior Project Manager (Item 1) | | |
|---------------------------------|--------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Senior Vice President(Item 1) | | |
|-------------------------------|--------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Traffic Engineer(Item 1) | | |
|--------------------------|-----------------------------------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | IL Licensed Professional Engineer | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Urban Planner (Item 1) | | |
|------------------------|-------------------------------------------------|--|
| Name: | | |
| Firm: | | |
| Category: | Transportation Planning and Community Relations | |
| License #: | | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Information Technology(IT) Professionals (Item 1) | | |
|---------------------------------------------------|------------------------------------------------------------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | IL Licensed Professional Engineer(Electrical or Computer) | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Intelligent Transportation System(ITS) Professionals(Item 1) | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | Certified Professional Traffic Operations Engineer(P.T.O.E) IL Licensed Professional Engineer(Electrical or Computer) | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Geographical Information System (GIS) Professional (Item 1) | | |
|-------------------------------------------------------------|--------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

| Lead Economist (Item1) | | |
|------------------------|--------|--|
| Name: | | |
| Firm: | | |
| Category: | | |
| License #: | | |
| Year Registered: | State: | |
| Office Address: | | |
| City: | State: | |

Exhibit A – Proposed Staff

PSB 20-2, continued

The personnel named in Exhibit A must also be listed on Exhibit D: Availability of Key Project Personnel

| Project Manager (Item 2) | | | |
|---------------------------------|-----------------------------------|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | IL Licensed Professional Engineer | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Structural Design (Item2) | | | |
|----------------------------------|----------------------------------------------|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | IL Licensed Professional Structural Engineer | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Roadway Design (Item 2) | | | |
|--------------------------------|-----------------------------------|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | IL Licensed Professional Engineer | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Resident Engineer (Item 2) | | | |
|-----------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Materials Coordinator(Item 2) | | | |
|--------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Schedule Reviewer(Item 2) | | | |
|----------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Document Technician(Item 2) | | | |
|------------------------------------|------------------------------------------------------|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | Documentation Certification Number - IDOT class s-14 | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Material QA Technician (Item 2) | | | |
|----------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

Exhibit A – Proposed Staff

PSB 20-2, continued

The personnel named in Exhibit A must also be listed on Exhibit D: Availability of Key Project Personnel

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

| Required Prequalification Category | | | |
|------------------------------------|--|--------|--|
| Name: | | | |
| Firm: | | | |
| Category: | | | |
| License #: | | | |
| Year Registered: | | State: | |
| Office Address: | | | |
| City: | | State: | |

*If work is being performed by a Sub-Vendor list firm name also.

**Note the specific function listed in the Item description for Key Personnel

Exhibit A continued
Attach resumes for Key Project Personnel.

| <u>Management</u> | <u>Professionals</u> | <u>Technical Staff</u> |
|-------------------|----------------------|------------------------|
| Total | Engineers | Technicians |
| | Land Surveyors | Draftsmen |
| | Architects | Survey Crew |
| | Others | Clerical |
| | Total | Other |
| | | Total |
| | | Total Projected Staff |

Exhibit A – Proposed Staff

PSB# 20-2

Item# __

Firm will complete project within estimated time listed in the project advertisement. Yes No

If **Yes**, provide completion date and/or number of months. _____

If **No**, explain:

Exhibit A