

# Third Bidder

-19-15P02:43 RCVD

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION  
**DBE - COMMITMENT**  
 DES-OE-0102.10D (REV 12/2014)

CONTRACT NO:	<b>09-364504</b>
BID AMOUNT:	<b>\$987,664.00</b>
BID OPENING DATE:	<b>10/14/15</b>
BIDDER'S NAME:	<b>Coral Construction Company</b>
DBE GOAL FROM CONTRACT %:	<b>7%</b>

DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> :	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE)	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE)
	<b>4</b>	<b>\$404,957.50</b>

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup>	WORK CATEGORY CODES <sup>3</sup>	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors)	AMOUNT (\$)
19	Maintain Existing TMS	C8605	High Light Electric	\$ 4,000.00
20	CMS System	C8605	PO Box 7339	\$ 290,000.00
21	Mobilization	C8605	Riverside, CA 92513	\$ 16,000.00
			951-352-9646 DBE No. 28842	

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

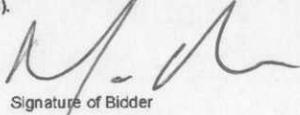
<sup>1</sup>Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

<sup>2</sup>If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

<sup>3</sup>Use Work Category Codes from the California Unified Certification Program database.

Total Claimed Participation **\$ 310,000.00**  
**31 %**

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).

  
 Signature of Bidder

**10/14/15**  
 Date

**503-682-2252**  
 (Area Code) Tel. No.

**Marc Roberts**  
 Person to Contact (Please Type or Print)

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**Mailing Address:**  
 P.O. Box 7339  
 Riverside, CA 92513

**Main Office Information:**  
 Phone: (951) 352-9646  
 Main Fax: (951) 352-2498

LA Metro SBE Cert #5730  
 License #806335 A, C-10  
 DIR Registration #1000002760  
 EMAIL: ESTIMATING@HLEINCUSA.COM

<b>Name of Project:</b>	INSTALL CMS ON ROUTES 14, 58, 395		
<b>Contract/Project No.:</b>	09-384504		
<b>Addendums(a) Noted:</b>	1	<b>Bid Date:</b>	10/14/2015 Bid Time: 2:00 PM
		<b>Quote Revision No.:</b>	0

Item #	Bid Item Description	Unit	Qty	Unit Price	Extension Price
19	MAINTAINING EXISTING TRAFFIC MANAGEMENT SYSTEM ELEMENTS DURING CONSTRUCTION	LS	1	\$4,000.00	\$4,000.00
20	CHANGEABLE MESSAGE SIGN SYSTEM (LS)	LS	1	\$290,000.00	\$290,000.00
21	MOBILIZATION (HLE'S PORTION)	LS	1	\$16,000.00	\$16,000.00
<b>GRAND TOTAL</b>					<b>\$310,000.00</b>

\*\*\* CT DBE CERTIFICATION #28842 \*\*\*

Estimator: Serban / Erwin  
 Phone Extension: 120 / 121



**CORAL**  
CONSTRUCTION COMPANY  
SPECIALTY HIGHWAY AND GENERAL CONTRACTORS

## LETTER OF TRANSMITTAL

DATE: 10/15/15  
FROM: Marc Roberts

TO: Department of Transportation, MS 43  
1727 30th Street  
Sacramento, CA 95816

ATTENTION: Office Engineer  
RE: 09-364504

### WE ARE SENDING YOU:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Letter                  | <input type="checkbox"/> Plans                | <input type="checkbox"/> Samples                                |
| <input type="checkbox"/> Working Drawings        | <input type="checkbox"/> Specifications       | <input type="checkbox"/> Material Certifications                |
| <input type="checkbox"/> Request for Information | <input type="checkbox"/> Change Order Request | <input checked="" type="checkbox"/> Other <u>DBE Commitment</u> |

### SUBMITTED FOR:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Approval            | <input type="checkbox"/> As Requested | <input type="checkbox"/> Review and Comment |
| <input checked="" type="checkbox"/> Your Use | <input type="checkbox"/> Payment      | <input type="checkbox"/> Other _____        |

COPIES	DESCRIPTION
1	09-364504 DBE Commitment with DBE Quotes and Confirmation

### NOTES:

### ACTION TAKEN:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Approved as Submitted | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Returned for Correction |
| <input type="checkbox"/> Other:                | _____                                      |  |