

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: 10 - SJ - 4.5 VAR

CONTRACT NO.: 10 - 051104

TOTAL BID: _____

BID OPENING DATE: 11/20/2013

BIDDER'S NAME: BROSMAN & WALL, INC.

DVBE PRIME CONTRACTOR CERTIFICATION ¹ _____

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
108	Form Linear (Partial)		all Forces Supply 714-872-0456 60764	78,000 ⁻
88	Voel Bars & Tie Bars (Partial)		all Forces Supply 714-872-0456 60764	335,000 ⁻

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.

Total Claimed Participation	\$ _____
	_____ %

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.

(See next Page)

Signature of Bidder

Date

Submit to:

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

(Area Code) Telephone Number

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) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CERTIFIED DVBE SUMMARY

DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: 10 - SJ - 4,5,VAR

CONTRACT NO.: 10 - 051104

TOTAL BID: 51,945,990.³⁰

BID OPENING DATE: 11/20/2013

BIDDER'S NAME: BROSAMER & WALL, INC.

DVBE PRIME CONTRACTOR CERTIFICATION ¹

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
103 & 105	Concrete Pumping (Partial)		DEL Pumping Services, Inc. 916-347-6911 #1649060	165,000 ⁻
15	Rain Event Action Plan		Keegan Environmental and Engineering Solutions 951-898-6000 #1558540	41,850 ⁻

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.

Total Claimed Participation	\$ 619,850 ⁻ 1.19 %
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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

 11/19/2013
Signature of Bidder Date

925-932-7900
(Area Code) Telephone Number

ROBERT G. BROSAMER
Contact Person (Type or Print)

CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DES-OE-0102.8 (REV 2/2011)

BIDDER NAME BROSAMER & WALL

CONTRACT NO. 10 - 0S1104

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

ROBERT G. BROSAUER
 Person to Contact (Please Type or Print)

\$ _____

925 - 932 - 7900
 (Area Code) Telephone Number

Total Claimed Participation

_____ % of Contract

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