

Third Bidder

0-13-14P02:27 RCVD

DISTRICT-COUNTY-ROUTE: 04 - SF - 80-5.8/7.8
 CONTRACT NO.: 04-3G4434
 TOTAL BID: \$ 1,723,310.00
 BID OPENING DATE: 10/8/2014 at 2:00 PM (PST)
 BIDDER'S NAME: Abhe & Svoboda, 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
3	Traffic Control Services		Cal-Vet Construction Services, 408-499-0068, 1769513	\$ 52,000.00
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.			Total Claimed Participation	\$ <u>52,000.00</u> <u>3.02</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


 Signature of Bidder 10/8/2014
Date
 (952) 447-6025
 (Area Code) Telephone Number
Gail Svoboda, President
 Contact Person (Type or Print)



Construction Services

DVBE

CAL-VET SERVICES, INC.
 4850 Bannock Cir.
 San Jose, Ca. 95130
 (408) 499-0068 Office
 (408) 379-1435 Fax

120-83044P02:27 RCVD

Certified DVBE & SBE No. 1769513
Contractor's License No. 894938
Classifications: C-31
Signatory to the Laborers Union

Contract: 04-3G4434	Working Days: 125
Description: Replace Bridge Ladders and Greaselines	San Francisco County
Bid Date: 10/08/2014	

Contact: Wayne Weber (408) 477-6850 for information pertaining to this quote

Item #	Item Code	Item Description	Qty.	Bid Price
3	120100	2 people, 1 truck, 1 arrow board, cones & signs to close 1 lane in 1 direction up to 8hrs mon-fri (per shift) (no impact truck included) Additional lane (each) \$115.00	1	\$1495.00 OT per HR mon-sat \$260.00 Sun. \$379.00
3	120100	1 impact truck, 1 person up to 8hrs mon-fri (per shift)	1	\$1025.00 OT per HR mon-sat \$140.00 Sun. \$195.00
4	128652	Portable Changeable Message Sign (each)	1	\$125.00 per day \$650.00 per week \$1900.00 per month



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

10-13-14P02:27 RCVD

CAL-VET CONSTRUCTION SERVICES -

SUPPLIER PROFILE

Legal Business Name	CAL-VET SERVICES, INC.		
Doing Business As	CAL-VET CONSTRUCTION SERVICES		
Address	679 San Miguel Avenue SANTA CLARA, CA 95050-5157	Phone	(408) 499-0068
		FAX	(408) 931-6111
Email	bhair@calvetdvbe.com		
Web Page	http://www.calvetdvbe.com		
Business Types	Construction Service Non-Manufacturer		
Service Areas	Alameda, Butte, Contra Costa, Humboldt, Marin, Mendocino, Merced, Monterey, Napa, Placer, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma,		
Keywords	Traffic supply sales, traffic control, flagging, construction area signs, warm air heat, ventilating, air conditioning, Construction Zone Traffic Control Contractor		
Construction License Types	B - General Building Contractor C-13 - Fencing C-20 - Warm air heat, ventilating, Air Conditioning C-31 - Construction Zone Traffic Control Contractor C-32 - Parking and Highway Improvement		
Classifications	301217 - Road and railroad construction materials 461615 - Traffic control 721410 - Highway and road construction services 721411 - Infrastructure building and surfacing and paving services 721512 - Heating and cooling and air conditioning HVAC construction and maintenance services		

Active Certifications

TYPE	STATUS	FROM	TO
SB (Micro)	Approved	Feb 27, 2014	Feb 29, 2016
DVBE	Approved	Feb 27, 2014	Feb 29, 2016

Certification History

TYPE	STATUS	FROM	TO
SB (Micro)	Expired	Feb 14, 2012	Feb 28, 2014
DVBE	Expired	Jan 18, 2012	Feb 28, 2014
DVBE	Expired	Dec 28, 2010	Dec 31, 2011
SB (Micro)	Expired	Nov 9, 2009	Dec 31, 2011
DVBE	Expired	Nov 9, 2009	Nov 30, 2010



OFFICE ENGINEER MS 43
DEPARTMENT OF TRANSPORTATION
1727 30TH STREET
SACRAMENTO, CA 95816

DATE: 10/9/14

10-13-14P02:26 RCVD

Office Phone # (916) 227-6299

FAX # (916) 227-6282

TO: Abhe & Svoboda, Inc

Attn: 952-447-1000

FROM:

Name: Thomas McBride

Office: Awards

Phone: (916) 227-6261

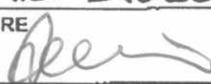
MESSAGE:

Contract #04-3G4434

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. 6-2003)

10-13-14P02:27 RCVD

1	INSTRUCTIONS: 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. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.		
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) ABHE & SVOBODA, INC.		
	SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)		E-MAIL ADDRESS estimating@abhconline.com
	MAILING ADDRESS PO Box 251 CITY, STATE, ZIP CODE PRIOR LAKE, MN 55372		BUSINESS ADDRESS 18100 DAIRY LANE CITY, STATE, ZIP CODE JORDAN, MN 55352
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 411-112248117		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
PAYEE ENTITY TYPE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR		CORPORATION: <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	
CHECK ONE BOX ONLY <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:		[] [] [] - [] [] [] - [] [] [] [] [] <small>(SSN required by authority of California Revenue and Tax Code Section 18648)</small>	
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.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) GAIL SVOBODA		TITLE PRESIDENT
	SIGNATURE 	DATE 10/10/2014	TELEPHONE (952) 447-6025
6	Please return completed form to: 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: thomas.mcbride@dot.ca.gov		

PAYEE DATA RECORD

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

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></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><u>Are you a California resident or nonresident?</u></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><u>Privacy Statement</u></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>								