

AIRSIDE D DEVELOPMENT PROGRAM
HCAA PROJECT NO. 8500 23
OUTREACH EVENT
TAMPA INTERNATIONAL AIRPORT, DATE: AUGUST 18, 2022

Company:		Check all that apply:	
Company: <u>HCAA Procurement</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Representative Name: <u>James Hanney</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone No: <u>813-870-8779</u>	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email: <u>JHanney@TampaAirport.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: <u>Kimley Horn</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Representative Name: <u>Jared Moreng</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Phone No: <u>813-635-5504</u>	Type of business: <u>Engineering</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Email: <u>jared.moreng@kimley-horn.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Company: <u>EXP</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Representative Name: <u>MARCOS JOUZA</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Phone No: <u>954-999-8292</u>	Type of business: <u>A/E</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Email: <u>MARCOS.JOUZA@EXP.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Representative Name: <u>DAVID THORSEN</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone No: <u>763-248-6902</u>	Type of business: <u>ARCHITECT</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email: <u>DTDAVBOT@GMAIL.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: <u>AVCON</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Representative Name: <u>Sandeep Singh</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Phone No: <u>407 947 1585</u>	Type of business: <u>Engineering</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email: <u>ssingh@AVCONINC.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: <u>APC</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Representative Name: <u>STEPHEN TALLIN</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Phone No: <u>727.530.0077</u>	Type of business: <u>ELECT. CONST</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email: <u>STEVE.TALLIN@APC.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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		Check all that apply:
Company: <u>HOK</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>KAREN SWAN</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>314 237-7198</u>	Type of business: <u>Architect</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>KAREN.SWAN@HOK.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>HOK</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>JOSHUA STEPHENS</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>919.669.2786</u>	Type of business: <u>ARCHITECT</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>joshua.stephens@hok.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Jensen Hughes</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Hamid Bahadori</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-399-5786</u>	Type of business: <u>Fire Protection Code Consultant</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>hbahadori@jensenhughes.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Willdan</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Jim Quinn</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>914 954 8531</u>	Type of business:	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>jquinn@willdan.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Company: <u>MCS of Tampa, Inc.</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Vincent Lendiro</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-690-5624</u>	Type of business: <u>Contractor</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>vlendiro@mcssoftampa.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Michael Baker International</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Mark Pitchford</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>727-348-3906</u>	Type of business: <u>A/E</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>Mark.Pitchford@mbakerintl.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>K.J.L. Inc</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Ken Coetz</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>865-670-7576</u>	Type of business: <u>PROFESSIONAL</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>kencoetz@small.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>HOK</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Leesa Collier</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>314.421.2000</u>	Type of business: <u>Architecture</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>leesa.collier@hok.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>HNTB</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Len Becker</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>313 549 1347</u>	Type of business: <u>Architecture</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>lbecker@hntb.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>HNTB</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Scott Steckler</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>202-320-1729</u>	Type of business: <u>ARCHITECTURE</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>ssteckler@hntb.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>WALTER P MOORE</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>BLAIR HANUSCHAK</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>202 690 4543</u>	Type of business: <u>structural</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>bhanuschak@waltermoore.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>PCL CONSTRUCTORS</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>CHRIS WEBBER</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>407-433-2611</u>	Type of business: <u>DESIGNER/BUILDER</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>cwebber@pcl.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>MANHATTAN CONSTRUCTION</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>MIKE MILLER</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 576-4326</u>	Type of business: <u>G.C.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>JMILLER@MANHATTANCONSTRUCTION.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>ELEMENT ENGINEERING GROUP</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>NED Connolly</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-852-1888</u>	Type of business: <u>ENGINEERING/SUE</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>NConnolly@ELEMENTEG.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>GENSLER</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>DIANNA NIX</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-507-6837</u>	Type of business: <u>ARCHITECT</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>dianna_nix@gensler.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Parsons</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Jeff Kyser</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>305 219 1045</u>	Type of business: <u>Consultant/Engineering</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>jeff.kyser@parsons.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>AUTODESK</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Elyse Acanda</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 480 0179</u>	Type of business: <u>Software</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>elyse.acanda@autodesk.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Motz Engineering</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Cory St. Clair</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407 8850007</u>	Type of business: <u>MEP Eng. Lx</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>cory@motzengineering.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>Mc Squared, LLC</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Lance Craft</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>(904) 556-9218</u>	Type of business: <u>Geotech/Mat. Test.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>lcraft@mc2engineers.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Manhattan Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Melanie Jantschke</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 335 4145</u>	Type of business: <u>General Contractor</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Commercial Design Services</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Angela Boggs</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 830 3310</u>	Type of business: <u>Commercial Contract Furniture</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>aboggs@cdstampa.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Company: <u>Ducon LLC</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>DONALD ODOM</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>727-244-2558</u>	Type of business: <u>CM/GC</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>dodom@ducon.us</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Suffolk</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Chris Hugarty</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>774 798-0741</u>	Type of business: <u>GC/CM</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>chugarty@suffolk.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Suffolk</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Kristen Mlachlan</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>561 906 2107</u>	Type of business: <u>CM/GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>KMlachlan@suffolk.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>AECOM</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>DENNIS COMBS</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-675-6513</u>	Type of business: <u>EMGR</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>dennis.combs@Aecom.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>AECOM</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>BRIAN FURST</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>703.489.7444</u>	Type of business: <u>AE</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>BRIAN.FURST@Aecom.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>TLC ENGINEERING SOLUTIONS</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>DOMINIC CACALCI</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 505 6649</u>	Type of business: <u>MEPT/FP/S</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>DOMINIC.CACALCI@TLC-ENG.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>TLC ENGINEERING SOLUTIONS</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Daniel Vaughn</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-281-8410</u>	Type of business: <u>MEPT/FP/S</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>Daniel.Vaughn@TLC-eng</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>CARRIER ENTERPRISE</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>DAMON HOLDITCH</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>205 913-5039</u>	Type of business: <u>HVAC DIST.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>damon.holditch@carrierenterprise.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>CORGAN</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>JOHN TRUPIANO</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>214-748-2000</u>	Type of business: <u>ARCHITECT</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>JOHN.TRUPIANO@CORGAN.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>Turner</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Denise Young</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>279 902 7000</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>deyoung@TCCO.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>AECOM</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Andrew Kacer</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>352 634 4363</u>	Type of business: <u>AE</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>andy.kacer@aecom.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>TLC ENGINEERING SOLUTIONS</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>KEVIN KEITER</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-240-3266</u>	Type of business: <u>MEP+TECH</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>kevin.keiter@tlc-eng.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>GARVOR</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>MATT SCRYNCK</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-375-1212</u>	Type of business: <u>CONSTRUCTION</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>MSSCRYNCK@GARVORUSA.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>ABS Inc</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Arlan Boyd</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-967-3886</u>	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>ABSINCFlorida.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>CARRIER ENTERPRISE</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>KEITH RUSSELL</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>727-269-9437</u>	Type of business: <u>HVAC DIST.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>keith.russell@carrierenterprise.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>Austin Commercial</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-743-1734</u>	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>dfreance@austin-mfg.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>The Weitz Company</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Ben Bunge</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>515-231-3101</u>	Type of business: <u>General Contractor</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>ben.bunge@weitz.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>C&S Engineers</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Lon Steiner</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407 529 6638</u>	Type of business: <u>A/E firm</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>lsteiner@cscos.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>JSM & ASSOCIATES</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>BLAIR COX</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-454-4131</u>	Type of business: <u>BAGGAGE DESIGN</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>blair.cox@jsmairports.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Statrec Consulting Services</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Lee Harwell</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-340-4645</u>	Type of business: <u>A/E</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>lee.harwell@statrec.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Assa Abloy - Corbin Russwin</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Steve Tongco</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>727 809-1603</u>	Type of business: <u>Hardware/Door</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>steve.tongco@assaabloy.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>Cable Tylics</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Keyprag McNeil</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(941) 840-3254</u>	Type of business: <u>IT</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>keyprag@cabletylics.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Austin Commercial</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Kelly Locke</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>972-816-2004</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>Klocke@Austin-inv.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>AUSTIN</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>JIM HALL</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>678-654-3440</u>	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>JHALL@AUSTIN-IND.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>SEMA Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>SPLINER COOK</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>689-217-8112</u>	Type of business: <u>Heavy Civil Construction</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>SCOOK@SEMA.INC</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Capriotti's e Wing Zone</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Sharon Turner</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 362 1455</u>	Type of business: <u>Restaurant</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>sharonturner@capriottis.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>MANHATTAN CONSTRUCTION</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Tony Smith</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>678-614-7762</u>	Type of business: <u>Construction</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>tsmith@manhattanconstruction.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>CHRYSALIS GLOBAL AVIATION</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>SUZANNE PHELPS</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>317.506.4545</u>	Type of business: <u>ORAT</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>Suzanne.phelps@chrysalisaviation.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Workscapes</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Ethan Bajrak</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-523-8609</u>	Type of business: <u>DEALER - FFE</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>Ebajrak@workscapes.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Unison Consulting</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Bhavesh Patel</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>312-632-0047</u>	Type of business: <u>Consulting</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>bhavesh.patel@unison-ucj.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>VECTAR</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>GERY GRNKOVICH</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 340 3268</u>	Type of business: <u>MEP ENGINEER</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>gcrnkovich@vectarinc.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>TLC engineering</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Peyton Woodroffe</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-470-0025</u>	Type of business: <u>MEPT</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>peyton.woodroffe@TLC-eng.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>GMF STEEL GROUP</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>JASON HALL</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>863.640.2666</u>	Type of business: <u>STEEL FAB&ERECT</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>JASON.HALL@GMFSTEEL.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>AVCON</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>CRAIG SUCICH</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-448-9869</u>	Type of business: <u>ENGINEERING</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>csucich@avconinc.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>DeLotto Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>John Light</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-629-2467</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>Jlight@delotto.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>GRESHAM SMITH</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>GRANT CLIFFORD</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 326 9817</u>	Type of business: <u>ARCHITECTURE</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>grant.clifford@greshamsmith.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>VHB</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>NEALE STRALOW</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>727 409 6450</u>	Type of business: <u>AEP</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>nstralow@vhb.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>AVCON (MBE)</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Mike Coppage</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-599-1122</u>	Type of business: <u>Engineering</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>mcoppage@avconinc.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Absolute Civil Engineering Solutions</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Christopher Haley</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 239 4750</u>	Type of business: <u>Engineering</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>chaley@absoluteces.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: TYLIN INT'L		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: MICHAEL K. MILLER		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 305-714-4008	Type of business: ENGR.	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: MIKE.MILLER@TYLIN.COM	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: HOK		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: JONATHAN RAE		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 813 598 9139	Type of business: ARCH.	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: jonathan.rae@hok.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: HENSEL HELPES		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: DREW KRIZMAN		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 407.590.1093	Type of business: DB	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: dkrizman@henselhelpes.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: ALFONSO ARCHITECTS		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: ANGEL DEL MONTE		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: 813 470 0070	Type of business: ARCH	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: ADM@ALFONSOARCHITECTS.COM	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: WSP USA		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: LARRY A SCHNEIDER		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 786.236.2137	Type of business: ENGR	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: LARRY.SCHNEIDER@WSP.COM	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: Cablelytics		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: Arlene Abram		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 812 801 3793	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: abrim@cablelytics.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>ARORA ENGINEERS</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>DOUGLAS BOYD</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>412-956-6425</u>	Type of business: <u>MEP/FP/SS</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>dboyd@aroraengineers.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>UNIVERSAL ENGINEERING</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>DAVID COUCH</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(407) 394-8800</u>	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>dcouch@universalengineering.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>SAM</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>CHARLES HEISE</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-453-0436</u>	Type of business: <u>SUE/SURVEY</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>charles.heise@sam.biz</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>GRAEF</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Robin Seibert</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>407-701-2599</u>	Type of business: <u>ENGINEERING</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>robin.seibert@graef-usa.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Manhattan Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Joe Brecheney</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No:	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>jbrecheney@Manhattanconstruction</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>AUSTIN COMMERCIAL</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>SIMEON TERRY</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>214-443-5660</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>STERRY@AUSTIN-IND.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>HNTB</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>ANDRES CHAGON</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>817 8081735</u>	Type of business: <u>ARCHITECTURE & E.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>AJCHAGON@HNTB.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>MLM - Martin Architects Inc</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Miguel A Martin</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407 897 6764</u>	Type of business: <u>Architecture</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>mamartin@mlm-martin.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>WE Women Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Monya Kuson</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-497-1002</u>	Type of business: <u>Construction Service</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>monyak@we-women-construction.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>ANTICUS ENGINEERING</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>JAMES LACAVALA</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-431-1501</u>	Type of business: <u>GEO & CMT</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>jlacaval@anticuseng.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Company: <u>MANHATTAN CONSTRUCTION</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Roberto moreno</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-220-8752</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>remoreno@manhattanconstruction.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>KIEWIT INFRASTRUCTURE SOUTH CO.</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>CODY JENSEN</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>214-809-8700</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>CODY.JENSEN@KIEWIT.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>Luis Vidal + Architects</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Bill Hogan</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>904 307 7026</u>	Type of business: <u>Architects</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>bh@luisvidal.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Luis Vidal + Architects</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Fernando Reino</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>786 442 8539</u>	Type of business: <u>Architecture</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>fmc@luisvidal.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>BNP Associates</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Steven Walker</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 629-7542</u>	Type of business: <u>Baggage System</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>swalker@bnpassociates.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Brindley Pieters & Assoc</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Brindley Pieters</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407 718 6248</u>	Type of business: <u>Engineering</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>bpieters@bpg-engineers.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>JA Watts, Inc</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Matt Montgomery</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>317.698.9329</u>	Type of business: <u>CM/Engineering</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>mmontgomery@jwincorporated.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Quest Corporation of America, Inc (QUEST)</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Jill Cappadova</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-299-3613</u>	Type of business: <u>Comm./Marketing</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>Jill.Cappadova@QCAUSA.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>Superior Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Matt Stuart</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 613 5141</u>	Type of business: <u>Construction</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>mstuart@superiorconstruction.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>German Gonzalez LLC</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>German Gonzalez</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 785-2166</u>	Type of business: <u>Structural Steel</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>g.gonzalez@germansteel.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>J.A. Watts</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Carlos Colon</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(787) 918-2575</u>	Type of business: <u>ENGINEERING</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>ccolon@jwincorporated.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Pat V. Mack, IN</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Patrick Mack</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>707-622-5728</u>	Type of business: <u>Digital Services</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>pat.mack@pvm.it</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Company: <u>National Stormwater Trust</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Jeff Littlejohn</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>850-363-9644</u>	Type of business: <u>Stormwater</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>jml@nationalstormwater.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>WSP USA</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Kyle Mixon</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813 340 0344</u>	Type of business: <u>Engineering</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>kyle.mixon@wsp.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>TECS LLC - Fueling</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Bruce Kelley</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 334 7530</u>	Type of business: <u>Engineering</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>bruce.kelley@totalecs.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>DUS INC</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Kevin J Ormsby</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-765-4655</u>	Type of business: <u>ENGINEERING</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>Kevin.Ormsby@DUS.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>BNP ASSOCIATES</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Ray LASTRA</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>678-659-6781</u>	Type of business: <u>EHS Design</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>rlastra@bnpassociates.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>MANHATTAN CONSTRUCTION</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>CARL GIOVENCO</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 323 8238</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>cgiovenco@manhattanconstruction.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>WESLEY WONG</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>DEMATTEI WONG ARCHITECTURE</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>214 552 3366</u>	Type of business: <u>ARCHITECTURE</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>wswong@dwaing.net</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>AUSTIN</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>TOM SKINNER</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>916 471 9873</u>	Type of business: <u>DB</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>tskinner@austin-ind.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>HOK</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Kristen Pappas</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>727-424-6064</u>	Type of business: <u>Architecture</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>kristen.pappas@hok.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Adkins Building & Construction</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>JAMES ADKINS</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(941) 200-3701</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>GAGE@ADKINSBUILT.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Adkins Building & Construction</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>JR. SCHUCH</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(941) 200 3701</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Adkins Building & Construction</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>GABRIEL DE MIRANDA</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(941) 200-3701</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Cherokee Enterprises, Inc.</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Alex Sanchez</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>(305) 828-3353</u>	Type of business: <u>Hydrant Fueling</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>aes@cherokeecorp.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Archer Western</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Seth Miller</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>312-617-7373</u>	Type of business: <u>GC</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>smiller@walshgroup.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>Corporate Environmental Risk Management (CERM)</u>		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Greg Wilson</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>404-422-6403</u>	Type of business: <u>Engineering/PMCM</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>gwilson@cerm.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: Charlie Dorr <u>PCL Construction</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Charlie Dorr</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>407-491-8416</u>	Type of business: <u>CM/DB/GC</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>cdorr@pcl.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>BURNS ENG.</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Brian Phillips</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>215-370-5142</u>	Type of business: <u>Engineering Tech.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>bphillips@burns-group.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Burns Engineering</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Lauren Varona</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No:	Type of business: <u>Eng.</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>lvarona@burns-group.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>HNTB</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Scott Maish</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>720-979-7420</u>	Type of business: <u>ARCH</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>fmaish@HNTB.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>C+S Companies (C+S Engineers, Inc.)</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Brian Clark</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-422-1118</u>	Type of business: <u>architecture/Engineering</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>bwclark@cscos.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: <u>AVCON, Inc</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Zemp Pepper</u>		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407 599-1122</u>	Type of business: <u>Civil MED Engr</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>zpepper@avconinc.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>LEO ADALY</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Avery Sarden</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>404 874 8333</u>	Type of business: <u>A/E Design</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>amsardene@leoadaly.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Ross+Baruzzini</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Jen Zemba</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>224-908-7428</u>	Type of business: <u>Eng Consultant</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>jen.zemba@rossbar.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Ross & Baruzzini</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Susan Dimond</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>305 401 9119</u>	Type of business: <u>Engineering - IT Spec Systems</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>sdimond@rossbar.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>LEO ADALY</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>GIORGIANI CORTEZ</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>954 806 2425</u>	Type of business: <u>ARCHITECTURE</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>gacortescavo@leoadaly.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>THE JW GROUP, INC</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>ENRIQUE MELENDEZ</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>407-793-3683</u>	Type of business: <u>IT/SECURITY CONSULTING</u>	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: <u>EMELENDEZ@THEJWG.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: GRIMSHAW ARCHITECTS		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: KASHYAP BHIMJIANI		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 347-419-0554	Type of business: ARCHITECT	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: kashyap.bhimjiani@grimshaw.global	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: THE MIDDLESEX CORPORATION		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: JAMES WILLS		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 407-515-3567	Type of business: CONTRACTOR	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: jwills@middlesexco.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: GENSLER		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: BENTON RUDOLPH		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 727-698-0267	Type of business: ARCHITECT	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: BENTON_RUDOLPH@GENSLER.COM	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: CHARLES PERRY PARTNERS, INC. - CPP		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: RANDY FITKIN		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 813-979-9577	Type of business: CM	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: Randy.Fitkin@cppi.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: ENVIOTRAE		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: CHRIS GIACALLO		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>VHB</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>John Eveland</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813 377-8251</u>	Type of business: <u>Civil Engineering</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>jeland@vhb.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Suffolk</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Genevieve O'Hara</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-917-4765</u>	Type of business: <u>Construction</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>gohara@suffolk.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Hensel Phelps</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Courtney Franklin</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>908-304-2278</u>	Type of business: <u>Construction</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>cfranklin@henselphelps.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>PARKSITE</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>TERRI FLEMING</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-459-5158</u>	Type of business: <u>SUPPLIER</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>TFLEMING@PARKSITE.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>Walbridge</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>KERRA KUZMICK</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>813-442-0752</u>	Type of business: <u>CM</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>KKUZMICK@walbridge.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: Skidmore Owings Merrill		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: Laura Ettelman		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 646-541-2958	Type of business: Architect	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: Laura.Ettelman@som.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: Skidmore Owings Merrill		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: Kirtan Patel		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 917-297-6134	Type of business: Architect	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: kirtan.patel@som.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: GARVER		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: JOHN CARZIGAN		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 954-249-8396	Type of business: ENGINEER	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: JWCARZIGAN@GARVERUSA.COM	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: EXP		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: Arturo Martinez		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 786-316-8534	Type of business: A/E	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: arturo.martinez@exp.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: TLC Engineering		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: Ken Starnes		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 214 614 5230	Type of business: Consultant	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: Ken.Starnes@TLC-ENG.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: California Polytechnic University Architecture Student		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: Adrian Botourou		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 767-643-6571	Type of business: I'm a student	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: abotouro@calpoly.edu	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		Check all that apply:
Company: VETERANS FUEL MANAGEMENT		DBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Representative Name: NICK NESTHEIMAT		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: 813 672-0580	Type of business: COMMERCIAL FUELING MOOD	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: nick.n@veteransfueling.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: WorkScapes		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: David Loos		W/MBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Phone No: (813) 546-6527	Type of business: Furniture Exterior	SBE: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Email: dloos@workscapes.com	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: ALBERT ALFONSO ARCHITECTS ALBERT ALFONSO ARCHITECTS		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: ALBERT ALFONSO		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: 813 918-2161	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: aca@alfonsoarchitects.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: EnviroTAC Ltd.		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: John Farvill		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: Beck		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: David Devaney		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: Daviddevaney@beckcorp.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: Ariel Business Group		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: André Perks		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: (511) 350-8352	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: cyperks@arielbusinessgroup.com	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>Kinley Construction Group</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Chris Arend</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>817-559-9120</u>	Type of business: <u>Jet Fuel Contractor</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>carend@kinleyconstruction.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>AJAX PAVING INDUSTRIES OF FLORIDA</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>FELIPE JARAMILLO</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>941-486-3600</u>	Type of business: <u>Asphalt / SITEWORK</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>Fjaramillo@ajaxpaving.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>FRM INC</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>TR</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>FRM inc</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>Devin White</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>The Beck Group</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Ryan Tott</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-781-9016</u>	Type of business: <u>Design-Builder</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>ryantott@beckgroup.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company: <u>Creative Sign Designs</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>Joe LaFond</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>727-301-9938</u>	Type of business: <u>Signage</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>jlafond@creativesigndesigns.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

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		Check all that apply:
Company: <u>TLC Engineering Solutions</u>		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name: <u>JOSH SASHKO</u>		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No: <u>216-903-1810</u>	Type of business: <u>ENGINEERING</u>	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email: <u>josh.sashko@tlc-eng.com</u>	Have you registered online as an HCAA Registered Supplier: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company: <u>FLEMMING GARCIA MASLOWSKI</u>		DBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Representative Name: <u>RICH EMERSON</u>		W/MBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Phone No: <u>813-449-3581</u>	Type of business: <u>ARCHITECTURE/INTERIORS</u>	SBE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Email: <u>RICH@FGMFLA.COM</u>	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>
Company:		DBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Representative Name:		W/MBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone No:	Type of business:	SBE: Yes <input type="checkbox"/> No <input type="checkbox"/>
Email:	Have you registered online as an HCAA Registered Supplier: Yes <input type="checkbox"/> No <input type="checkbox"/>	VOSB/SDVOSB: Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: Verification of the D/W/MBE certification status is the responsibility of firms or contractors interested in utilizing their services.

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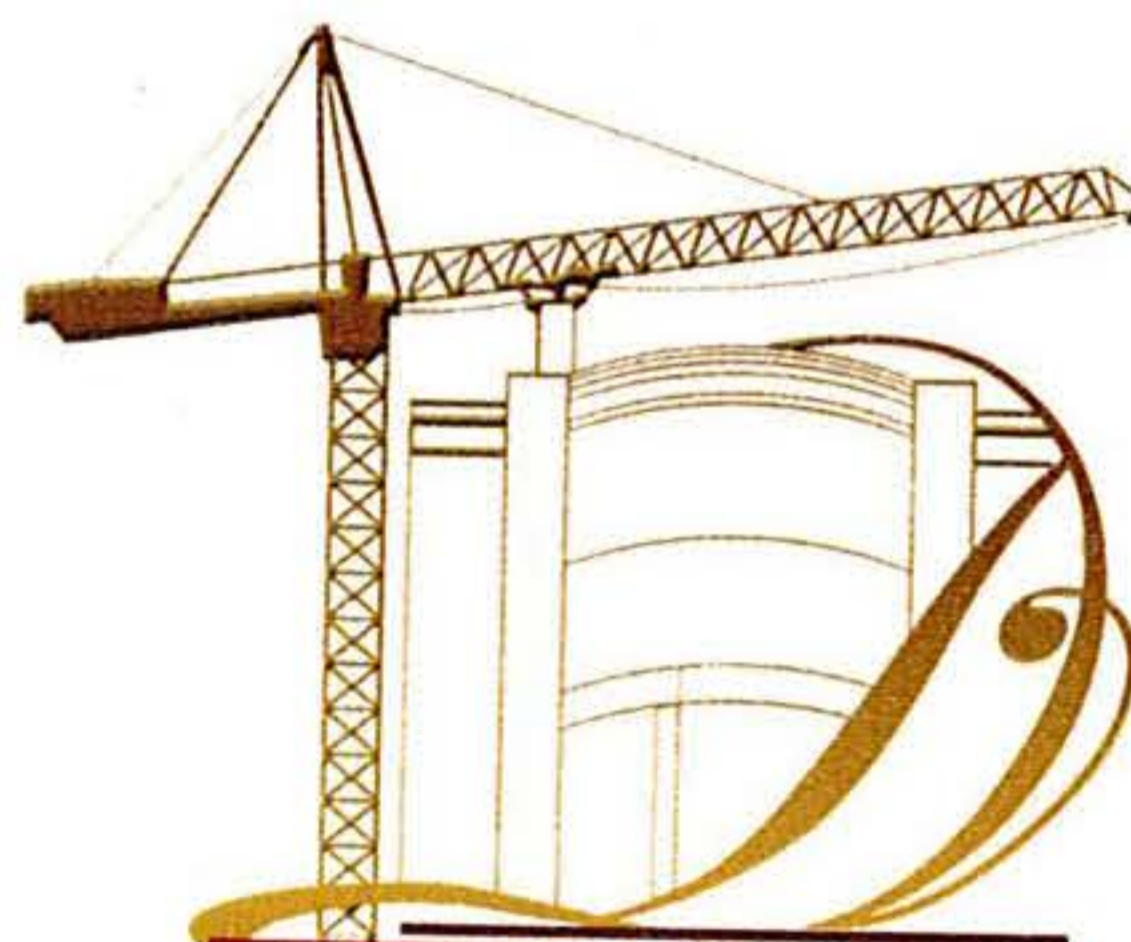
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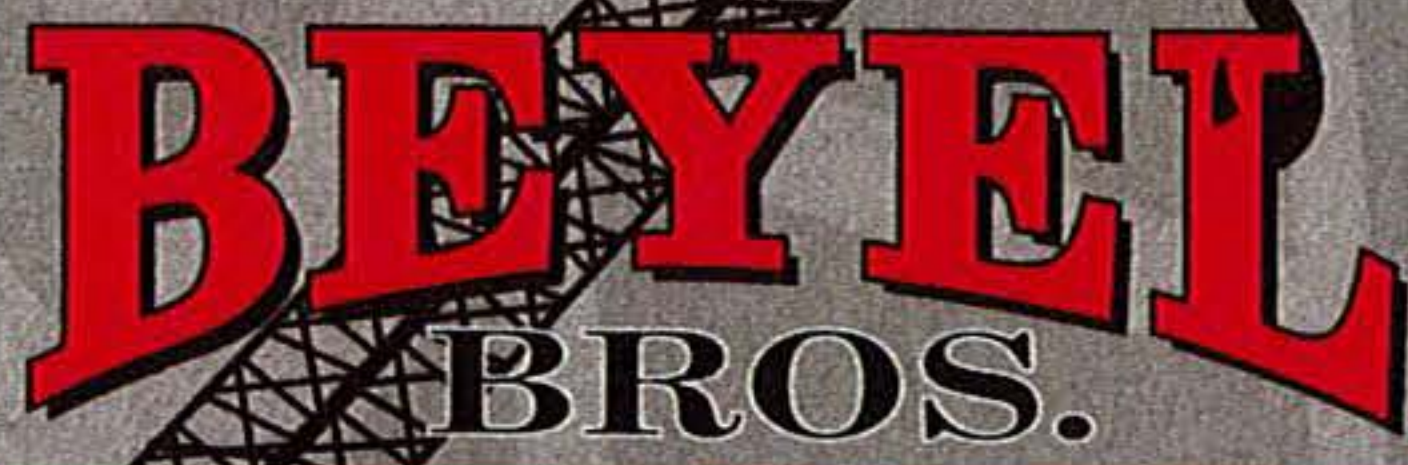
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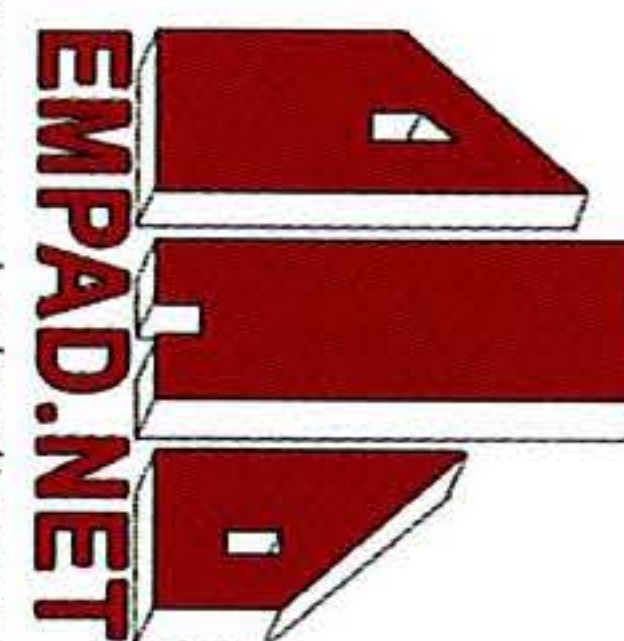
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