

Low (In Bid Book)

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**CERTIFIED DVBE SUMMARY**  
DES-OE-0102.5 (REV 3/2008)

**Low Bidder**

DISTRICT-COUNTY-ROUTE: 08 SRD Rtd. 60  
CONTRACT NO.: 08-0G4304  
TOTAL BID: \$206,573.00  
BID OPENING DATE: 1-24-13  
BIDDER'S NAME: Cal Stripe, Inc.  
DVBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> \_\_\_\_\_

| Bid Item Number   | Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE <sup>2</sup> | For Caltrans Only | DVBE (Name, Telephone No., and Certification No.) | \$ Amount                           |
|---|--|-------------------|---|-------------------------------------|
| 15  | Supply Non-Reflect. Pavement Markers   |                   | James David Lawrence<br>530-885-9257              | 4,950.00                            |
| 16  | Supply Reflective Pavement Markers   |                   | Cert # 407  | 4,600.00                            |
| 15 & 16   | supply marker adhesive   |                   |   | 1,800.00                            |
| Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form. |  |                   | <b>Total Claimed Participation</b>                | \$ <u>11,350.00</u><br><u>5.4</u> % |

1. DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation and need not complete the above table).

2. If 100% of an item is not performed or supplied by the DVBEs, describe the exact part, including the planned location of work to be performed, of item to be performed or supplied by DVBE.

Submit to:

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

S. Fleener 1-24-13  
Signature of Bidder Date

909-884-7170  
(Area Code) Telephone Number

Steve Fleener  
Contact Person (Type or Print)

**ADA Notice** For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3680 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

**James David Lawrence**  
**Certified Small, DVBE Certification No. 407**

635 Mill Road  
 Auburn, CA 95603

5.4%

PH: 530-885-9257  
 jamesdavidlawrence@yahoo.com  
 jd\_lawrence@wavecable.com

January 8, 2013

**RE: 08-0G4304 Bid Date: 1-24-13**

To Whom It May Concern:

| Item #           | Qty                         | Description                                  | Unit Price       | Extension |
|------------------|-----------------------------|--|------------------|-----------|
| <del>13-14</del> | <del>/lb</del>              | <del>White Spray Thermoplastic</del>         | <del>\$.90</del> |           |
|                  | <del>/lb</del>              | <del>Type H M/R Beads</del>                  | <del>\$.41</del> |           |
| 15               | <del>12,000</del><br>11,850 | Type A White Non-Reflective Pavement Markers | \$ .40           | 4,755.00  |
|                  | 4,500                       | Standard Bituminous Adhesive                 | \$ .40           | 1,800.00  |
| 16               | 4000                        | Type G 4x4 RPM                               | \$1.05           | 4,200.00  |

Add TAX

**NOTES:**

1. James David Lawrence warrants that all road marking materials meet or exceed California Standard Specifications and Special Provisions, and are referenced on the Caltrans QPL, if applicable. Accordingly, James David Lawrence does not warrant against sub-standard product performance resulting from improper storage, faulty installation procedures, inclement weather conditions at the time of installation, or defective installation equipment. James David Lawrence's sole responsibility and obligation shall be to replace such quantities of James David Lawrence product that is proven to be defective, and no claim shall exceed the cost of the product found to be defective.
2. Material plus all applicable taxes.
3. Terms: Net 30 subject to preliminary notice information, no retention, contingent upon prior credit approval. Quotation based upon payment by means other than credit card.
4. Quote Duration: 10 days after bid opening, firm. Prices subject to change if order placed after that date.
5. Delivery: 3-4 weeks, ARO, for thermoplastic products; all others, 10-14 days, ARO, subject to availability.
6. James David Lawrence quotations are estimated quantities only.
7. Contractor to determine exact quantities and unit price extensions at time of order.
8. Material quoted F.O.B. Origin. Freight to be prepaid and added to customer invoice. Any special transportation or insurance requirements are to be at buyer's expense, and will be requested by the buyer, in writing, with ample time to complete all arrangements prior to vendor's scheduled shipping date. Quotations are based upon single shipment and delivery. Unloading will be by others, at a destination accessible by standard commercial carrier. Seller shall not be held responsible for any loss or damage related to material transported via commercial carrier.

Thank you for your consideration!

*James David Lawrence*  
 James David Lawrence  
 OWNER

Total  
 \$11,350.00

**CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE**

DES-OE-0102.8 (REV 2/2011)

**BIDDER NAME** \_\_\_\_\_

**CONTRACT NO.** \_\_\_\_\_ - \_\_\_\_\_

List the description of work, name, telephone number, certification number, and dollar amount of each certified small business who will be employed on this project. Failure to provide this information may be cause for denial of the non-small business subcontractor preference. Attach additional sheets if necessary.

Submit to:

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

| Bid Item Number   | Description of Work, Service, or Materials | Certified Small Business (Name, Telephone No., and Certification No.) | \$ Amount |
|---|--|---|-----------|
| <div style="position: absolute; top: 0; right: 0; width: 100%; height: 100%; background: linear-gradient(to top right, transparent 49%, black 49%, black 51%, transparent 51%);"></div> |  |   |           |

Person to Contact \_\_\_\_\_ (Please Type or Print) \$ \_\_\_\_\_

**Total Claimed Participation** \_\_\_\_\_ % of Contract

(Area Code) Telephone Number \_\_\_\_\_

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