

# Second Bidder

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**CALTRANS BIDDER - DBE - COMMITMENT**  
 DES-OE-0102.10C (NEW 06/2012)

10-13-14P02:28 RCVD

This information may be submitted with your bid proposal. 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 section 2 of the specifications. Failure to submit the required DBE information will be grounds for finding the bid nonresponsive.

CONTRACT NO: 07-275704

BID AMOUNT: \$ 3,763,210.00

BID OPENING DATE: 10-9-2014

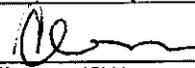
BIDDER'S NAME: Abhe & Svoboda, Inc.

DBE GOAL FROM CONTRACT. %: 2%

DBE PRIME CONTRACTOR CERTIFICATION<sup>1</sup>:

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup>	FOR CALTRANS USE ONLY	NAME OF DBES (Must be certified on the date bids are opened - include Caltrans certification #, DBE address and phone number) (Indicate 2nd and lower tier subcontractors)	DOLLAR AMOUNT DBE <sup>3</sup>
10	Furnish, erect, and remove scaffold and containment for Item No. 10		Diana Prince Construction, Inc. 16 Faith, Irvine, CA 92612 Certification No. 39673 and DGS No. 1554660	\$782,215.00

<p>IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Names of the First Tier DBE Subcontractors and their respective items(s) of work listed above must be consistent, where applicable, with the names and items of work in the "Subcontractor List" submitted with your bid. Copies of the DBE quotes are required.</p> <p>1. DBE prime contractors must enter their certification number and indicate all work to be performed by DBEs including work performed by its own forces.</p> <p>2. If 100% of item is not to be performed or furnished by DBE, describe exact portion of item to be performed or furnished.</p> <p>3. See section 2-1.12 of the specifications to determine the credit allowed for DBE firms.</p>	Total Claimed Participation	\$ 782,215.00
		20.79 %

  
 Signature of Bidder

10-9-2014                      952-447-6025  
 Date                                      (Area Code) Tel. No.

Gail Svoboda, President  
 Person to Contact                      ( Please Type or Print)

Submit to:

MSC 43  
 OFFICE ENGINEER  
 DEPARTMENT OF TRANSPORTATION  
 1727 30TH STREET  
 SACRAMENTO, CA 95816-7005

October 8, 2014

SENT BY E-MAIL

10-13-14P02:28 RCVD

Abhe & Svoboda, Inc.  
17066 Revere Way  
Prior Lake, Minnesota 55372

Reference: Contract No. 07-275704, titled "Paint Steel Structure"  
**QUOTE**

Dear Sir:

Diana Prince Construction, Inc. (DPCI) is pleased to quote the following items on the above-referenced project:

<u>Item No.</u>	<u>Item Description</u>	<u>Unit of Measure</u>	<u>Est. Qty.</u>	<u>Unit Price</u>	<u>Item Total</u>
10	Furnish, Install, and Remove Scaffold and containment for Item No. 10	LS	Lump Sum	782,215.00	<u>782,215.00</u>
<b>TOTAL</b>					<b>\$ 782,215.00</b>

**Conditions of Quote:**

1. All items are tied
2. Prices Quoted are conditioned upon completion of the project within 285 working days
3. All platform components, signs, and traffic items remain the property of DPCI
4. Performance and Payment Bonds are not included. Add \$11,733.00 if bonds are required.
5. Price Firm for ninety (90) days

Please contact me if you have any questions.

Sincerely,



Kristine S. Flynn  
President

P: 714.550.9377  
F: 714.242.7616  
1430 S. Grand Ave.  
Santa Ana, CA 92705  
[www.dianaprince.net](http://www.dianaprince.net)



*Diana Prince Construction, Inc.*

[Back To Query Form](#)

10-13-14P02:28 RCVD

**Search Returned 1 Records**

Thu Oct 09 13:28:33 PDT 2014

**Query Criteria**

Firm/DBA Name: diana prince

Firm Type: DBE

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<b>Firm ID</b>	39673
<b>Firm/DBA Name</b>	DIANA PRINCE CONSTRUCTION, INC.
<b>Address Line1</b>	16 FAITH
<b>Address Line2</b>	
<b>City</b>	IRVINE
<b>State</b>	CA
<b>Zip Code1</b>	92612
<b>Zip Code2</b>	
<b>Mailing Address Line1</b>	P.O. BOX 5206
<b>Mailing Address Line2</b>	
<b>Mailing City</b>	IRVINE
<b>Mailing State</b>	CA
<b>Mailing Zip Code1</b>	92616
<b>Mailing Zip Code2</b>	
<b>Certification Type</b>	DBE
<b>E-Mail</b>	Kristine@DianaPrince.net
<b>Contact Name</b>	KRISTINE S. FLYNN
<b>Area Code</b>	( 714 )
<b>Phone Number</b>	550-9377
<b>Fax Area Code</b>	( 714 )
<b>Fax Phone Number</b>	242-7616
<b>Agency Name</b>	DEPARTMENT OF TRANSPORTATION
<b>Counties</b>	13; 15; 19; 30; 33; 36; 37; 40; 42; 56;
<b>Districts</b>	05; 06; 07; 08; 11; 12;
<b>DBE NAICS</b>	238320;

**ACDBE NAICS**

<b>Work Codes</b>	C9854 PAINTING STRUCTURES;
<b>Licenses</b>	A General Engineering Contractor; C33 Painting and Decorating Contractor;
<b>Trucks</b>	
<b>Gender</b>	F
<b>Ethnicity</b>	CAUCASIAN
<b>Firm Type</b>	DBE

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[Back To Query Form](#)



Department of  
**General Services**  
 BUILDING GREEN · BUYING GREEN · WORKING GREEN

10-13-14 P02:28 RCVD

## DIANA PRINCE CONSTRUCTION, INC. - #1554660

SUPPLIER PROFILE	
Legal Business Name	DIANA PRINCE CONSTRUCTION, INC.
Doing Business As	DIANA PRINCE CONSTRUCTION, INC.
Address	PO BOX 5206 IRVINE, CA 92616
Phone	(714) 550-9377
FAX	(714) 242-7616
Email	<a href="mailto:KRISTINE@DIANAPRINCE.NET">KRISTINE@DIANAPRINCE.NET</a>
Web Page	<a href="http://www.DianaPrince.net">http://www.DianaPrince.net</a>
Business Types	Construction
Service Areas	Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba,
Keywords	bridge repair, painting, coating, maintenance, infrastructure repair
Construction License Types	A - General Engineering C-33 - Painting and Decorating
Classifications	721410 - Highway and road construction services 721411 - Infrastructure building and surfacing and paving services 721412 - Marine construction services 721513 - Painting and paper hanging services 721534 - Rigging and scaffolding services

### Active Certifications

TYPE	STATUS	FROM	TO
SB (Micro)	Approved	May 1, 2013	May 31, 2017

### Certification History

TYPE	STATUS	FROM	TO
SB (Micro)	Expired	Mar 28, 2011	Mar 31, 2013



OFFICE ENGINEER MS 43  
DEPARTMENT OF TRANSPORTATION  
1727 30<sup>TH</sup> STREET  
SACRAMENTO, CA 95816

DATE: 10/10/14

10-13-14P02:27 RCVD

Office Phone # (916) 227-6263

FAX # (916) 227-6282

**TO:** Abhe & Svoboda Inc

**FROM:**

Name: Joshua Thornton

Office: Awards

Phone: (916) 227-6263

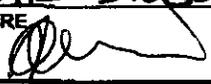
**MESSAGE:**

Contract #07-275704

Please complete the attached Payee Data Record form and fax to the number above. This form is required when receiving payments from Caltrans should your company be awarded the above contract. Please include both the company's P.O. Box and street address on the form. These addresses must match the addresses on your bid proposal. Thank you.

**PAYEE DATA RECORD**(Required when receiving payment from the State of California in lieu of IRS W-9)  
STD. 204 (Rev. 9-2009)

10-13-14P02:27 RCVD

1	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.											
2	<b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print) <b>ABHE &amp; SVOBODA, INC.</b>											
		<b>SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)	<b>E-MAIL ADDRESS</b> estimating@abheonline.com									
<b>MAILING ADDRESS</b> PO Box 251 CITY, STATE, ZIP CODE PRIOR LAKE, MN 55372		<b>BUSINESS ADDRESS</b> 18100 DAIRY LANE CITY, STATE, ZIP CODE JORDAN, MN 55352										
3	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> 41-11224817		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.									
<b>PAYEE ENTITY TYPE</b> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR		<b>CORPORATION:</b> <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS										
<b>CHECK ONE BOX ONLY</b> ENTER SOCIAL SECURITY NUMBER: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
4	<input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.											
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.											
		<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) GAIL SVOBODA	<b>TITLE</b> PRESIDENT									
<b>SIGNATURE</b> 		<b>DATE</b> 10/10/2014	<b>TELEPHONE</b> (952) 447-6025									
6	<b>Please return completed form to:</b> Department/Office: Caltrans Unit/Section: Office Engineer Mailing Address: 1727 30th Street City/State/Zip: Sacramento, CA 95816 Telephone: (916) 227-6299 Fax: (916) 227-6282 E-mail Address: joshua.thornton@dot.ca.gov											

**PAYEE DATA RECORD**

STD. 204 (Rev. 6-2003) (REVERSE)

10-13-14P02:28 RCVD

1	<p><b><u>Requirement to Complete Payee Data Record, STD. 204</u></b></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
4	<p><b><u>Are you a California resident or nonresident?</u></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov	For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address:	wscs.gen@ftb.ca.gov						
For hearing impaired with TDD, call:	1-800-822-6268	Website:	www.ftb.ca.gov						
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p><b><u>Privacy Statement</u></b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								



**Abhe & Svoboda, Inc.**

18100 Dairy Lane, Jordan, MN 55352

Ph: (952) 447-6025; Fax: (952) 447-1000

Email: nate.reindal@abheonline.com

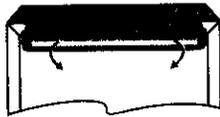
10-13-14P02:26 RCVD

# Cover Sheet

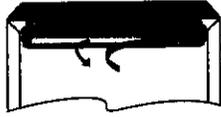
From: Nate Reindal

Date: October 13, 2014

2 Fold this flap down



3 Expose adhesive



4 Fold top flap down



5 Press this flap up to seal



PULL TAB TO OPEN ◀ ◀ ◀

SHIPPING DEPT  
(952) 447-6025  
ABHE & SVOBODA, INC  
18100 DAIRY LN  
JORDAN MN 55352-8323

LTR 1 OF 1

SHIP TO:  
OFFICE ENGINEER  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF ENGINEERING SERVICES  
1727 30TH STREET, MSC 43  
SACRAMENTO CA 95816

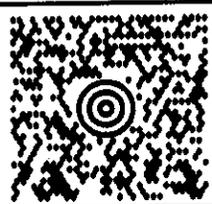
This envelope is for use with the following services:

UPS Next Day Air®  
UPS Worldwide Express®  
UPS 2nd Day Air®

Do not use this envelope for:

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UPS Standard  
UPS 3 Day Select®  
UPS Worldwide Expedited®

Apply shipping documents on the



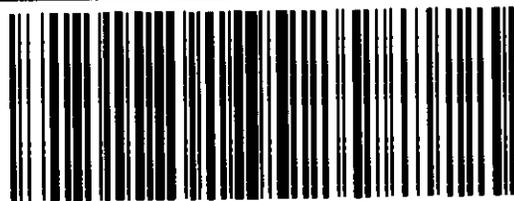
CA 958 9-03



**UPS NEXT DAY AIR**

TRACKING #: 1Z 67X 182 01 4027 3337

1



BILLING: P/P

1026/5-

W 18.0.81 64.0A 014



SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shippers authorize UPS to act as forwarding agent for their customers purposes. If exported from the U.S., shippers certify that the commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited.