

BID

TO THE SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

FOR AERIAL STRUCTURES – A LINE LAKE MERRITT TO COLISEUM, CONTRACT NO. 15PB-120.

Name of Bidder Brosamer & Wall, Inc.

Business Address 1777 Oakland Blvd., Suite 110, Walnut Creek, CA 94596

Address where notification should be sent Same as above.

Business office number 925.932.7900 facsimile (Fax) number 925.279.2269

Email address bob@brosamerwall.com (where notification should be sent).

Please indicate how you found out about this Contract: (check all that apply)

- Through newspaper advertisement
- Through BART website
- Through one of the plan rooms
- Through advance notice to Bidders
- Other (_____)

The Work to be done is located in the County of Alameda, State of California, and is to be done in accordance with the Contract Documents which include the Contract Drawings and the referenced sections of BART Facilities Standards, Standard Specifications, R1.2, dated August 2004, and the Contract Book incorporating the General Conditions, Supplementary Conditions, Contract Specifications, and other documents as listed therein.

The undersigned, as Bidder, declares that the only person or parties interested in this Bid as principals are those named herein; that this Bid is made without collusion with any other person, firm or corporation; that the undersigned has carefully examined the location of the proposed Work, the annexed proposed form of Contract, and the Contract Documents therein referred to; and the undersigned proposes and agrees, if this Bid is accepted, that the undersigned will contract with the San Francisco Bay Area Rapid Transit District, in the form of the copy of the Contract annexed hereto, to provide all necessary labor, machinery, tools, apparatus, and other means of construction, and to do all the Work and provide all the materials specified in the Contract, in the manner and time therein prescribed, and according to the requirements of the Engineer as therein set forth, and that the undersigned will take in full payment therefor the following prices:

BID SCHEDULE

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
1	01 57 00	Traffic Maintenance and Control	LS	1	\$ XXXXXX	\$ <u>351,000⁰⁰</u>
2	01 71 13	Mobilization and Demobilization (Note: The amount for Mobilization and Demobilization shall not exceed ten percent (10%) of the total Base Bid Price See Contract Specifications Section 01 71 13)	LS	1	\$ XXXXXX	\$ <u>1,100,000⁰⁰</u>
3	02 41 00	Demolition	LS	1	\$ XXXXXX	\$ <u>500,000⁰⁰</u>
4	02 41 19	Selective Structure Demolition	LS	1	\$ XXXXXX	\$ <u>2,500⁰⁰</u>
5	02 61 00	Excavation and Dispose of California Hazardous Waste	CY	645	\$ <u>150⁰⁰</u>	\$ <u>96,750⁰⁰</u>
6	03 05 18	Prestressed Concrete	LS	1	\$ XXXXXX	\$ <u>35,000⁰⁰</u>
7	03 15 15	Elastomeric Bearing Pads	EA	28	\$ <u>1,500⁰⁰</u>	\$ <u>42,000⁰⁰</u>
8	03 20 00	Concrete Reinforcing	LB (F)	51,500	\$ <u>0⁸⁰</u>	\$ <u>41,200⁰⁰</u>
9	03 20 00	Concrete Reinforcing (Foundation)	LB (F)	1,312,000	\$ <u>0⁹⁰</u>	\$ <u>1,180,800⁰⁰</u>
10	03 30 00	Cast-in-Place Concrete	CY (F)	230	\$ <u>900⁰⁰</u>	\$ <u>207,000⁰⁰</u>
11	03 30 00	Cast-in-Place Concrete (Foundation)	CY (F)	4,480	\$ <u>350⁰⁰</u>	\$ <u>1,568,000⁰⁰</u>
12	03 30 00	Drill and Bond Dowels	LF (F)	273,000	\$ <u>7⁰⁰</u>	\$ <u>1,911,000⁰⁰</u>
13	03 30 00	Drill and Bond Dowels (Chemical Adhesive)	EA (F)	224	\$ <u>30⁰⁰</u>	\$ <u>6,720⁰⁰</u>
14	26 30 00	Electrical and Fiber Optic Protection	LS	1	\$ XXXXXX	\$ <u>400,000</u>
15	26 60 00	Temporary Traffic Signal Systems	LS	1	\$ XXXXXX	\$ <u>500,000</u>
16	26 60 01	Traffic Signal Modifications	LS	1	\$ XXXXXX	\$ <u>200,000</u>
17	31 00 00	Structural Excavation	CY (F)	10,400	\$ <u>30⁰⁰</u>	\$ <u>312,000⁰⁰</u>
18	31 00 00	Structural Backfill	CY (F)	6,600	\$ <u>30⁰⁰</u>	\$ <u>198,000⁰⁰</u>
19	31 35 00	Slope Protection, Hydroseeding and Turf Installation	LS	1	\$ XXXXXX	\$ <u>6,600⁰⁰</u>

900,000⁰⁰

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
20	31 40 00	Shoring and Underpinning for Safeguarding Structures	LS	1	\$ XXXXXX	\$ <u>32,000⁰⁰</u>
21	31 50 25	Excavation Support and Protection (UPRR)	LS	1	\$ XXXXXX	\$ <u>50,000⁰⁰</u>
22	32 12 16	Asphalt Paving	TON (F)	280	\$ <u>270⁰⁰</u>	\$ <u>75,600⁰⁰</u>
23	32 13 13	Concrete Paving	SF (F)	10,700	\$ <u>13⁰⁰</u>	\$ <u>139,100⁰⁰</u>
24	32 14 13	Decorative Brick Paving	SF (F)	110	\$ <u>35⁰⁰</u>	\$ <u>3,850⁰⁰</u>
25	32 16 21	Concrete Curbs, Gutters, and Walks	LS	1	\$ XXXXXX	\$ <u>250,000⁰⁰</u>
26	32 17 23 32 17 24	Pavement Markings and Signage	LS	1	\$ XXXXXX	\$ <u>86,300⁰⁰</u>
27	32 31 13	Chain Link Fences and Gates	LS	1	\$ XXXXXX	\$ <u>450,000⁰⁰</u>
28	32 84 00	Planting Irrigation	LS	1	\$ XXXXXX	\$ <u>590,000⁰⁰</u>
29	32 90 00	Planting	LS	1	\$ XXXXXX	\$ <u>440,000⁰⁰</u>
30	33 05 17	Precast Concrete Splash Blocks	EA (F)	210	\$ <u>120⁰⁰</u>	\$ <u>25,200⁰⁰</u>
31	33 05 25	Support and Protection of Service Utilities	LS	1	\$ XXXXXX	\$ <u>55,000⁰⁰</u>
32	33 40 00	Storm Drainage Utilities 12-in. Diameter	LF (F)	30	\$ <u>600⁰⁰</u>	\$ <u>18,000⁰⁰</u>
33	33 40 00	4" Column Drain Outfall	LF (F)	190	\$ <u>85⁰⁰</u>	\$ <u>16,150⁰⁰</u>
34	01 20 00	Allowance Due to Differing Site Conditions	Allowance	1	\$1,000,000.00	\$1,000,000.00
35	01 20 00	Allowance for Partnering	Allowance	1	\$20,000.00	\$20,000.00
36	01 20 00	Allowance for Operating System Access Delays	Allowance	1	\$100,000.00	\$100,000.00
37	01 20 00	Allowance for Access Delays to UPRR Property	Allowance	1	\$400,000.00	\$400,000.00
TOTAL BID PRICE (ITEMS 1 THROUGH 37 INCLUSIVE)						12,409,770⁰⁰ 12,958,770⁰⁰ → \$

The above item totals for all Bid Items (1 THROUGH 37) BEING EVALUATED FOR THE TOTAL BID PRICE FOR AWARD OF THE CONTRACT are submitted by the Bidder for the convenience of the District. In the event of a discrepancy between the Bid Unit Price and the amount entered in the Item Total column the Bid Unit Price will govern. The District will calculate the total Bid Price based on the unit prices or lump sum prices bid, as applicable. In

the event of a discrepancy between the District's calculations and the item totals for all Bid Items as submitted by the Bidder, the District's calculations shall govern.

The District reserves the right, in its sole discretion, to make no Award, or to make an Award to the lowest responsible Bidder.

FOR A BID TO BE CONSIDERED, ALL ITEMS MUST BE BID.

THE DISTRICT RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS.

If this Bid shall be accepted and the undersigned shall fail to contract as aforesaid and to give the two bonds in the sums to be determined as specified, with surety satisfactory to the District, or to comply with the District's insurance requirements within ten (10) Days after the Bidder has received notice from the District that the Contract has been awarded unless the District, in its discretion, allows additional time in writing for such submissions, the District may, at its option, determine that the Bidder has abandoned the Contract; thereupon this Bid and the acceptance thereof shall be null and void, and the forfeiture of such security accompanying this Bid shall occur and the same shall be the property of the District.

Accompanying this Bid is ⁽¹⁾ Bidder's Bond in an amount equal to at least 10 percent of the total Bid.

Receipt of the following attached Addenda is hereby acknowledged:

Addenda numbers One

The Bidder, Brosamer & Wall, Inc.
(name),

hereby certifies that:

(A) Bidder is aware of the provisions of Supplementary Conditions Article SC7.1 regarding the District's Disadvantaged Business Enterprise participation policy for the Contract.

(B) Bidder has read the Contract Book, understands its requirements, including those for keeping records, and has asked for explanations of anything it did not understand.

(2) Bidder holds California Contractor's license No. 978808, Classification A, B. The license expiration date is 11/30/16. Bidder's current DIR Contractor's Registration Number is 1000007509. If the Bidder is a joint venture, list the California Contractor's license numbers, classifications and expiration dates and DIR Contractor's Registration Numbers for each joint venturer as follows:

(3)	Name of Joint Venturer	Contractor's License	Classification	Expiration Date	DIR Contractor's Registration
A.	_____	_____	_____	_____	_____
B.	-- Not Applicable --				
C.	_____	_____	_____	_____	_____

Bidder declares under penalty of perjury that the foregoing is true and correct.

Brosamer & Wall, Inc.

⁽⁴⁾ Name of Bidder



⁽⁴⁾ Signature of Bidder

(5)

(6) Robert G. Brosamer, President

Print Name and Title of Person Signing

Dated July 28, 2015.

NOTES:

- (1) Insert the words "cash," "cashier's check," "certified check," or "Bidder's Bond," as the case may be.
- (2) If the Bidder is joint venture the Bidder may submit its valid State Contractor's license number, classification and expiration date with the Bid, but shall submit such information no later than 2:00 p.m. on Friday of the week following the date of Bid opening to the Contract Administrator at the address indicated in the Instructions to Bidders
- (3) If the joint venture consists of more than three joint ventures, add additional lines as needed.
- (4) If the Bidder is a joint venture, the name of the Bidder and the signature shall match the name of the joint venture and the signature as provided in the joint venture agreement and conform with the requirements in the Instructions to Bidders.
- (5) If the Bidder in its Bid furnished anything not called for by these Contract Documents (a cover letter, Bidder's own form, or a notation on the Bid Form not called for by this form, for example), the Bidder is cautioned that it runs the risk that it has submitted a Bid which does not conform to the District's Contract Documents, and therefore must be rejected.
- (6) Bids shall be presented under sealed cover as provided in the Instructions to Bidders.

DESIGNATION OF SUBCONTRACTORS AND DBEs FORM

All FIRST-TIER DBEs to be used must be listed on this form regardless of dollar value of each transaction.

To comply with the requirements of the California Subletting and Subcontracting Fair Practices Act (California Public Contract Code Section 4100 et seq.). Bidder shall list in Part I on this form the name and address of each Subcontractor to whom Bidder proposes to subcontract more than 1/2 of 1% of the Work, description of portion of work or services subcontracted, total dollar amount of the portions of the work or services subcontracted, whether the Subcontractor is a DBE, and the California contractor license number of the Subcontractor. An inadvertent error in listing a Subcontractor's California contractor license number may be corrected by Bidder within twenty four (24) hours after the Bid opening provided the corrected contractor license number corresponds to the submitted name and location for that Subcontractor. The above list of information shall be submitted with the Bid. Other information required in Part I herein may be submitted up to 24 hours after the designated time to submit the Bid. Bidder's attention is directed to General Conditions Article GC5.7.1.

In addition, in Part II of this form, list all first-tier DBEs not subject to the requirements of General Conditions Article GC5.7.1.

Pursuant to Section 1725.5 and Section 1771.1 of the State Labor Code, all Contractors and Subcontractors must be registered with the California Department of Industrial Relations (DIR) in order to be qualified to bid on this Contract or to be listed as a Subcontractor. Contractor shall include DIR Registration Number for its Subcontractors listed herein, as indicated. An inadvertent error in listing a Subcontractor who is not registered pursuant to Section 1725.5 in a Bid, may be corrected by the Bidder within twenty four (24) hours after the Bid opening if the Subcontractor registers and pays the penalty registration fee described in Section 1725.5 of the State Labor Code. Alternatively, the Subcontractor may be replaced with a registered Subcontractor pursuant to Section 4107 of the Public Contract Code.

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1</p>			
<p>Name: <u>RMT LANDSCAPE</u> Address: <u>421 PENDELTON WAY</u> <u>OAKLAND CA 94621</u> California Contractor License No. <u>372869</u> DIR Contractor Registration No. <u>1000006077</u> Phone Number: <u>510.568.3208</u> Age of Firm: <u>38 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>8 MILLION</u></p>	<p>DBE Certificate No: <u>CT1435</u></p>	<p>LANDSCAPE, IRRIGATION & RELATED</p>	<p>937,064⁰⁰</p>
<p>Name: <u>COLUMBIA ELECTRIC</u> Address: <u>1980 DAVIS ST.</u> <u>SAN LEANONO CA 94577</u> California Contractor License No. <u>765902</u> DIR Contractor Registration No. <u>1000061498</u> Phone Number: <u>510 430 9505</u> Age of Firm: <u>16 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>15 MILLION</u></p>	<p>DBE Certificate No: <u>NA</u></p>	<p>ELECTRICAL AND RELATED</p>	<p><u>975,755</u> (R40) 975,755⁰⁰</p>
<p>Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		

Attach additional copies of this form if more space is needed and paginate the forms (i.e., Page 1 of 6)

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1</p>			
<p>Name: PHOENIX ELECTRICAL Address: 1350 VAN DYKE AVE SAN FRANCISCO, CA 94124</p> <p>California Contractor License No. <u>B11031</u></p> <p>DIR Contractor Registration No. <u>1000004281</u></p> <p>Phone Number: <u>415.671.3858</u></p> <p>Age of Firm: <u>13 YEARS</u></p> <p>Annual Gross Receipts as of Last Tax Year: \$ <u>14 MILLION</u></p>	<p>DBE Certificate No: <u>33448</u></p>	<p>ELECTRICAL & RELATED</p> <p style="text-align: center;">(RMB)</p>	<p>1,090,000⁰⁰</p>
<p>Name: COLUMBIA ELECTRIC Address: 1980 DAVIS ST SAN LEANDRO CA 94577</p> <p>California Contractor License No. <u>765902</u></p> <p>DIR Contractor Registration No. <u>1000001478</u></p> <p>Phone Number: <u>510.430.9505</u></p> <p>Age of Firm: <u>16 YEARS</u></p> <p>Annual Gross Receipts as of Last Tax Year: \$ <u>15 MILLION</u></p>	<p>DBE Certificate No: <u>NA</u></p>	<p>ELECTRICAL AND RELATED</p> <p style="text-align: center;">(RMB)</p>	<p>975,755⁰⁰</p>
<p>Name: PHOENIX ELECTRICAL Address: 1350 VAN DYKE AVE SAN FRANCISCO CA 94124</p> <p>California Contractor License No. <u>811031</u></p> <p>DIR Contractor Registration No. <u>1000004281</u></p> <p>Phone Number: <u>415.671.3858</u></p> <p>Age of Firm: <u>13 YEARS</u></p> <p>Annual Gross Receipts as of Last Tax Year: \$ <u>14 MILLION</u></p>	<p>DBE Certificate No: <u>33448</u></p>	<p>ELECTRICAL & RELATED</p> <p style="text-align: center;">(RMB)</p>	

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1</p>			
<p>3</p> <p>Name: OLIVERA FENCE Address: 293 BROKAW RD. SANTA CLARA, CA 95050</p> <p>California Contractor License No. <u>409293</u></p> <p>DIR Contractor Registration No. <u>1000003219</u></p> <p>Phone Number: <u>408.727.3811</u></p> <p>Age of Firm: <u>37 YEARS</u></p> <p>Annual Gross Receipts as of Last Tax Year: \$ <u>3 MILLION</u></p>	<p>DBE Certificate No: <u>CT001583</u></p>	<p>FENCE & RELATED</p>	<p>598,725⁰⁰ (RMA)</p> <p>580,848⁰⁰</p> <p>(RMA)</p>
<p>Name: CYELONG FENCE AND IRON Address: P.O. BOX 1418 SAN MARTIN CA 95046</p> <p>California Contractor License No. <u>966827</u></p> <p>DIR Contractor Registration No. _____</p> <p>Phone Number: _____</p> <p>Age of Firm: _____</p> <p>Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>	<p>(RMA)</p>	
<p>Name: OLIVERA FENCE Address: 293 BROKAW RD SANTA CLARA CA 95050</p> <p>California Contractor License No. <u>409293</u></p> <p>DIR Contractor Registration No. <u>1000003219</u></p> <p>Phone Number: <u>408.727.3811</u></p> <p>Age of Firm: <u>37 YEARS</u></p> <p>Annual Gross Receipts as of Last Tax Year: \$ <u>3 MILLION</u></p>	<p>DBE Certificate No: <u>CT001583</u></p>	<p>FENCE AND RELATED</p>	<p>580,848⁰⁰</p>

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1</p>			
<p>5 Name: <u>GERDAU CONTRACTORS</u> Address: <u>1030 KAISER RD.</u> <u>NAPA CA 94558</u> California Contractor License No. <u>974202</u> DIR Contractor Registration No. <u>1000000438</u> Phone Number: <u>707.863.3933</u> Age of Firm: <u>100+ YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>>15 MILLION</u></p>	<p>DBE Certificate No: <u>NA</u></p>	<p><u>REBAR</u></p>	<p><u>856,018⁰⁰</u></p>
<p>Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		
<p>Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1</p>			
<p>(E) Name: <u>FARWEST SAFETY</u> Address: <u>226 N. MAIN ST.</u> <u>LODI CA 95240</u> California Contractor License No. <u>523187</u> DIR Contractor Registration No. <u>10000137</u> Phone Number: <u>209 339 8085</u> Age of Firm: <u>28 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>5 MILLION</u></p>	<p>DBE Certificate No: _____</p>	<p>SIGNS & RELATED</p>	<p>141,900⁰⁰</p>
<p>Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		
<p>Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>CHRISP CO</u> Address: <u>43650 OSBORN RD.</u> <u>FREMONT, CA 94539</u> California Contractor License No. <u>371600</u> DIR Contractor Registration No. <u>1000000306</u> Phone Number: <u>510-656-2840</u> Age of Firm: <u>36 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>7.15 MILLION</u>	DBE Certificate No: <u>N/A</u>	STRIPING & MARKING & RELATED	149,000 ⁰⁰
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
II. All first-tier Subcontractors (other than those identified in III, IV, and V below), not subject to the requirement of General Conditions Article GC5.7.1			
(A) Name: <u>NITTA EROSION CONTROL</u> Address: <u>3778 DELMAR AVE.</u> <u>LOMIS, CA 95650</u> <u>LIC# 401640</u> DIR Contractor Registration No. <u>1000000478</u> Phone Number: <u>916.652.7959</u> Age of Firm: <u>36 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>< 5 MILLION</u>	DBE Certificate No: <u>217</u>	<u>EROSION CONTROL</u> <u>(SLOPE PROTECTION AND HYDROSEEDING)</u>	<u>3,367⁰⁰</u>
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
II. All first-tier Subcontractors (other than those identified in III, IV, and V below), not subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>DYWIDAG SYSTEMS INTER.</u> Address: <u>2154 SOUTH STREET</u> <u>LONG BEACH CA 90805</u> <u>LIC # 273710</u> DIR Contractor Registration No. <u>1000000675</u> Phone Number: <u>562.531.6161</u> Age of Firm: <u>30 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>> \$15 million</u>	DBE Certificate No: <u>NA</u>	<u>PRE-STRESSING</u>	<u>39,650⁰⁰</u>
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All DBE Manufacturers of any tier (100% credit)			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All DBE Manufacturers of any tier (100% credit)			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All DBE Manufacturers of any tier (100% credit)			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All DBE Manufacturers of any tier (100% credit)			
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All DBE Manufacturers of any tier (100% credit)			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All DBE Manufacturers of any tier (100% credit)			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All DBE SUPPLIERS of any tier: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name: <u>LOGISTICAL ENTERPRISES</u> <u>7562 ROAD</u> Address: <u>4568 WEATHER MAKER</u> <u>FRESNO</u> Phone Number: <u>509 392 1127</u> Age of Firm: <u>5 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>3.4 M</u>	DBE Certificate No: <u>39433</u>	SUPPLY ELECTRICAL MATERIAL TO COLUMBIA ELECTRIC	104,400 ⁰⁰
Name: _____ Address: _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All DBE SUPPLIERS of any tier: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All DBE SUPPLIERS of any tier: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All DBE SUPPLIERS of any tier: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All DBE SUPPLIERS of any tier: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other DBE's of any tier: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other DBE's of any tier: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other DBE's of any tier: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>V. All other DBE's of any tier: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit</p>			
<p>Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		
<p>Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		
<p>Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
<p>V. All other DBE's of any tier: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit</p>			
<p>Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		
<p>Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		
<p>Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____</p>	<p>DBE Certificate No: _____</p>		

Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other DBE's of any tier: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		
Name: _____ _____ Address: _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		

EXHIBIT 12-B
BIDDER'S LIST OF SUBCONTRACTORS
(DBE AND NON-DBE)

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. **Photocopy this form for additional firms.**

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <i>CHRISP CO.</i>	Phone <i>510 656 2810</i>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		<i>STRIPING & MARKING & RELATED</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <i>43650 GUSKOOD RD.</i>	Fax <i>510 656 2397</i>				Age of Firm (Yrs.)
City State ZIP <i>FREMONT CA 94539</i>	Phone <i>510 430 1505</i>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		<i>ELECTRICAL AND RELATED</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name <i>COLUMBIA ELECTRIC</i>	Fax				Age of Firm (Yrs.)
Address <i>1980 DAWN ST</i>	Phone <i>562.531.6161</i>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		<i>PRESTRESSING</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
City State ZIP <i>NEW LENNDNO CA 94577</i>	Fax <i>562.529.2225</i>				Age of Firm (Yrs.)
Name <i>DYNIDAS SYSTEMS INTER.</i>	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <i>2154 SOUTH STREET</i>	Fax				Age of Firm (Yrs.)
City State ZIP <i>LONG BEACH CA 90805</i>	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name	Fax				Age of Firm (Yrs.)
Address					
City State ZIP					

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. **Photocopy this form for additional firms.**

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES/IS/DBE #	Age of Firm (Yrs.)
Name: PHOENIX ELECTRICAL Address: 1350 VAN DYKE AVE City State ZIP: SAN FRANCISCO CA 94121	Phone: 415.671.3858 Fax:	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		ELECTRICAL AND RELATED	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/IS/DBE #	Age of Firm (Yrs.)
Name: COLUMBIA ELECTRICAL Address: 1980 DAVIS ST City State ZIP: SAN LEONARD CA 94577	Phone: 415.410.9505 Fax:	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		ELECTRICAL AND RELATED	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/IS/DBE #	Age of Firm (Yrs.)
Name: OLIVERA FENCE Address: 293 BROOKMAN RD City State ZIP: SANTA CLARA CA 95050	Phone: 408.727.3811 Fax:	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		FENCE AND RELATED	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/IS/DBE #	Age of Firm (Yrs.)
Name: PHOENIX ELECTRICAL Address: 1350 VAN DYKE AVE City State ZIP: SAN FRANCISCO CA 94121	Phone: 415.671.3858 Fax:	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		ELECTRICAL AND RELATED	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/IS/DBE #	Age of Firm (Yrs.)

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. **Photocopy this form for additional firms.**

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name RMT LANDSCAPE	Phone 510.568.3200	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		LANDSCAPE, IRRIGATION, AND REPAIR	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/1st DBE#
Address 421 PENDELTON WAY	Fax				
City State ZIP OAKLAND CA 94621	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			Age of Firm (Yrs.)
Name	Fax				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/1st DBE#
Address	Phone 707.863.3933	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		REBAR	Age of Firm (Yrs.)
City State ZIP	Fax				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/1st DBE#
Name GORDAN CONTRACTORS	Phone				Age of Firm (Yrs.)
Address 1060 KAISER RD.	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/1st DBE#
City State ZIP NAPA CA 94558	Phone				Age of Firm (Yrs.)
Name	Fax				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/1st DBE#
Address	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			Age of Firm (Yrs.)
City State ZIP	Fax				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES/1st DBE#

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name <i>FARWEST SAFETY</i>	Phone <i>209.339.8085</i>	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<i>STAIRS AND RELATED</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address <i>226 N. MAIN ST.</i>	Fax				Age of Firm (Yrs)
City State ZIP <i>1001 CA 95240</i>					<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			Age of Firm (Yrs)
Address	Fax				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
City State ZIP					Age of Firm (Yrs)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Address	Fax				Age of Firm (Yrs)
City State ZIP					<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			Age of Firm (Yrs)
Address	Fax				<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
City State ZIP					Age of Firm (Yrs)

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		
Name	Phone	<input type="checkbox"/> < \$1 million		<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million		<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million		If YES list DBE #
		<input type="checkbox"/> < \$15 million		Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million		

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

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Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use	
					Only (Certified DBE?)	Use
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES	
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO	
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES/1st DBE #	
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)	
		<input type="checkbox"/> > \$15 million				
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES	
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO	
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES/1st DBE #	
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)	
		<input type="checkbox"/> > \$15 million				
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES	
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO	
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES/1st DBE #	
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)	
		<input type="checkbox"/> > \$15 million				
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES	
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO	
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES/1st DBE #	
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)	
		<input type="checkbox"/> > \$15 million				

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The Bidder shall list all first tier Subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address		<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP	Fax	<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	LOCAL AGENCY USE Only				
					YES	NO	YES/NO/DBE	AGENCY FIRM(S)	
RMA Group 130 Archer Street San Jose, CA 95112	Phone 408 362.4920 Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million							
DVIDAG Systems 154 South Street Long Beach, CA 90805	Phone 562 531.6161 Fax 562 529.2225	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million							
Schwager Davis 8 Hillside Avenue San Jose, CA 95136	Phone 408 281.9300 Fax (408) 281-9301	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million							
ANRAK Corporation 20 Mayhew Road Carmelito, CA 95827	Phone 916 383.5030 Fax 916 383.8090	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million							

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (Circle One) (DBE/Non-DBE)
Name CAC Traffic Control Address 3450 3rd St STE City State ZIP San Francisco, CA 94124	Phone 415 206-1700 Fax 415 206-1711	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE NON-DBE INVESTIGATIVE AGE OF FIRMS
Name Bay Line Address 1635 fourth Street City State ZIP Berkeley, CA 94710	Phone 510 527-1000 Fax 510 527-0500	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE NON-DBE INVESTIGATIVE AGE OF FIRMS
Name LS Trucking Address 1774 W. Winton Ave City State ZIP Hayward 94545	Phone 510 266-5213 Fax 510 266-5245	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE NON-DBE INVESTIGATIVE AGE OF FIRMS
Name SBS Trucking Address 477 Roland way City State ZIP Oakland, CA 94621	Phone 510 383-3556 Fax 510 383-2917	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE NON-DBE INVESTIGATIVE AGE OF FIRMS

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use ONLY (Circle or DBE)
Firm Name: <u>CHRISP Company</u> Address: <u>43650 Osgood Rd</u> City, State, ZIP: <u>Freemont, CA 94539</u>	Phone: <u>510 656-2840</u> Fax: <u>510 656-2397</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE) (AS OF FIRM'S)
Firm Name: <u>Sacramento Drillings</u> Address: <u>43 Blumenfeld Dr STE 100</u> City, State, ZIP: <u>Sacramento, CA 95815</u>	Phone: <u>916 638-1766</u> Fax: <u>916 638-3725</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE) (AS OF FIRM'S)
Firm Name: _____ Address: _____ City, State, ZIP: _____	Phone: _____ Fax: _____	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE) (AS OF FIRM'S)
Firm Name: _____ Address: _____ City, State, ZIP: _____	Phone: _____ Fax: _____	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE) (AS OF FIRM'S)

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE)
RCS Incorporated 2808 Surrey way City State ZIP Ontario, CA 91761	Phone 562 307-7734 Fax NA	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES/IS/DBE/F AGS of Firm (Y/N)
Gerdau 1060 Kaiser Rd City State ZIP Napa, CA 94558	Phone 707 863-3933 Fax 707	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES/IS/DBE/F AGS of Firm (Y/N)
Farwest SAFETY 226 N. Main Street City State ZIP Lodi, CA 95240	Phone 209 339-8085 Fax 209	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES/IS/DBE/F AGS of Firm (Y/N)
Adshn Enterprise 2 BOX 81926 City State ZIP Kersfield, CA 93380	Phone 661 589-1001 Fax 661	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES/IS/DBE/F AGS of Firm (Y/N)

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (DBE/DBE)
Name Torment Laboratory Address 483 Sinclair Frontage Rd City State ZIP Milpitas, CA 95035	Phone 408 263 5258 Fax 408 263 8293	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		SOIL SAMPLE / TESTING	YES NO YES (DBE) AGE OF FIRMS
Name Bauman Landscape Construction General Sitework Address 255 Battery Street Suite 400 City State ZIP SAN FRANCISCO, CA 94111	Phone 415 447 - 4800 Fax 415 447 - 4258	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		LANDSCAPE	YES NO YES (DBE) AGE OF FIRMS
Name NINYO & MOORE Address 2149 O TOOLE AVENUE SUITE 110 City State ZIP SAN JOSE, CA 95131	Phone (408) 435 - 9000 Fax (408) 435 - 9006	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		SOIL SAMPLE / TESTING	YES NO YES (DBE) AGE OF FIRMS
Name Sudner Sams Trucking Address 72 Euclid Avenue Suite 105 City State ZIP DANFORD, CA 95040	Phone 510 385 8594 Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		TRUCKING	YES NO YES (DBE) AGE OF FIRMS

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (DBE/Non-DBE)
Name <u>K&G Concrete</u> Address <u>1300 Clay Suite 600</u> City State ZIP <u>Oakland, CA 94612</u>	Phone <u>916 539-6652</u> Fax <u>866 878-2769</u>	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE/Non-DBE
Name <u>Day Area Traffic Solutions</u> Address <u>44800 Industrial Drive</u> City State ZIP <u>St. Leon, CA 94538</u>	Phone <u>916 544-9580</u> Fax <u>510 657-2544</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million			DBE/Non-DBE
Name <u>S Khwok Engineers</u> Address <u>1010 Crow Canyon Pl Ste 100</u> City State ZIP <u>San Ramon, CA 94583</u>	Phone <u>510 220-9017</u> Fax <u>888 733-1360</u>	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE/Non-DBE
Name <u>Roadway Constructions</u> Address <u>16 Market Plaza Spear</u> City State ZIP <u>San Francisco, CA 94105</u>	Phone <u>415-293-8490</u> Fax <u>415-293-8492</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			DBE/Non-DBE

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (Circle One)
Firm Name/ Western Traffic Supply Address 39412 Valley Ave Suite City State ZIP VASANTON, CA 94566	Phone 925 249-1854 Fax 925 249-1863	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRAFFIC CONTROL	<input type="checkbox"/> Local Agency Use <input type="checkbox"/> DBE
Firm Name/ Harris Rebar Address Northern California Inc. 55 S. VASCO RD City State ZIP LIVERMORE, CA 94550	Phone 925 373-0733 Fax 925 373-0136	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		REBAR	<input type="checkbox"/> Local Agency Use <input type="checkbox"/> DBE
Firm Name/ Commercial Metals Company Address 120 W. Larch Road City State ZIP YVAC, CA 95304	Phone 209 834-9300 Fax 209 836-1457	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		REBAR	<input type="checkbox"/> Local Agency Use <input type="checkbox"/> DBE
Firm Name/ Address City State ZIP	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> Local Agency Use <input type="checkbox"/> DBE

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (DBE/Non-DBE)
Name CEMEX Address 5666 La Ribera City State ZIP LIVERMORE, CA	Phone 408 506-3655 Fax 885-4140	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		READY MIX	DBE YES (S/DBE) NO (N/DBE) AGE OF FIRM (YRS)
Name Gallagher & Burk Address 344 High Street P.O. Box 7227 City State ZIP Oakland, CA 94601-7227	Phone 925 829-1446 Fax 925 829-8174	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		SUPPLY ASPHALT	DBE YES (S/DBE) NO (N/DBE) AGE OF FIRM (YRS)
Name Cal-Con Pumping, Inc. Address Avenue of the Palms Avenue Suite City State ZIP SAN FRANCISCO, CA 94130	Phone 415 401-9838 Fax 415 401-7664	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		CONCRETE PUMPING	DBE YES (S/DBE) NO (N/DBE) AGE OF FIRM (YRS)
Name EXARO Address 831 Bayshore Highway City State ZIP DUBLINGAME, CA 94010	Phone 650 777-4324 Fax 650 777-4326	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		REBAR SCANNING	DBE YES (S/DBE) NO (N/DBE) AGE OF FIRM (YRS)

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Circle if DBE)
Name Antonio Inc. Address 53 Hegenberger Rd Suite City State ZIP Oakland, CA 94621	Phone 510 798-4202 Fax 510 886-1243	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		QC/QA	<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE)
Name Hernandez Engineering Address 50 Rankin St. City State ZIP San Francisco, CA 94124	Phone 415 824-4731 Fax 415 824-4696	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRAFFIC CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE)
Name Willard Environmental Services Address PO Box 579 City State ZIP Wilson, CA 94514	Phone 925 (925) 634-6850 Fax 925 634-0874	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE)
Name Twining Address 572 Santa Ana Avenue City State ZIP Sacramento 95838	Phone 916 649-9000 Fax 916 921-8532	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		QC/QA	<input type="checkbox"/> YES <input type="checkbox"/> NO (YES IS DBE)

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (YES/NO/DBE)
Firm Name: DAL Technology, Inc. Address: 105 Edgewater Drive, Suite 202 City State ZIP: OAKLAND CA 94621	Phone 510 273-2425 Fax 510 740-6210	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		ELECTRICAL	YES/NO/DBE
Firm Name: LENNYSON ELECTRIC, INC. Address: 7275 National Drive Suite A City State ZIP: LIVERMORE, CA 94550	Phone 925 606-1038 Fax 925 606-7655	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		ELECTRICAL	YES/NO/DBE
Firm Name: Traffic Control Pros Address: 140 Stanwell Drive Ste B City State ZIP: OAKLAND, CA 94520	Phone 925 970-4580 Fax 925 405-3833	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		TRAFFIC CONTROL	YES/NO/DBE
Firm Name: Tri Valley Address: 152 N. Vasco Rd City State ZIP: LIVERMORE, CA 94551	Phone 925 822-7195 Fax 925 292-9821	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	YES/NO/DBE

tribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

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Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use
					Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			If YES list DBE #
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs.)
		<input type="checkbox"/> > \$15 million			

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (Certify on DBE)
Name	Phone	<input type="checkbox"/> < \$1 million			YES NO (YES IS DBE #)
Address	Fax	<input type="checkbox"/> < \$5 million			YES NO (YES IS DBE #)
City State ZIP		<input type="checkbox"/> < \$10 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> < \$15 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> > \$15 million			YES NO (YES IS DBE #)
Name	Phone	<input type="checkbox"/> < \$1 million			YES NO (YES IS DBE #)
Address	Fax	<input type="checkbox"/> < \$5 million			YES NO (YES IS DBE #)
City State ZIP		<input type="checkbox"/> < \$10 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> < \$15 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> > \$15 million			YES NO (YES IS DBE #)
Name	Phone	<input type="checkbox"/> < \$1 million			YES NO (YES IS DBE #)
Address	Fax	<input type="checkbox"/> < \$5 million			YES NO (YES IS DBE #)
City State ZIP		<input type="checkbox"/> < \$10 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> < \$15 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> > \$15 million			YES NO (YES IS DBE #)
Name	Phone	<input type="checkbox"/> < \$1 million			YES NO (YES IS DBE #)
Address	Fax	<input type="checkbox"/> < \$5 million			YES NO (YES IS DBE #)
City State ZIP		<input type="checkbox"/> < \$10 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> < \$15 million			YES NO (YES IS DBE #)
		<input type="checkbox"/> > \$15 million			YES NO (YES IS DBE #)

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Central DBE)
					<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES IS DBE # Age of Firm (Yrs)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			
Address	Fax				
City State ZIP					
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			
Address	Fax				
City State ZIP					
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			
Address	Fax				
City State ZIP					
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			
Address	Fax				
City State ZIP					

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency - USF
					Only (CERCLA/DBE)
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			<input type="checkbox"/> YES IS DBE#
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			<input type="checkbox"/> YES IS DBE#
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			<input type="checkbox"/> YES IS DBE#
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			<input type="checkbox"/> YES IS DBE#
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES
Address	Fax	<input type="checkbox"/> < \$5 million			<input type="checkbox"/> NO
City State ZIP		<input type="checkbox"/> < \$10 million			<input type="checkbox"/> YES IS DBE#
		<input type="checkbox"/> < \$15 million			Age of Firm (Yrs)
		<input type="checkbox"/> > \$15 million			

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?)
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES IS DBE? AGE OF FIRM (Yrs)
Address	Fax				
City State ZIP					
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES IS DBE? AGE OF FIRM (Yrs)
Address	Fax				
City State ZIP					
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES IS DBE? AGE OF FIRM (Yrs)
Address	Fax				
City State ZIP					
Name	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			YES NO YES IS DBE? AGE OF FIRM (Yrs)
Address	Fax				
City State ZIP					

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Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The Bidder shall list all Subcontractors who provided a quote or bid but were not selected to participate as a Subcontractor on this Contract. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (Circle of DBE #)
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES <input type="checkbox"/> NO #YES/IS/DBE#
Address	Fax	<input type="checkbox"/> < \$5 million			Age of Firm (Yrs)
City State ZIP		<input type="checkbox"/> < \$10 million			
		<input type="checkbox"/> < \$15 million			
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES <input type="checkbox"/> NO #YES/IS/DBE#
Address	Fax	<input type="checkbox"/> < \$5 million			Age of Firm (Yrs)
City State ZIP		<input type="checkbox"/> < \$10 million			
		<input type="checkbox"/> < \$15 million			
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES <input type="checkbox"/> NO #YES/IS/DBE#
Address	Fax	<input type="checkbox"/> < \$5 million			Age of Firm (Yrs)
City State ZIP		<input type="checkbox"/> < \$10 million			
		<input type="checkbox"/> < \$15 million			
		<input type="checkbox"/> > \$15 million			
Name	Phone	<input type="checkbox"/> < \$1 million			<input type="checkbox"/> YES <input type="checkbox"/> NO #YES/IS/DBE#
Address	Fax	<input type="checkbox"/> < \$5 million			Age of Firm (Yrs)
City State ZIP		<input type="checkbox"/> < \$10 million			
		<input type="checkbox"/> < \$15 million			
		<input type="checkbox"/> > \$15 million			

Distribution: 1) Original - Local Agency File

EXHIBIT 15-G
LOCAL AGENCY BIDDER DBE COMMITMENT

**INSTRUCTIONS - LOCAL AGENCY BIDDER
DBE COMMITMENT (CONSTRUCTION CONTRACTS)****ALL BIDDERS:**

PLEASE NOTE: This information may be submitted with your Bid. If it is not, and you are the apparent low Bidder or the second or third low Bidder, it must be submitted and received as specified in the Special Provisions.² Failure to submit the required DBE commitment will be grounds for finding the Bid nonresponsive.

The form requires specific information regarding the construction contract: Local Agency, Location, Project Description, Total Contract Amount, Bid Date, Bidder's Name, and Contract DBE Goal.

The form has a column for the Contract Item Number and Item of Work and Description or Services to be Subcontracted or Materials to be provided by DBEs. Prime Contractors shall indicate all work to be performed by DBEs including, if the prime is a DBE, work performed by its own forces, if a DBE. The DBE shall provide a certification number to the Contractor and expiration date. Enter the DBE prime's and Subcontractors' certification numbers. The form has a column for the Names of DBE contractors to perform the work (who must be certified on the date Bids are opened and include the DBE address and phone number).

IMPORTANT: Identify all DBE firms participating in the project regardless of tier. Names of the First-Tier DBE Subcontractors and their respective item(s) of work listed should be consistent, where applicable, with the names and items of work in the "List of Subcontractors" submitted with your bid.

There is a column for the DBE participation dollar amount. Enter the Total Claimed DBE Participation dollars and percentage amount of items of work submitted with your bid pursuant to the Special Provisions.² (If 100% of item is not to be performed or furnished by the DBE, describe exact portion of time to be performed or furnished by the DBE.) See Section "Disadvantaged Business Enterprise (DBE)," of the Special Provisions² (construction contracts), to determine how to count the participation of DBE firms.

Exhibit 15-G must be signed and dated by the person bidding. Also list a phone number in the space provided and print the name of the person to contact.

Local Agencies should complete the Local Agency Contract Award, Federal-aid Project Number, Federal Share, Contract Award Date fields and verify that all information is complete and accurate before signing and filing.

² In place of Special Provisions, see Supplementary Conditions Article SC7.1.

EXHIBIT 15-H

DBE INFORMATION – GOOD FAITH EFFORTS

EXHIBIT 15-H DBE INFORMATION —GOOD FAITH EFFORTS
DBE INFORMATION - GOOD FAITH EFFORTS

Federal-aid Project No. _____ Bid Opening Date _____

The _____ (City/County of) _____ established a Disadvantaged Business Enterprise (DBE) goal of _____% for this Contract. The information provided herein shows that a good faith effort was made.

Lowest, second lowest and third lowest Bidders shall submit the following information to document adequate good faith efforts. Bidders should submit the following information even if the "Local Agency Bidder DBE Commitment" form indicates that the Bidder has met the DBE goal. This will protect the Bidder's eligibility for award of the Contract if the administering agency determines that the Bidder failed to meet the goal for various reasons, e.g., a DBE firm was not certified at bid opening, or the Bidder made a mathematical error.

Submittal of only the "Local Agency Bidder DBE Commitment" form may not provide sufficient documentation to demonstrate that adequate good faith efforts were made.

The following items are listed in the Section entitled "Submission of DBE Commitment" of the³ Special Provisions:

- A. The names and dates of each publication in which a request for DBE participation for this Contract was placed by the bidder (please attach copies of advertisements or proofs of publication):

Publications	Dates of Advertisement

- B. The names and dates of written notices sent to certified DBEs soliciting Bids for this Contract and the dates and methods used for following up initial solicitations to determine with certainty whether the DBEs were interested (please attach copies of solicitations, telephone records, fax confirmations, etc.):

Names of DBEs Solicited	Date of Initial Solicitation	Follow Up Methods and Dates

³ In place of Special Provisions, see Supplementary Conditions Article SC7.1.

E. Efforts made to assist interested DBEs in obtaining bonding, lines of credit or insurance, and any technical assistance or information related to the plans, specifications and requirements for the work which was provided to DBEs:

F. Efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials or related assistance or services, excluding supplies and equipment the DBE Subcontractor purchases or leases from the prime Contractor or its affiliate:

G. The names of agencies, organizations or groups contacted to provide assistance in contacting, recruiting and using DBE firms (please attach copies of requests to agencies and any responses received, i.e., lists, Internet page download, etc.):

Name of Agency/Organization	Method/Date of Contact	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Any additional data to support a demonstration of good faith efforts (use additional sheets if necessary):

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

BIDDERS DBE QUESTIONNAIRE

Is Bidder a DBE? YES NO
(See Supplementary Conditions
Article SC7.1.1 for definition of DBE)

CUCP Certified? YES NO

If YES, enter Certification Date: (N/A)

Is Bidder a joint venture with DBE partners? ⁴ YES NO

If YES, are Joint Venture Forms attached YES NO

Percent (%) of DBE Participation in Joint Venture (N/A) %

Age of Firm: (N/A)

Annual Gross Receipts as of last Tax Year: \$ 29,343,266.00

⁴ If the Bidder is a joint venture, only the portion of the total dollar value of the Contract equal to the distinct, clearly defined portion of the work that is performed solely by the DBE's own forces can be counted towards the DBE goal. If the work is not clearly delineated between the DBE and the joint venture partner, only the portion of the work equal to the DBE's percentage ownership interest in the joint venture will be counted. See Supplementary Conditions Article SC7.1.3D.1

NONCOLLUSION DECLARATION

(To be executed by Bidder and submitted with Bid)

Robert G. Brosamer, declares that he or she is President of Brosamer & Wall, Inc.
(Bidder's Name) (Title) (Company's Name)

the party making the foregoing Bid, that the Bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the Bid is genuine and not collusive or sham; that the Bidder has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham Bid, or that anyone shall refrain from Bidding; that the Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix to the Bid Price of the Bidder or any other bidder, or to fix any overhead, profit, or cost element of the Bid Price, or of that of any other bidder, or to secure any advantage against the public body awarding the Contract of anyone interested in the proposed Contract; that all statements contained in the Bid are true; and, further, that the Bidder has not, directly or indirectly, submitted its Bid Price or any breakdown thereof, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

I certify (or declare) under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

Date: July 28, 2015

Robert G. Brosamer

Name of Bidder



Signature of Bidder

Robert G. Brosamer

President - Brosamer & Wall, Inc

(Attention is directed to General Conditions Article GC7.1.2, Fair Employment Practices.)

FAIR EMPLOYMENT PRACTICES CERTIFICATION

TO THE SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

The undersigned in submitting a Bid for performing the following work by Contract, hereby certifies that it has or will meet the standards of affirmative compliance with the Fair Employment Practices Requirements of the Contract.

CONTRACT NO. 15PB-120

A LINE STRUCTURES - LAKE MERRITT TO COLISEUM

Brosamer & Wall, Inc.

Name of Bidder

By:



Signature of Bidder

Robert G. Brosamer, President

Print Name and Title of Person Signing

1777 Oakland Blvd., Suite 110, Walnut Creek, CA 94596

Business Address

Alamo, California

Place of Residence

(Applicable to Contractors and Subcontractors of any tier seeking a Subcontract exceeding \$25,000.
Bidder's attention is directed to Article XI of FHWA Form 1273)

DEBARMENT AND SUSPENSION CERTIFICATION

Title 49, Code of Federal Regulations, Part 19

The Bidder, under penalty of perjury, certifies that, except as noted below, he/she or any other person associated therewith in the capacity of owner, partner, director, officer, and manager:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal agency within the past 3 years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of Award, but will be considered in determining Bidder responsibility. For any exception noted above, indicate below to who it applies, initiating agency, and dates of action.

Date: July 28, 2015

Brosamer & Wall, Inc.

Name of Firm

By:


Signature

Robert G. Brosamer, President

Print Name and Title of Person Signing

Note: Providing false information may result in criminal prosecution or administrative sanctions.

(Bidder's attention is directed to Paragraph 8.I of the Instructions to Bidders and Article XII of FHWA Form 1273. The Certification shall be executed by the Bidder and by applicable Subcontractors or sub-suppliers of any tier receiving an amount in excess of \$100,000 and submitted by the Bidder either with the Bid or within the time frame specified in the Instructions to Bidders or before commencement of Subcontract work, as specified in the Instructions to Bidders.)

NONLOBBYING CERTIFICATION
FOR FEDERAL-AID CONTRACTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the Award documents for all sub-awards at all tiers (including Subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Brosamer & Wall, Inc.

Name of Firm

By: _____

Signature

Robert G. Brosamer, President

Print Name and Title of Person Signing

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
CERTIFICATION REGARDING FINANCIAL CONTRIBUTIONS

(Submit with Bid)

Certification to be executed by Bidder and each proposed first-tier Subcontractor or subsupplier whose Subcontract exceeds \$100,000. Make additional copies of the Certification as necessary.

Bidder must use its best efforts to collect the Certification from each first-tier Subcontractor or subsupplier whose Subcontract exceeds \$100,000 and to submit such Certifications along with its own to the District on the Bid date.

Bidder is advised that all Certifications must be submitted on the Bid date unless there is reasonable cause for delay; however, Bidder is cautioned that unless all Certifications are submitted within five (5) Days after the date Bids are due, the Bid may be considered non-responsive. See Instructions to Bidders for submitting Certifications after the Bid due date.

The undersigned certifies that:

1. It will not make any monetary or in-kind contribution (including loans) to any BART Director, or any candidate for Director, in excess of \$1,000 from the date Bids are opened by the District until Award of the Contract.
2. It understands that the term "contribution" shall have the same meaning as defined in California Government Code Section 82015 and implementing regulations adopted by the Fair Political Practices Commission.

Brosamer & Wall, Inc.

Name of Firm



Signature

Date

Robert G. Brosamer, President

Print Name and Title of Person Signing

EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION
(SUBMIT WITH BID)

The Bidder / proposed Subcontractor Brosamer & Wall, Inc.,
hereby certifies that it has _____, has not X, participated in a previous contract or
subcontract subject to the equal opportunity clauses, as required by Executive Orders 10925, 11114, or
11246, and that, where required, he has filed with the Joint Reporting Committee, the Director of the
Office of Federal Contract Compliance, a Federal Government contracting or administering agency, or the
former President's Committee on Equal Employment Opportunity, all reports due under the applicable
filing requirements.

Brosamer & Wall, Inc.

Name of Firm


Signature

Robert G. Brosamer, President

Print Name and Title of Person Signing

Note: The above certification is required by the Equal Employment Opportunity Regulations of the Secretary of Labor (41 CFR 60-1.7(b)(1)), and must be submitted by Bidders and proposed Subcontractors only in connection with contracts and subcontracts, which are subject to the equal opportunity clause. Contracts and Subcontracts which are exempt from the equal opportunity clause are set forth in 41 CFR 60-1.5. (Generally only contracts or subcontracts of \$10,000 or under are exempt.)

Currently, Standard Form 100 (EEO-1) is the only report required by the Executive Orders or their implementing regulations.

Proposed prime Contractors and Subcontractors who have participated in a previous contract or subcontract subject to Executive Orders and have not filed the required reports should note that 41 CFR 60-1.7(b)(1) prevents the award of contracts and subcontracts unless such Contractor submits a report covering the delinquent period or such other period specified by the Federal Highway Administration or by the Director, Office of Federal Contract Compliance, U.S. Department of Labor.