

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

Agreement No.
(To be filled in by Agreement Manager)

Y 10864

On-Call Agreement Manager Information

Task No.

AA

| | | | |
|--|-----------------------|----------------|------------------|
| Agreement Manager George Humphrey | Phone 360-816-8864 | Org. 441101 | Mailstop S-15 |
| Mailing Address PO Box 1709 Vancouver WA 98668-1709 | | | |

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

| | | | |
|---|-----------------------|----------------|------------------|
| Project Manager Douglas P. Ficco | Phone 360-737-2726 | Org. 441101 | Mailstop S 15 |
| Mailing Address 700 Washington Street, Suite 300 Vancouver WA 98660-3177 | | | |

Project Information

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

Task Schedule

| | |
|-----------------------------------|----------------------------------|
| Task Start Date March 24, 2010 | Task End Date August 30, 2010 |
|-----------------------------------|----------------------------------|

← No payment will be made for work done **PRIOR** to Task Start Date or for work done **AFTER** Task End Date

Task Cost

This section required if there is Fed. Aid Part.

| Work Order No. | Org. Code | Amount | Fed. Aid Part.? | | Fed. Aid Project No. | Fed. Aid Part. % |
|----------------|-----------|--------------|---------------------------|-------------------------------------|----------------------|------------------|
| XL 3679 | 441101 | \$174,910.00 | <input type="radio"/> Yes | <input checked="" 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 | | |

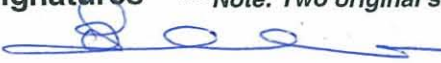
Total Task Amount → **\$174,910.00**

Consultant Information

| | | | |
|--|---------------------|-------------------------------|--------------------------------|
| Prime Consultant Tom Warne and Associates, LLC | | Contact Thomas R. Warne | |
| Address 9874 South Spruce Grove Way South Jordan UT 84095 | | | |
| Phone 801-302-8300 | Fax 801-302-8301 | E-Mail twarne@tomwarne.com | Federal I.D. No. 52-2325785 |
| 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.****



Consultant



Washington State Department of Transportation

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

Participate in the Columbia River Crossing Project Expert Review Panel.

Chairperson of the Expert Review Panel to assess the financial and implementation plans for Columbia River Crossing Project. In addition, review and evaluate key objectives and associated performance measures in order to guide decisions on the project and its operation after construction.

Distribution: Originals: Consultant
 Accountant

Copies: File
 Task Manager

Consultant Services
 Other

B. McMullen
R. Funkhouser

Tom Warne Associates

COST ESTIMATE

| | |
|----------------------|--|
| Project: | Columbia River Crossing |
| Estimate For: | Expert Review Panel Ordered By Governors |
| Date: | 23-Mar-10 |

Direct Labor Costs:

| Personnel | Employee | Hours | Rate | Cost |
|---|----------|-------|----------|---------------------|
| Principal | | 500 | \$250.00 | \$125,000.00 |
| Senior Associate | | 250 | \$125.00 | \$31,250.00 |
| Hourly Rates Are Fully Burdened and include fixed fees and overhead costs | | | | |
| Subtotal: | | | | \$156,250.00 |

Other Reimbursable Expenses

| | Cost |
|---|--------------------|
| Airfare: Assume five months with meetings every 2 weeks and 3 day workshops. Two weeks straight first visit, additional visits for report writing for total of 20 flights. 20 visits x \$450.00 per visit = \$9,000 | \$9,000.00 |
| Meals: 35 days at full per diem of \$56.00 per day | \$1,960.00 |
| Rental Car: 35 days at \$120.00 each visit | \$4,200.00 |
| Miscellaneous Expenses | \$3,500.00 |
| Subtotal: | \$18,660.00 |

Total Estimated Cost: \$174,910.00