

SIGN IN SHEET – Solicitation VA261-14-R-0089

PROJECT 640-14-123P Renovate Building 7 for Spinal Cord Injury (SPI)

Complete the following and turn into the Contracting Officer

1. Company Name: TEECOM.

Company Representative: SAMUEL FAJNER

Phone # 510 250 6686 **Email:** SAMUEL.FAJNER@TEECOM.G

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

Sub-Consultant SBE.

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Complete the following and turn into the Contracting Officer

1. Company Name: BKF Engineers

Company Representative: Jaysen Long

Phone # 925 963 5054 **Email:** jlong@bkf.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

Sub-Consultant

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Complete the following and turn into the Contracting Officer

1. Company Name: SMITHGROUP JUR

Company Representative: CHEE KEONG LIN

Phone # 415-365-3503. **Email:** CHEEKEONG.LIN@SMITHGROUPJUR.COM.

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

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Complete the following and turn into the Contracting Officer

1. Company Name: Rinne & Peterson

Company Representative: Jim Lentfer

Phone # 650 428 2860 **Email:** JIM@RPSE.COM

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

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Complete the following and turn into the Contracting Officer

1. Company Name: BLACK & VEATCH

Company Representative: "

Phone # 916 802 3545 **Email:** MILLERMA@BV.COM

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

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_____ **Prime AE Firm**

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Complete the following and turn into the Contracting Officer

1. Company Name: CANNON DESIGN

Company Representative: BRANDON KENT

Phone # 415.373.5817 **Email:** bkent@cannondesign.com

Additional Representative: WONKYUNG KIM

Phone # 415.373.5820 **Email:** wkim@cannondesign.com

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

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Complete the following and turn into the Contracting Officer

1. Company Name: FONG & CHAN ARCHITECTS

Company Representative: JEFF RUSSELL

Phone # 415-931-8600 **Email:** jrussell@fca-arch.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

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Complete the following and turn into the Contracting Officer

1. Company Name: HGA Architects

Company Representative: Kelly Cardella

Phone # 415 814-6910 **Email:** KCardella@HGA.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

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Complete the following and turn into the Contracting Officer

1. Company Name: O'Connor Construction Management, Inc.

Company Representative: Claire O'Connor

Phone # 925 426 1578 **Email:** claire@ocmi.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

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Complete the following and turn into the Contracting Officer

1. Company Name: HDR Architecture

Company Representative: Michael Roanhaus

Phone # 416-546-4301 **Email:** mike.roanhaus@hdrinc.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

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Complete the following and turn into the Contracting Officer

1. Company Name: DEGENKOLB ENGINEERS

Company Representative: KIRK JOHNSTON

Phone # 415.392.6952 **Email:** kjohnston@degenkolb.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **Prime AE Firm**

X _____ **Sub-Consultant**