



All terms and conditions of this agreement are in full force and effect for this Task Order document.

<b>Agreement No.</b> <i>(To be filled in by Agreement Manager)</i>	<b>Y-8897</b>
<b>Task No.</b>	<b>BH</b>

**On-Call Agreement Manager Information**

Agreement Manager Mark Gabel	Phone 360-705-7457	Org. 303017	Mailstop 47336
Mailing Address 310 Maple Park DR SE Olympia WA 98504-7336			

**Project Manager Information (If different from On-Call Agreement Manager)**

Project Manager Kris Strickler/Lynn Rust	Phone 360-816-8855	Org. 441101	Mailstop CRC/S15
Mailing Address 700 Washington Street, Suite 300 Vancouver WA 98660			

**Project Information**

Project Title I-5/Columbia River Crossing	
State Route No(s) I-5	County(s) Clark

**Task Schedule**

Task Start Date September 15, 2006	Task End Date November 30, 2006
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← No payment will be made for work done **PRIOR** to Task Start Date or for work done **AFTER** Task End Date

**Task Cost**

Work Order No.	Org. Code	Amount	Fed. Aid Part.?		Fed. Aid Project No.		Fed. Aid Part. %
			<input checked="" type="radio"/> Yes	<input type="radio"/> No			
XL2268	441101	\$14,800.00	<input checked="" type="radio"/> Yes	<input type="radio"/> No	AC-HP0051(268)		100%
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
			<input type="radio"/> Yes	<input type="radio"/> No			
<b>Total Task Amount</b> →		<b>\$14,800.00</b>					

This section required if there is Fed. Aid Part.

**Consultant Information**

Prime Consultant National Constructors Group		Contact Paul Silvestri	
Address 635 Chaparral Circle, PO Box 2890 Napa CA 94558			
Phone 707-257-8994	Fax 707-257-8996	E-Mail jpaul.silvestri@lycos.com	Federal I.D. No.
Are there any Subconsultants working on this project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, complete the Subconsultant Worksheet and return with signed Task Order.			

**Approval Signatures** \*\*\*Note: Two original signed Documents are required.\*\*\*

*[Signature]* 10-21-06  
Consultant

*[Signature]*  
Washington State Department of Transportation

*[Signature]* For Mark Gabel.  
Agreement Manager *(Signature required for execution of document ONLY for Communications and Public Involvement and Environmental Services Agreements)*

### Scope of Task Order

*Provide description of work and reference attachments for prime consultant and all subconsultants (to include detailed description of work schedule and estimate).*

Report Due Date

**THE SCOPE OF WORK AS DEFINED FOR THE CONSRUCTION SME IS AS FOLLOWS:**

During the examination of the proposed contract in the CEVP process, it became clear that many 'risk' elements exist that are inherent with the contract organization and content. Given the short duration and 'hi-clip' efforts of the CEVP, many of these issues were not fully examined nor quantified in the risk register.

To better understand the potential risks, it would be a benefit to have an 'outside' contractor produce a detail perspective of our contract. The scope of this work would document section by section, the requirements or risks placed upon the contractor, the anticipated effects of the requirements and ultimately associate a cost, either direct or indirect in nature.

**Deliverables:**

Electronic copy of Summary Report documenting the work including comments and suggestions validating the results of the workshop. The summary report is due within a week of the workshop.

**Proposed Hours:**

An estimated 60 hours of review and comment time should produce a good picture of potential benefit. Only hours actually spent on the tasks identified will be billed. Requests for work that will result in exceeding the total task order amount will require prior approval and a task amendment.

The estimate of this task is per the attached spreadsheet. Total not to exceed estimate of hours and rates. The estimate also includes the summary reports write up.

Invoices shall be submitted immediately within 5 business days of the work and final report, each, and no later than 30 calendar days after the task end date.

Distribution: Originals:  Consultant  
 Accountant

Copies:  File  
 Task Manager

Consultant Services  
 Other \_\_\_\_\_