

Exhibit A – Proposed Staff

PSB 21-1

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.

Project Manager (Items 1-10,13,14)			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

Project Manager (Items 11 and 12)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Roadway Design (Items 1,5,9)			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

Structural Design (Items 5 and 9)			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Structural Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

Resident Engineer (Items 2,4,6,7,8,9,13,14)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Materials Coordinator (Items 2,4,6,7,8,9,13,14)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Document Technician (Items 2,4,6,7,8,9,13,14)			
Name:			
Firm:			
Category:			
License #:	Documentation Certification Number IDOT Class S-14		
Year Registered:		State:	
Office Address:			
City:		State:	

Materials QA Technician (Items 2,4,6,7,8,9,13,14)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

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

Project Engineer (Items 1,5,12)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Electrical Design (Items 5 and 9)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

QC/QA Review (Items 1 and 5)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Schedule Review (Item 4)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Geotechnical Lead (Items 3 and 10)			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

Environmental Professional (Items 3,10,12)			
Name:			
Firm:			
Category:			
License #:	Bachelor's Degree in Civil, Chemical, Environmental Engineering		
Year Registered:		State:	
Office Address:			
City:		State:	

Environmental Inspectors (Items 3,10,12)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Engineer or Geologist (Items 3 and 10)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Project Manager – Noise Studies (Item 12)			
Name:			
Firm:			
Category:	Acoustic Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Burn Manager (Item 12)			
Name:			
Firm:			
Category:			
License #:	IL Certified Burn Manager - IDNR		
Year Registered:		State:	
Office Address:			
City:		State:	

Exhibit A – Proposed Staff (PSB 21-1 Page 3 of 4)

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:	

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 – Proposed Staff (PSB 21-1 Page 4 of 4)

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# 21-1

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