

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

# Third Bidder

DISTRICT-COUNTY-ROUTE: 04 - NAP - 29-13.5/ 19.8

CONTRACT NO.: 04-3E2204

~~TOTAL BID~~ 1,099,866.<sup>00</sup>

BID OPENING DATE: 3/11/14

BIDDER'S NAME: Team Ghilotti, Inc.

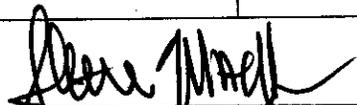
DVBE PRIME CONTRACTOR CERTIFICATION<sup>1</sup> N/A

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
1,6,9	<del>Sapper west</del> <u>SM</u> lead compliance WCPC, Noise monitor		Sapper west (707) 317-0002 # 1390180	\$ 7,490
11,12,14	Trucking		RAF TRUCKING (707) 838-9605 # 1756731	\$ 13,500
8,11,12	sweeping		Wells Sweeping (916) 568-0104 # 0000333	\$ 14,080
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>35,070</u> <u>3</u> %

- 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).
- 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

  
 Signature of Bidder STEVE MACK Date 3/11/14  
SECURITY  
(707) 763-8700  
 (Area Code) Telephone Number  
Monica Bourdens  
 Controller  
 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 SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE**

DES-OE-0102.8 (REV 2/2011)

**BIDDER NAME** Team Ghilotti, Inc.

**CONTRACT NO.** 04-3E2204

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

Monica Bourdens  
Controller  
 Person to Contact (Please Type or Print)  
(707) 763-8700  
 (Area Code) Telephone Number

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

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