**Exhibit A – Proposed Staff**

**PSB 20-1**

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

|  |  |  |
| --- | --- | --- |
| **Project Manager (Items 1- 7)** |  | **Project Manager (Items 8)** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: |  |  | Category: |  |
| License #: | IL Licensed Professional Engineer |  | License #: | IL Licensed Professional Engineer or Licensed Architect  |
| Year Registered: |  | State: |  |  | Year Registered: |  | State: |  |
| Office Address: |  |  | Office Address: |  |
| City: |  | State: |  |  | City: |  | State: |  |

|  |  |  |
| --- | --- | --- |
| **Roadway Design (Items 1-6)** |  | **Structural Design (Items 1-6)** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: |  |  | Category: |  |
| License #: | IL Licensed Professional Engineer |  | License #: | IL Licensed Professional Structural Engineer |
| Year Registered: |  | State: |  |  | Year Registered: |  | State: |  |
| Office Address: |  |  | Office Address: |  |
| City: |  | State: |  |  | City: |  | State: |  |

|  |  |  |
| --- | --- | --- |
| **Resident Engineer (Items 1, 4, 5, 7, 8)** |  |  **Materials Coordinator (Items 1, 4, 5, 7,8)** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: |  |  | Category: |  |
| License #: |  |  | License #: |  |
| Year Registered: |  | State: |  |  | Year Registered: |  | State: |  |
| Office Address: |  |  | Office Address: |  |
| City: |  | State: |  |  | City: |  | State: |  |

|  |  |  |
| --- | --- | --- |
| **Document Technician (Items 1, 4, 5, 7, 8)** |  | **Materials QA Technician (Items 1, 4, 5, 7, 8)** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: |  |  | Category: |  |
| License #: | Documentation Certification Number-IDOT class s-14 |  | License #: |  |
| Year Registered: |  | State: |  |  | Year Registered |  | State |  |
| Office Address: |  |  | Office Address |  |
| City: |  | State: |  |  | City |  | State |  |

**Exhibit A – Proposed Staff**

**PSB 20-1, continued**

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

|  |  |  |
| --- | --- | --- |
| **Project Engineer (Items 2, 3, 6)** |  | **Electrical Design (Item 5)** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: |  |  | Category: |  |
| License #: | IL Licensed Professional Engineer |  | License #: | IL Licensed Professional Engineer |
| Year Registered: |  | State: |  |  | Year Registered: |  | State: |  |
| Office Address: |  |  | Office Address: |  |
| City: |  | State: |  |  | City: |  | State: |  |

|  |  |  |
| --- | --- | --- |
| **QC/QA Roadway (Items 2,3,6)** |  | **QC/QA Structural (Items 2,3,6)** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: |  |  | Category: |  |
| License #: | IL Licensed Professional Engineer  |  | License #: | IL Licensed Structural Engineer  |
| Year Registered: |  | State: |  |  | Year Registered: |  | State: |  |
| Office Address: |  |  | Office Address: |  |
| City: |  | State: |  |  | City: |  | State: |  |

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

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

|  |  |  |
| --- | --- | --- |
| **Required Prequalification Category** |  | **Required Prequalification Category** |
| Name: |  |  | Name: |  |
| Firm: |  |  | Firm: |  |
| Category: | IL Licensed Professional Engineer |  | Category: |  |
| License #: |  |  | License #: |  |
| Year Registered: |  | State: |  |  | Year Registered: |  | State: |  |
| Office Address: |  |  | Office Address: |  |
| City: |  | State: |  |  | City: |  | State: |  |

**Exhibit A – Proposed Staff**

**Exhibit A continued**

**Attach resumes for Key Project Personnel.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Management** |  | **Professionals** |  | **Technical Staff** |
| **Total** |  |  | Engineers |  |  | Technicians |  |
|  |  |  | Land Surveyors |  |  | Draftsmen |  |
|  |  |  | Architects |  |  | Survey Crew |  |
|  |  |  | Others |  |  | Clerical |  |
|  |  |  | **Total** |  |  | Other |  |
|  |  |  |  |  |  | **Total** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  | Total Projected Staff |  |

**Exhibit A – Proposed Staff PSB# 20-1**  **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