

Exhibit A – Proposed Staff

PSB 22-3

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. Attach resumes for Key Project Personnel Only; Additional staff may be counted in the “Proposed Staff” section. **DO NOT ALTER THE FORMAT OF THIS EXHIBIT. The personnel named in Exhibit A must also be listed on Exhibit D:** Availability of Key Project Personnel.

Project Manager (Items 1, 2, 3, 4)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Roadway Design (Items 3, 4)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Structural Design (Items 3, 4)			
Name:			
Firm:			
Category:	IL Licensed Professional Structural Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Resident Engineer (Items 1, 2, 3)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Materials Coordinator (Items 1, 2, 3)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Document Technician (Items 1, 2, 3)			
Name:			
Firm:			
Category:	IDOT Construction Documentation Certificate		
Certificate #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Materials QA Technician (Items 1, 2, 3)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Project Engineer (Items 4)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Exhibit A – Proposed Staff

PSB 22-3, continued

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

Program Budget Oversight (Item 2)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Contractor Coordination (Item 2)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

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

eGordian Cost Estimate Reviewer (Item 2)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

QC/QA Review (Item 4) – 1 person Roadway and Structural			
Name:			
Firm:			
Category:	Illinois Licensed Professional Engineer for roadway elements and an Illinois Licensed Structural Engineer for structural elements.		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

OPTIONAL Item 4 – use this if 2 different people will be utilized to perform QC/QA Structural and Roadway

QC/QA Review (Item 4) – 1 person Roadway Only			
Name:			
Firm:			
Category:	Illinois Licensed Professional Engineer for roadway.		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

QC/QA Review (Item 4) – 1 person Structural Only			
Name:			
Firm:			
Category:	Illinois Licensed Structural Engineer for structural elements.		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Exhibit A – Proposed Staff

Exhibit A continued

<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	

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PSB# 22-3

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:

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