

LOW BIDDER

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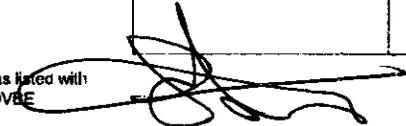
STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
CERTIFIED DVBE SUMMARY
DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: 07-LA-138-48.9/51.9
CONTRACT NO.: 07-1W5704
TOTAL BID: \$ 646,715-
BID OPENING DATE: 4/25/2013
BIDDER'S NAME: GRANITE CONSTRUCTION COMPANY
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
2	Const Area Signs Traffic Control (Partial)		E-Nor Innovations Inc. 310-513-6209 # 37084	15,000
3				13,392
7-10	Supply Materials for Striping Markings, PM		James David Lawrence 530-885-9297 (Sterndahl will buy Materials)	8,200
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 Conl Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.			Total Claimed Participation	\$ <u>36,592</u> <u>5.7</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.

Signature of Bidder  Date 4/25/2013
GARY WOTHERS, SENIOR ESTIMATOR
661 726-4447

(Area Code) Telephone Number
EDWIN FLOYD
Contact Person (Type or Print)

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

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.

TRANSMITTAL LETTER

P.O. BOX 902500 PALMDALE, CA., 93590-2500 PHONE 661-726-4447 FAX 661-726-4460

TO: Department of Transportation
1727 30TH Street
Sacramento, CA 95816-7005

DATE: April 26, 2013
RE. Caltrans Contract No. 07-1W5704
Certified DVBE Summary

ATTN: MSC 43 / Office Engineer

Page 1 of 2

WE ARE TRANSMITTING:			
<input type="checkbox"/> HEREWITH	<input type="checkbox"/> UNDER SEPARATE COVER	<input checked="" type="checkbox"/> VIA MAIL/FED EX	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX
THE FOLLOWING:			
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> DRAWINGS	<input type="checkbox"/> COPY OF LETTER	<input type="checkbox"/> RFI
<input type="checkbox"/> SUBCONTRACT	<input type="checkbox"/> SPECIFICATIONS	<input type="checkbox"/> INVOICE(S)	<input type="checkbox"/> SUBMITTALS
<input type="checkbox"/> CHANGE ORDER	<input type="checkbox"/> PAYROLL DOCUMENTS	<input checked="" type="checkbox"/> MISC. ITEMS NOTED	<u>Certified DVBE Summary</u>
FOR:			
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> SIGNATURE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> CORRECTIONS
<input type="checkbox"/> COMMENT	<input checked="" type="checkbox"/> AS REQUESTED	<input type="checkbox"/> PERIOD ENDING _____	<input type="checkbox"/> AS NOTED _____
REMARKS:			
<u>The attached form is provided for your use:</u>			
<u>DES-OE-0102.5 (REV 3/2008)</u>			
<u>Please feel free to contact me with any questions or concerns.</u>			
<u>Gary Wothers</u>			
<u>(O) 661-726-4447</u>			
<u>(F) 661-726-4460</u>			
<u>gary.wothers@qcinc.com</u>			
COPY TO	_____	<i>Gary Wothers</i> SIGNATURE	

If enclosures are not as noted, kindly notify us at once.