

# Exhibit A – Proposed Staff

## PSB 21-3

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

<b>Project Manager (Items 1 thru 13)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Land Surveyor (Item 11)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Land Surveyor		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Roadway Design (Items 2,3,6,7,9,13)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Structural Design (Items 2,3,4,5,6,9,13)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Structural Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Resident Engineer (Items 1,2,4,8)</b>			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Materials Coordinator (Items 1,2,4,8)</b>			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Document Technician (Items 1,2,4,8)</b>			
Name:			
Firm:			
Category:			
License #:	Documentation Certification Number-IDOT class s-14		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Materials QA Technician (Items 1,2,4,8)</b>			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

**Exhibit A – Proposed Staff  
PSB 21-3, continued**

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

<b>Project Engineer (Items 3,5,6,7,9,13)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Electrical Design (Items 3,5,7)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>QC/QA Review (Items 3,5,6,7,9,11)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Schedule Review (Items 1 and 2)</b>			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Railroad Design (Item 4)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Mechanical Design (Item 5)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Architect (Item 5)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Architect		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Pavement Design Engineer (Item 10)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Pavement Management Engineer (Item 10)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Materials Engineer (Item 10)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>I-MIRS User Support Liaison (Item 10)</b>			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Audit Manager (Item 12)</b>			
Name:			
Firm:			
Category:			
License #:	Documentation Certification Number – IDOT class S-14		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Construction Inspection Manager (Item 12)</b>			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Drainage Design (Item 13)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

<b>Geotechnical Design (Item 13)</b>			
Name:			
Firm:			
Category:			
License #:	IL Licensed Professional Engineer		
Year Registered:		State:	
Office Address:			
City:		State:	

Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

# Exhibit A – Proposed Staff

Exhibit A continued

Attach resumes for Key Project Personnel.

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

Exhibit A – Proposed Staff

PSB# 21-3

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_