

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:		
Build Group, Inc.		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK):		
General Conditions/Labor		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED:	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED:	5. DATE:
\$ 900,000	12.04 %	9/16/20

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one)		<input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME		8. SUBCONTRACTOR AMOUNT	
3. ADDRESS		9. ANNUAL GROSS RECEIPTS:	
		<input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million	
4. CITY, STATE, ZIP CODE		10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. PHONE NO.		11. SBE No. (If Applicable):	
6. FEDERAL I.D. NO.		12. AGE OF FIRM (YRS):	
7. CA CONTRACTOR'S LICENSE NO.		13. SCOPE OF WORK:	

Continued on next page.

Copy this page as needed to provide a complete listing.

Page 1 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME: <u>IAC Acoustics</u>	8. SUBCONTRACTOR AMOUNT: <u>\$52,960</u>
3. ADDRESS: <u>40 Shuman Blvd, Suite 201</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE: <u>Naperville, IL, 60563</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.: <u>413 478 1271</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO.: <u>46-4283000</u>	12. AGE OF FIRM (YRS): <u>71</u>
7. CA CONTRACTOR'S LICENSE NO.: <u>N/A</u>	13. SCOPE OF WORK: <u>Acoustical noise Barriers</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 2 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Martina Landscape</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 158,528</u>
3. ADDRESS <u>811 Camden Avenue, Campbell</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Campbell, CA, 95008</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>408 871 8800</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>77-0482199</u>	12. AGE OF FIRM (YRS): <u>22.</u>
7. CA CONTRACTOR'S LICENSE NO. <u>748758</u>	13. SCOPE OF WORK: <u>Landscape & Site Furnishings.</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 3 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Ceiling Experts</i>	8. SUBCONTRACTOR AMOUNT <i>\$75,000</i>
3. ADDRESS <i>1340 Main Ave.</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Sacramento, CA, 95838</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>916 527 8007</i>	11. SBE No. (If Applicable): <i>N/A</i>
6. FEDERAL I.D. NO. <i>27-2573409</i>	12. AGE OF FIRM (YRS): <i>9</i>
7. CA CONTRACTOR'S LICENSE NO. <i>917629</i>	13. SCOPE OF WORK: <i>Acoustical Ceiling</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 4 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Welker Bros</u>	8. SUBCONTRACTOR AMOUNT <u>\$126,000</u>
3. ADDRESS <u>970 S Milpitas Blvd.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Milpitas, CA, 95035</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>408 263 4400</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>94-1268408</u>	12. AGE OF FIRM (YRS): <u>54</u>
7. CA CONTRACTOR'S LICENSE NO. <u>229332</u>	13. SCOPE OF WORK: <u>Flooring</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 5 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Conflo Services, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$187,435</u>
3. ADDRESS <u>25670 Nixtel Place, 11</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Hayward, CA, 94545</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>510-732-6695</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>45-2706078</u>	12. AGE OF FIRM (YRS): <u>9</u>
7. CA CONTRACTOR'S LICENSE NO. <u>965030</u>	13. SCOPE OF WORK: <u>demolition</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 6 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input checked="" type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Pacific Steel Group</u>	8. SUBCONTRACTOR AMOUNT <u>158,144</u>
3. ADDRESS <u>11 Basalt Rd,</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Napa, 94559.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>858-251-1100</u>	11. SBE No. (If Applicable): <u>NA</u>
6. FEDERAL I.D. NO. <u>47-2055284</u>	12. AGE OF FIRM (YRS): <u>6</u>
7. CA CONTRACTOR'S LICENSE NO. <u>997880</u>	13. SCOPE OF WORK: <u>Rebar</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 7 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Rebarber Enterprises</u>	8. SUBCONTRACTOR AMOUNT <u>\$45,865</u>
3. ADDRESS <u>405 Victory Ave, Suite D</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>South San Francisco, CA 94080</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>415 770 3006</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>72-1609190</u>	12. AGE OF FIRM (YRS): <u>14</u>
7. CA CONTRACTOR'S LICENSE NO. <u>872996</u>	13. SCOPE OF WORK: <u>W. Specialties</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 8 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Westech Roofing</u>	8. SUBCONTRACTOR AMOUNT <u>\$40,300</u>
3. ADDRESS <u>220 Cutting Blvd</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Richmond, CA, 94804.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>510-719-0317.</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>94-1431517</u>	12. AGE OF FIRM (YRS): <u>34</u>
7. CA CONTRACTOR'S LICENSE NO. <u>500843.</u>	13. SCOPE OF WORK: <u>Roofing</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 9 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Progress Glass Co.</u>	8. SUBCONTRACTOR AMOUNT <u>\$38,981</u>
3. ADDRESS <u>1015 E. Cotati Ave</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Cotati, CA 94931</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>707-792-1562</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>94-1649913</u>	12. AGE OF FIRM (YRS): <u>50</u>
7. CA CONTRACTOR'S LICENSE NO. <u>261170</u>	13. SCOPE OF WORK: <u>Glazing.</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 10 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Bhrtswell Engineering</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 62,080</u>
3. ADDRESS <u>1759 Junction Avenue</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Jose, CA 95112</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>408 441 1120</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>77-0521742</u>	12. AGE OF FIRM (YRS): <u>21</u>
7. CA CONTRACTOR'S LICENSE NO. <u>A394004</u>	13. SCOPE OF WORK: <u>Utility</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 11 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Sullivan Heating & Air</u>	8. SUBCONTRACTOR AMOUNT <u>1,490,000</u>
3. ADDRESS <u>431 N. Buchanan Circle, Ste. 2.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE <u>Martinez, California</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>925 825 5625</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>20-4952677</u>	12. AGE OF FIRM (YRS): <u>14</u>
7. CA CONTRACTOR'S LICENSE NO. <u>887975</u>	13. SCOPE OF WORK: <u>Mechanical.</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 12 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Valdez Painting</u>	8. SUBCONTRACTOR AMOUNT <u>\$49,295</u>
3. ADDRESS <u>2400 Alhambra Blvd,</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Sacramento, CA, 94244</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>916-454-2243</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>47-1120971</u>	12. AGE OF FIRM (YRS): <u>6</u>
7. CA CONTRACTOR'S LICENSE NO. <u>897696</u>	13. SCOPE OF WORK: <u>Painting</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 13 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Pacific Structures</u>	8. SUBCONTRACTOR AMOUNT <u>\$892,580</u>
3. ADDRESS <u>457 Minna St</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>(415) 367-9399</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>26-2872511</u>	12. AGE OF FIRM (YRS): <u>4</u>
7. CA CONTRACTOR'S LICENSE NO. <u>1018696</u>	13. SCOPE OF WORK: <u>Concrete</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 14 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>A1 Quality Blinds</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 38,000</u>
3. ADDRESS <u>13230 Evening Creek Drive</u> <u>Suite 211</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Diego, CA 92128</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>(858) 689-9999</u>	11. SBE No. (If Applicable): <u>N/A</u>
6. FEDERAL I.D. NO. <u>38-4003100</u>	12. AGE OF FIRM (YRS): <u>5</u>
7. CA CONTRACTOR'S LICENSE NO. <u>1009294</u>	13. SCOPE OF WORK: <u>Shades & Curtain Tracks</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 15 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>S.J. General Building Maintenance</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 6,400.</u>
3. ADDRESS <u>919 Berryessa Road</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input checked="" type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE <u>San Jose, CA, 95133</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>408 322 0960</u>	11. SBE No. (If Applicable): <u>25748</u>
6. FEDERAL I.D. NO. <u>77-0577175</u>	12. AGE OF FIRM (YRS): <u>27</u>
7. CA CONTRACTOR'S LICENSE NO. <u>765506</u>	13. SCOPE OF WORK: <u>Final clean</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 16 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Pro West Wall Products</u>	8. SUBCONTRACTOR AMOUNT <u>\$42,370</u>
3. ADDRESS <u>1309 Tranterwicks Circle</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE <u>West Sacramento CA 95691</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>(916) 572-0742</u>	11. SBE No. (If Applicable): <u>2008225</u>
6. FEDERAL I.D. NO. <u>81-3384556</u>	12. AGE OF FIRM (YRS): <u>4</u>
7. CA CONTRACTOR'S LICENSE NO. <u>1014800</u>	13. SCOPE OF WORK: <u>Wall Protection</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 17 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Bay Area Concrete</u>	8. SUBCONTRACTOR AMOUNT <u>\$187,482.</u>
3. ADDRESS <u>5637 La Ribera St. suite B</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Livermore CA, 94550</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>925-245-8900</u>	11. SBE No. (If Applicable): <u>0085798</u>
6. FEDERAL I.D. NO. <u>94-1618981</u>	12. AGE OF FIRM (YRS): <u>54</u>
7. CA CONTRACTOR'S LICENSE NO. <u>242104</u>	13. SCOPE OF WORK: <u>Graveling Site Concrete & Sealers.</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 18 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Freas Plastering</u>	8. SUBCONTRACTOR AMOUNT <u>\$12,360</u>
3. ADDRESS <u>2680 Cloverdale Ave.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE <u>Concord, CA, 94518</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>925-676-8964.</u>	11. SBE No. (If Applicable): <u>42608</u>
6. FEDERAL I.D. NO. <u>76-0750194</u>	12. AGE OF FIRM (YRS): <u>16</u>
7. CA CONTRACTOR'S LICENSE NO. <u>602414</u>	13. SCOPE OF WORK: <u>Lath & Plaster</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 19 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Metal Design; Strategy</u>	8. SUBCONTRACTOR AMOUNT <u>\$50,000</u>
3. ADDRESS <u>2125 Ingalls St.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE <u>San Francisco CA 94124</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>(925) 951-3478</u>	11. SBE No. (If Applicable): <u>0469532</u>
6. FEDERAL I.D. NO. <u>45-3690561</u>	12. AGE OF FIRM (YRS): <u>8</u>
7. CA CONTRACTOR'S LICENSE NO. <u>972058</u>	13. SCOPE OF WORK: <u>Flashing</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 20 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Mark Olson Electric</u>	8. SUBCONTRACTOR AMOUNT <u>\$881,869</u>
3. ADDRESS <u>1385 Donner Ave.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA, 94124</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415 822 3508</u>	11. SBE No. (If Applicable): <u>1687961</u>
6. FEDERAL I.D. NO. <u>94-3401418</u>	12. AGE OF FIRM (YRS): <u>19</u>
7. CA CONTRACTOR'S LICENSE NO. <u>284499</u>	13. SCOPE OF WORK: <u>Electrical</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 21 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Precision Drywall</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 248,500</u>
3. ADDRESS <u>3850 17th St.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA, 94114</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>(415) 550-8880</u>	11. SBE No. (If Applicable): <u>CMD092011795</u>
6. FEDERAL I.D. NO. <u>80-0908714</u>	12. AGE OF FIRM (YRS): <u>10</u>
7. CA CONTRACTOR'S LICENSE NO. <u>747202</u>	13. SCOPE OF WORK: <u>Dry wall & Framing</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 22 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Bannon Construction</u>	8. SUBCONTRACTOR AMOUNT <u>\$107,650</u>
3. ADDRESS <u>3850 17th St.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA, 94103</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415 642 4074.</u>	11. SBE No. (If Applicable): <u>1328880</u>
6. FEDERAL I.D. NO. <u>37-1573762</u>	12. AGE OF FIRM (YRS): <u>11</u>
7. CA CONTRACTOR'S LICENSE NO. <u>917823</u>	13. SCOPE OF WORK: <u>Metal & Steel</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 23 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Eco Fire Sprinkler	8. SUBCONTRACTOR AMOUNT \$191,482
3. ADDRESS 3850 17 th st.	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> >\$15 million
4. CITY, STATE, ZIP CODE San Francisco CA, 94114	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. (209) 785-5522	11. SBE No. (If Applicable): 2002471
6. FEDERAL I.D. NO. 47-3268832	12. AGE OF FIRM (YRS): 5
7. CA CONTRACTOR'S LICENSE NO. 1004513	13. SCOPE OF WORK: Fire Sprinkler

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> >\$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> >\$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 24 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME DC Tile	8. SUBCONTRACTOR AMOUNT \$17,675
3. ADDRESS 1085 Alpine Way	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> \$5-\$10 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE Culver, CA 95713	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 530 268 0275	11. SBE No. (If Applicable): 2010198
6. FEDERAL I.D. NO. 81-3025445	12. AGE OF FIRM (YRS): 1
7. CA CONTRACTOR'S LICENSE NO. 605586.	13. SCOPE OF WORK: Tile

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> \$5-\$10 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> > \$15 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 25 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>The Professional Tree Care Co.</u>	8. SUBCONTRACTOR AMOUNT <u>\$19,965</u>
3. ADDRESS <u>2828 8th St. - Berkeley.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Berkeley, CA, 94710.</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>510 549 3254.</u>	11. SBE No. (If Applicable): <u>47327</u>
6. FEDERAL I.D. NO. <u>94-3226896</u>	12. AGE OF FIRM (YRS): <u>25</u>
7. CA CONTRACTOR'S LICENSE NO. <u>676952.</u>	13. SCOPE OF WORK: <u>Tree Removal</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 26 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Central Valley Hardware</u>	8. SUBCONTRACTOR AMOUNT <u>\$195,000</u>
3. ADDRESS <u>924 E. Church St.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Stockton, CA, 95203.</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>209 464 7305</u>	11. SBE No. (If Applicable): <u>45203</u>
6. FEDERAL I.D. NO. <u>94-0377100</u>	12. AGE OF FIRM (YRS): <u>32</u>
7. CA CONTRACTOR'S LICENSE NO. <u>539941</u>	13. SCOPE OF WORK: <u>Doors, Frames, Hardware</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 27 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Compass Engineering</i>	8. SUBCONTRACTOR AMOUNT <i>\$3,350</i>
3. ADDRESS <i>25056 Viking St., Hayward</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Hayward, CA</i>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>510-264-0225</i>	11. SBE No. (If Applicable): <i>54649</i>
6. FEDERAL I.D. NO. <i>20-1773181</i>	12. AGE OF FIRM (YRS): <i>15</i>
7. CA CONTRACTOR'S LICENSE NO. <i>868996</i>	13. SCOPE OF WORK: <i>Striping ada signage</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 28 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Belloni Plumbing</u>	8. SUBCONTRACTOR AMOUNT <u>\$269,100</u>
3. ADDRESS <u>121 So. Maple Avenue, Suite B</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>South San Francisco, CA, 94080</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>650-588-2900</u>	11. SBE No. (If Applicable): <u>39518</u>
6. FEDERAL I.D. NO. <u>94-2303321</u>	12. AGE OF FIRM (YRS): <u>44</u>
7. CA CONTRACTOR'S LICENSE NO. <u>327664</u>	13. SCOPE OF WORK: <u>Plumbing</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 29 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Priority Architecture Graphics.</u>	8. SUBCONTRACTOR AMOUNT <u>\$17,523</u>
3. ADDRESS <u>1596 Hudson Avenue.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA, 94124.</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415 643 1144</u>	11. SBE No. (If Applicable): <u>WR 66034 2020625</u>
6. FEDERAL I.D. NO. <u>20-0667218</u>	12. AGE OF FIRM (YRS): <u>15</u>
7. CA CONTRACTOR'S LICENSE NO. <u>763170</u>	13. SCOPE OF WORK: <u>Signage</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 30 of 30

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Acesta & Sons</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 209,010</u>
3. ADDRESS <u>736 Waterfield Ct.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Oakdale, CA, 95361</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>209-322-3458</u>	11. SBE No. (If Applicable): <u>0461800</u>
6. FEDERAL I.D. NO. <u>94-2495311</u>	12. AGE OF FIRM (YRS): <u>29</u>
7. CA CONTRACTOR'S LICENSE NO. <u>622520</u>	13. SCOPE OF WORK: <u>Casework</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Rubecon Builders, Inc		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): General Contractor self performing scopes under A, B, C5, C6, C8, C9 & C10		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 2,414,953.00	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 31.56 %	5. DATE: 09/16/2020

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Grand Control Inc.	8. SUBCONTRACTOR AMOUNT \$183,700.00
3. ADDRESS 2006 44th Ave San Francisco, CA	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco, CA 94116	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415.508.8589	11. SBE No. (If Applicable): CM001211000305
6. FEDERAL I.D. NO. 36-4906462	12. AGE OF FIRM (YRS): 3
7. CA CONTRACTOR'S LICENSE NO. 1046787	13. SCOPE OF WORK: Earthwork paving, offhaul

Continued on next page.

Copy this page as needed to provide a complete listing.

Page 1 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Conflo Services, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$185,305.00</u>
3. ADDRESS <u>25670 Nickel Place</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Hayward, CA 94545</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>510.732.6695</u>	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>965030</u>	13. SCOPE OF WORK: <u>Demo / Abatement</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>The Professional Tree Care Company</u>	8. SUBCONTRACTOR AMOUNT <u>\$19,665.00</u>
3. ADDRESS <u>2828 8th Street</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Berkeley, CA 94710</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>510.549.3954</u>	11. SBE No. (If Applicable): <u>19519</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>676952</u>	13. SCOPE OF WORK: <u>Tree Removal</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Egzi Landscape Contractors, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$195,960.00</u>
3. ADDRESS <u>3585 Haven Ave G.</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Menlo Park, CA 94025</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>1193960</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>592807</u>	13. SCOPE OF WORK: <u>Landscape Site Furnishing / Irrigation</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 2 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Miller, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$254,900.00</u>
3. ADDRESS <u>2398 Arroyo Avenue</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Hayward, CA 94545</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1041823</u>	13. SCOPE OF WORK: <u>Millwork, Countertops</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Toni's Metal Specialists, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$130,049.00</u>
3. ADDRESS <u>1416 Wallace, Ave</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA 94124</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415. 822.791</u>	11. SBE No. (If Applicable): <u>1241920</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): <u>25</u>
7. CA CONTRACTOR'S LICENSE NO. <u>728525</u>	13. SCOPE OF WORK: <u>Structural Steel & Mass Steel</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>KZ Tile Company</u>	8. SUBCONTRACTOR AMOUNT <u>\$19,956.00</u>
3. ADDRESS <u>415 Browning Way</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>South San Francisco, CA 94080</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): <u>20</u>
7. CA CONTRACTOR'S LICENSE NO. <u>767277</u>	13. SCOPE OF WORK: <u>Tiling</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 3 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>City Lumber and Hardware</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 225,800.00</u>
3. ADDRESS <u>165 13th Street</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA 94103</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415.431.0400</u>	11. SBE No. (If Applicable): <u>CMD072112394 LBE WBE</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1038476</u>	13. SCOPE OF WORK: <u>Doors, Frames, Hardware</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Frees Plastering</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 72,360.00</u>
3. ADDRESS <u>2680 Clarendale Ave</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Concord, CA 94518</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>925.676.8964</u>	11. SBE No. (If Applicable): <u>42608</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>602414</u>	13. SCOPE OF WORK: <u>Plastering</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Pro West Wall Products</u>	8. SUBCONTRACTOR AMOUNT <u>\$42,370.00</u>
3. ADDRESS <u>1309 Tradewinds Circle</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>West Sacramento, CA 95691</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>2008225</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1014800</u>	13. SCOPE OF WORK: <u>Wall & Corner Guards</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 4 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Murphy Specialties Insurance</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 29,000.00</u>
3. ADDRESS <u>90513 Cotting Lane</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Vacaville, CA 95688</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>956735</u>	13. SCOPE OF WORK: <u>Restroom, Accessories</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>At Quality Blinds</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 42,700.00</u>
3. ADDRESS <u>13230 Evening Creek Dr. #211</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Diego, CA 92128</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1009294</u>	13. SCOPE OF WORK: <u>Window Coverings</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Valdez Painting, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 49,295.00</u>
3. ADDRESS <u>2400 Alhambra Blvd</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Sacramento, CA 95817</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>897696</u>	13. SCOPE OF WORK: <u>Painting</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 5 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>JTB Jordan & Associates</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 154,640.00</u>
3. ADDRESS <u>P.O. Box 3629</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Eureka, CA 95502</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>1619080</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>955247</u>	13. SCOPE OF WORK: <u>Flooring</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>QSM Fire Protection, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 184,800.00</u>
3. ADDRESS <u>350 Enterprise Place</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Tracy, CA 95304</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>32651</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>793205</u>	13. SCOPE OF WORK: <u>Fire Protection</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 6 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>RdI Glassworks</u>	8. SUBCONTRACTOR AMOUNT <u>\$68,542.00</u>
3. ADDRESS <u>1325-B Evans Avenue</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA 94124</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>1795956</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>974252</u>	13. SCOPE OF WORK: <u>Glazing</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Mark Olson Electric Inc</u>	8. SUBCONTRACTOR AMOUNT <u>\$881,869.00</u>
3. ADDRESS <u>1385 Donner Avenue</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA 94124</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>1687961</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>284499</u>	13. SCOPE OF WORK: <u>Electrical, Data, Fire Alarm, Low Voltage</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Dees-Hennessey, Inc</u>	8. SUBCONTRACTOR AMOUNT <u>\$31,950.00</u>
3. ADDRESS <u>200 Industrial Road S.W. #190</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Carlos, CA 94070</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>481228</u>	13. SCOPE OF WORK: <u>Shotcrete</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 7 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Ceiling Experts Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 75,000.00</u>
3. ADDRESS <u>1340 Main Ave</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Sacramento CA</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>917629</u>	13. SCOPE OF WORK: <u>Acoustic Ceiling</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Landavazo Brothers Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 457,488.00</u>
3. ADDRESS <u>29280 Pacific Street</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Hayward, CA 94544</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>661762</u>	13. SCOPE OF WORK: <u>Structural Concrete + S.M. Concrete</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>Pioneer Contractors</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 50,000.00</u>
3. ADDRESS <u>1485 Armstrong Ave</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>San Francisco, CA 94124</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <u>CMD032311396 LBE, MBE</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>777064</u>	13. SCOPE OF WORK: <u>Roofing</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 8 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME: Kevin Sullivan Heating & Air, Inc.	8. SUBCONTRACTOR AMOUNT: \$1,490,000.00
3. ADDRESS: 431 N. Buchanan Circle, #2	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE: Los Angeles, CA 94553	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.: 887975	13. SCOPE OF WORK: HVAC, HVAC controls

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME: Cal Pacific Systems	8. SUBCONTRACTOR AMOUNT: \$262,800.00
3. ADDRESS: 3785 Bayshore Blvd.	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE: Berkeley, CA 94705	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.: 924244	13. SCOPE OF WORK: Plumbing

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME: ER Knares Noise Control	8. SUBCONTRACTOR AMOUNT: \$64,293.00
3. ADDRESS: 6300 Irwin Pl	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE: Dublin, OH 43016	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: Noise abatement

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 9 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input checked="" type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>J.T. Le Box</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 65,505.00</u>
3. ADDRESS <u>PO Box 276028</u>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>Sacramento CA 95827</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>Rebox</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Plant Construction Company		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): N/A		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 195,960.00	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 100 %	5. DATE: 09/15/2020

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Eggl Landscape Contractors, Inc	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 3585 Haven Avenue, Site G, Menlo Park	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE 94025	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 650 - 369 - 0303	11. SBE No. (If Applicable): DGS-SBE #1193960
6. FEDERAL I.D. NO. 94-3108902	12. AGE OF FIRM (YRS): 31 Years
7. CA CONTRACTOR'S LICENSE NO. 592807	13. SCOPE OF WORK: Landscaping

Continued on next page.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK):		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: %	5. DATE:

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Acosta and Sons, Inc.	8. SUBCONTRACTOR AMOUNT
3. ADDRESS PO Box 546 736 Wakefield Ct.	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Oakdale, CA 95361	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 209-322-3181	11. SBE No. (If Applicable): 1279820
6. FEDERAL I.D. NO. 94-2495311	12. AGE OF FIRM (YRS): 58 yrs
7. CA CONTRACTOR'S LICENSE NO. 622520	13. SCOPE OF WORK: Casework / Millwork

Continued on next page.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: <i>THE LAWSON ROOFING Co INC</i>		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): <i>Roofing Repairs</i>		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ <i>42,289.00</i>	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: <i>100</i> %	5. DATE: <i>7/22/20</i>

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>THE LAWSON ROOFING Co INC</i>	8. SUBCONTRACTOR AMOUNT <i>\$42,289.00</i>
3. ADDRESS <i>1495 TENNESSEE STREET</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>SAN FRANCISCO, CA 94107</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>415-285-1661</i>	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>94-2401421</i>	12. AGE OF FIRM (YRS): <i>113 years old</i>
7. CA CONTRACTOR'S LICENSE NO. <i>339053</i>	13. SCOPE OF WORK: <i>Roofing</i>

Continued on next page.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK):		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: %	5. DATE:

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Precision Drywall</i>	8. SUBCONTRACTOR AMOUNT <i>\$248,500.00</i>
3. ADDRESS <i>184 Mendocino St.</i>	9. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>S.F. CAL. 94124</i>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>(415) 550-8880</i>	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>80-0908714</i>	12. AGE OF FIRM (YRS): <i>22 yrs.</i>
7. CA CONTRACTOR'S LICENSE NO. <i>#747202</i>	13. SCOPE OF WORK: <i>Drywall</i>

Continued on next page.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

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Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK):		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: %	5. DATE:

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Madden & Nelson, Inc	8. SUBCONTRACTOR AMOUNT 78,500
3. ADDRESS 50 S. Linden Ave, Suite 9	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE South San Francisco, CA 94080	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 650.589.8478	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 94-3167269	12. AGE OF FIRM (YRS): 29 years
7. CA CONTRACTOR'S LICENSE NO. 662663	13. SCOPE OF WORK: Painting

Continued on next page.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

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Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK):		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: %	5. DATE:

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Kevin M. Sullivan & Associates, Inc	8. SUBCONTRACTOR AMOUNT \$1,525,000
3. ADDRESS 431 N. Buchanan Circle Suite 2	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Pacheco, CA 94553	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. (925) 825-5625	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 20-4952677	12. AGE OF FIRM (YRS): 14 years
7. CA CONTRACTOR'S LICENSE NO. 887975	13. SCOPE OF WORK: HVAC

Continued on next page.

Copy this page as needed to provide a complete listing.

Page _____ of _____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Creative Ceilings and Drywall	8. SUBCONTRACTOR AMOUNT \$106,342
3. ADDRESS 4060 Pike Lane, Suite A	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Concord, CA 94520	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415-500-5993	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 943355139	12. AGE OF FIRM (YRS): 24
7. CA CONTRACTOR'S LICENSE NO. 781556	13. SCOPE OF WORK: Acoustical Ceiling

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME EJ Weber	8. SUBCONTRACTOR AMOUNT 708,860
3. ADDRESS 895 Innes Ave, San Francisco CA 94124	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 94-3287809	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. c-10744147	13. SCOPE OF WORK: electrical

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Rubecon Builders, Inc		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK):		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: %	5. DATE:

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME S&H Plastering, Inc.	8. SUBCONTRACTOR AMOUNT \$ 71,300.00
3. ADDRESS 5560 Boscell Common	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Fremont, CA 94538	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 510-579-7382	11. SBE No. (If Applicable): None
6. FEDERAL I.D. NO. 20-3599182	12. AGE OF FIRM (YRS): 15
7. CA CONTRACTOR'S LICENSE NO. 878936	13. SCOPE OF WORK: Lath and Plaster

Continued on next page.

Copy this page as needed to provide a complete listing.**Page** _____ **of** _____

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME AAA Fence Company, Inc.	8. SUBCONTRACTOR AMOUNT \$22,100.00
3. ADDRESS 2746 Scott Blvd.	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Santa Clara, CA 95050	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 408-727-5465	11. SBE No. (If Applicable): State CA #44402
6. FEDERAL I.D. NO. 77-0154030	12. AGE OF FIRM (YRS): 36
7. CA CONTRACTOR'S LICENSE NO. 522762	13. SCOPE OF WORK: Fencing & Gates

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Kim's Flooring	8. SUBCONTRACTOR AMOUNT \$122,500
3. ADDRESS 390 Swift Ave Unit 21, South San Francisco, CA 94080	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 650-808-6888	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 94-3272133	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 739226	13. SCOPE OF WORK: Carpet & Flooring

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Tom's Metal Specialists	8. SUBCONTRACTOR AMOUNT \$132,328
3. ADDRESS 1416 Wallace Ave	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco, CA 94124	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415-822-7971	11. SBE No. (If Applicable): 1241920
6. FEDERAL I.D. NO. 94-3413845	12. AGE OF FIRM (YRS): 25 yrs
7. CA CONTRACTOR'S LICENSE NO. 728525	13. SCOPE OF WORK: Stairs & Misc

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 1 of 2

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Consolidated Partitions Inc.	8. SUBCONTRACTOR AMOUNT See proposal sheets
3. ADDRESS 20977 Chabot Blvd	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Hayward, CA 94545	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. (510)483-7692	11. SBE No. (If Applicable): 1734986
6. FEDERAL I.D. NO. 94-2711251	12. AGE OF FIRM (YRS): 50
7. CA CONTRACTOR'S LICENSE NO. 627263	13. SCOPE OF WORK: Lockers/Operable Partitions

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Central Valley Hardward	8. SUBCONTRACTOR AMOUNT \$195,000
3. ADDRESS 924 E Church St, Stockton CA 95203	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 209-464-7305	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 539941	12. AGE OF FIRM (YRS): 75 yr
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: Doors and Frames

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

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Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: ET BRETT & COMPANY, INC.		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): CONCRETE, D/H, EXCAVATION, CEILING CARPENTRY, CEILING LABOR		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 2,700,000	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 32.97 %	5. DATE: 9-16-20

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME CPM ENVIRONMENTAL	8. SUBCONTRACTOR AMOUNT \$179,900
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE SAN FRANCISCO, CA.	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 1042760	13. SCOPE OF WORK: ABATEMENT / Demo

Continued on next page.

Copy this page as needed to provide a complete listing.

Page 2 of 8

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>MARINO A</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>LATHROP, CA</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>492862</u>	13. SCOPE OF WORK: <u>LANDSCAPING</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>MISSION CITY PERAZ</u>	8. SUBCONTRACTOR AMOUNT <u>225,400</u>
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>LIVERMORE, CA.</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>273978</u>	13. SCOPE OF WORK: <u>PERAZ</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>AKL BORDO</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>SANTA ROSA, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>93509</u>	13. SCOPE OF WORK: <u>STRUCTURAL STEEL</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 3 of 9

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>DALEY'S DRYWALL</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>CAMPBELL, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>336095</u>	13. SCOPE OF WORK: <u>METAL STUDS / DRYWALL</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>SERVICE PLASTERING</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>SAN LEANDRO, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>897848</u>	13. SCOPE OF WORK: <u>PLASTER</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>DIVISION 9</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>RODMER, CA</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1003305</u>	13. SCOPE OF WORK: <u>ACOUSTICAL CEILING</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 4 of 8

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>KIM'S FLOORING</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>SO SAN FRANCISCO, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>739226</u>	13. SCOPE OF WORK: <u>FLOORING</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>MIGALE PAINTING COMPANY</u>	8. SUBCONTRACTOR AMOUNT <u>85,000</u>
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>DOVATO, CA.</u>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>701531</u>	13. SCOPE OF WORK: <u>PAINTING</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>AAA FIRE PROTECTION</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>UNION City, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>719959</u>	13. SCOPE OF WORK: <u>FIRE PROTECTION</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 5 of 8

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>DOWDLE & SONS</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>AMERICAN CANYON, CA</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>542743</u>	13. SCOPE OF WORK: <u>PLUMBING</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>BAY CITY MECH</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>RICHMOND, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>645126</u>	13. SCOPE OF WORK: <u>MECHANICAL</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>DELAD ELECTRIC</u>	8. SUBCONTRACTOR AMOUNT <u>984,396</u>
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>328973</u>	13. SCOPE OF WORK: <u>ELECTRICAL</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 6 of 8

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <u>HILLSIDE DRILLING</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <u>RICHMOND, CA.</u>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>478991</u>	13. SCOPE OF WORK: <u>SHORING</u>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 7 of 8

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

Copy this page as needed to provide a complete listing.

Page 8 of 8

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME	8. SUBCONTRACTOR AMOUNT
3. ADDRESS	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

END OF SECTION

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Rodan Builder, Inc. (Prime Contractor)		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): <i>Carpentry, Management</i>		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ <i>2,091,800</i>	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: <i>25</i> %	5. DATE: 09-16-20

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Ampco</i>	8. SUBCONTRACTOR AMOUNT <i>205,099.68</i>
3. ADDRESS <i>1630 Buena Vista St</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Hayward CA 92806</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>1013207</i>	13. SCOPE OF WORK: <i>Abatement & Demo</i>

Continued on next page.

Copy this page as needed to provide a complete listing.

Page _____ of _____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Architectural Wood Design</i>	8. SUBCONTRACTOR AMOUNT <i>176,583</i>
3. ADDRESS <i>5672 East Dayton</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Fresno CA 93727</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>780334</i>	13. SCOPE OF WORK: <i>Casework</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Bay City Mechanical</i>	8. SUBCONTRACTOR AMOUNT <i>52,685</i>
3. ADDRESS <i>870 N Harbor Way</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Richmond CA 94804</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>645126</i>	13. SCOPE OF WORK: <i>Sheet Metal</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Eggli Landscapes</i>	8. SUBCONTRACTOR AMOUNT <i>195,960.00</i>
3. ADDRESS <i>3585 Haven Ave</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Menlo Park CA 94025</i>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <i>SBE 1193960</i>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>592807</i>	13. SCOPE OF WORK: <i>Landscaping</i>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>FEA'S</i>	8. SUBCONTRACTOR AMOUNT <i>72,360 -</i>
3. ADDRESS <i>2680 Cloverdale Ave</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Chico CA 94518</i>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <i>#42608</i>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>602414</i>	13. SCOPE OF WORK: <i>PLASTER</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>AAA Fire Protection</i>	8. SUBCONTRACTOR AMOUNT <i>\$4,550</i>
3. ADDRESS <i>30113 Union City Blvd</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Union City CA 94587</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>719959</i>	13. SCOPE OF WORK: <i>FIRE SPRINKLER</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Highpoint Acoustics</i>	8. SUBCONTRACTOR AMOUNT <i>109,500</i>
3. ADDRESS <i>P.O. Box 6577</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Porta Bona CA 95406</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>1036311</i>	13. SCOPE OF WORK: <i>Ceiling</i>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Welker Bros</i>	8. SUBCONTRACTOR AMOUNT <i>126,000</i>
3. ADDRESS <i>970 S. Milpitas Blvd</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Milpitas CA 95035</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>229332</i>	13. SCOPE OF WORK: <i>Flaming</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Wasson Drywall</i>	8. SUBCONTRACTOR AMOUNT <i>967,414</i>
3. ADDRESS <i>447 10th St</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>San Francisco CA 94103</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>620446</i>	13. SCOPE OF WORK: <i>Drywall & Framing</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Bellanti Plumbing</i>	8. SUBCONTRACTOR AMOUNT <i>269,100</i>
3. ADDRESS <i>121 S. Maple Ave</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>South San Francisco CA 94080</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>327664</i>	13. SCOPE OF WORK: <i>Plumbing</i>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Monticelli Printing</i>	8. SUBCONTRACTOR AMOUNT <i>73792.37</i>
3. ADDRESS <i>1121 Regatta Blvd</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Richmond CA 94801</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>531537</i>	13. SCOPE OF WORK: <i>Printing</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>BCI DO</i>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS <i>1200 JEFFERSON</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Berkeley CA 94710</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>290755</i>	13. SCOPE OF WORK: <i>Concrete DO</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Buckman Heating & Air</i>	8. SUBCONTRACTOR AMOUNT <i>1,525,000</i>
3. ADDRESS <i>431 N. Buchanan</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Montezuma Co 94553</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>887975</i>	13. SCOPE OF WORK: <i>HVAC</i>

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Mark Olsen</i>	8. SUBCONTRACTOR AMOUNT <i>939,869</i>
3. ADDRESS <i>1385 Bonmar Ave</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>San Francisco CA 94124</i>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <i>1687961</i>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>284499</i>	13. SCOPE OF WORK: <i>Electrical</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Cal Pacific</i>	8. SUBCONTRACTOR AMOUNT <i>262,800</i>
3. ADDRESS <i>3785 Bayshore Blvd</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Brisbane CA 94005</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>224244</i>	13. SCOPE OF WORK: <i>Plumbing</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Danilia</i>	8. SUBCONTRACTOR AMOUNT <i>537,873</i>
3. ADDRESS <i>9550 Via Cielo</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>ATASCADERO CA 93422</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO.	11. SBE No. (If Applicable): <i>2015258</i>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>1040132</i>	13. SCOPE OF WORK: <i>Structural Concrete</i>

END OF SECTION

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE FORM 2A)

Bidder shall provide the requested information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price. If this project involves the construction of streets, highways, or bridges, Bidder shall provide the information for each subcontractor who shall perform in excess of 1/2 of 1% of the Total Bid Price or \$10,000, whichever is greater. Under San Francisco Administrative Code section 6.21A(9) and California Public Contract Code section 4104, failure to provide at a minimum the name, location of the place of business, contractor's license number and the portion of work to be performed by each such subcontractor may render the bid nonresponsive or the Bidder unqualified to perform the work under this Contract. Bidders may provide license numbers or additional identifying information within 24 hours of the time bids are received. Where the City cannot identify a subcontractor with the information provided by a Bidder or where conflicting information is provided, the City may consider the subcontractor unlisted for purposes of Public Contract Code section 4106.

Important Notice: No subcontractor may be listed in a bid for a public works project unless registered with the California Department of Industrial Relations ("DIR") pursuant to Labor Code § 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code § 1771.1(a)]. An inadvertent listing of a subcontractor who is not registered under § 1725.5 will not be grounds for a bid protest or for determining a bid nonresponsive if the conditions set forth in Labor Code § 1771.1(c)(1) or (2) are met.

Bidder shall list all subcontractors (both SBE and Non-SBE) and indicate the annual gross receipts per the form.

A. BIDDER'S PORTION OF WORK

1. NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: JUV, Inc.		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): Concrete, Carpentry, Gyp board, finish carpentry.		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 2,940,260.00	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 35 %	5. DATE: 09/16/2020

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Marina Landscape, Inc.	8. SUBCONTRACTOR AMOUNT \$136,000
3. ADDRESS 1683 E Louise Ave.	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Lathrop, CA 95330	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 928-243-0288	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 953760820	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 492862	13. SCOPE OF WORK: Landscaping

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Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME American Glass AAC Glass	8. SUBCONTRACTOR AMOUNT \$74,900 72,000
3. ADDRESS 2667 Longard Rd., 699 Monterey Blvd SF	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Livermore, CA 94551 SF	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 925-495-4478 510-431-3303	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 1051657 1034201	13. SCOPE OF WORK: Aluminum Windows

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Universal Plastics, Inc.	8. SUBCONTRACTOR AMOUNT \$188,000
3. ADDRESS 1020 Winding Creek Rd., Ste. 130	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Roseville, CA 95678	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 916-787-0541	11. SBE No. (If Applicable): 32633
6. FEDERAL I.D. NO. 94-241 8666	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 390876	13. SCOPE OF WORK: Plastics

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME DaSilva Underground	8. SUBCONTRACTOR AMOUNT \$779,000
3. ADDRESS 9550 Via Cielo	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Atascadero, CA 93422	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. (805) 234 - 4620	11. SBE No. (If Applicable): 2015258
6. FEDERAL I.D. NO. 83-0771799	12. AGE OF FIRM (YRS): 3
7. CA CONTRACTOR'S LICENSE NO. 1040132	13. SCOPE OF WORK: Concrete & Underground

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME AMP CO North, Inc.	8. SUBCONTRACTOR AMOUNT \$ 205,100
3. ADDRESS 1630 South Sunkist Street, Suite N	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Anaheim, CA 92806	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 714-305-1225	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): 30+ years
7. CA CONTRACTOR'S LICENSE NO. 1013207	13. SCOPE OF WORK: Abatement and Demolition

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME FOS Electric, Inc.	8. SUBCONTRACTOR AMOUNT \$ 1,310,000
3. ADDRESS 1240 10th Street	9. ANNUAL GROSS RECEIPTS: <input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Oakland, CA 94607	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 510-219-6265	11. SBE No. (If Applicable): 2015721
6. FEDERAL I.D. NO. 82-1584728	12. AGE OF FIRM (YRS): 4 years
7. CA CONTRACTOR'S LICENSE NO. 1028928	13. SCOPE OF WORK: Electrical Contractor

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Bay Cities Fire Protection, Inc.	8. SUBCONTRACTOR AMOUNT \$ 216,300
3. ADDRESS 51 Foley Street	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Santa Rosa, CA 95401	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 707-579-8694	11. SBE No. (If Applicable): 2004691
6. FEDERAL I.D. NO. 38-4015033	12. AGE OF FIRM (YRS): 22
7. CA CONTRACTOR'S LICENSE NO. 731222	13. SCOPE OF WORK: Fire Sprinklers

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Hydra Ventures, Inc. dba Cal Pacific Systems	8. SUBCONTRACTOR AMOUNT \$262,800
3. ADDRESS 3785 Bayshore Blvd	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input checked="" type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Brisbane, CA 94005	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 415-252-8600	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 01-0911024	12. AGE OF FIRM (YRS): 11.5
7. CA CONTRACTOR'S LICENSE NO. 924244	13. SCOPE OF WORK: Plumbing

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME S&H Plastering, Inc.	8. SUBCONTRACTOR AMOUNT \$81,800
3. ADDRESS 5560 Boscell Common	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Fremont, CA 94538	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 510-579-7382	11. SBE No. (If Applicable): None
6. FEDERAL I.D. NO. 20-3599182	12. AGE OF FIRM (YRS): 15
7. CA CONTRACTOR'S LICENSE NO. 878936	13. SCOPE OF WORK: Lath and Plaster

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME DC Tile, Inc.	8. SUBCONTRACTOR AMOUNT \$13,605
3. ADDRESS 1085 Alpine Way	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Colfax, CA 995713	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 530-268-0275	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 81-3025445	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 605886	13. SCOPE OF WORK: Ceramic Tiling

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Kim's Flooring, Inc.	8. SUBCONTRACTOR AMOUNT \$122,500
3. ADDRESS 390 Swift Ave, Unit 21	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE So San Francisco, CA 94080	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 650-808-6888	11. SBE No. (If Applicable): N/A
6. FEDERAL I.D. NO. 94-3272133	12. AGE OF FIRM (YRS): 23
7. CA CONTRACTOR'S LICENSE NO. 739226	13. SCOPE OF WORK: Resilient Flooring

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME MIGALE Painting Company	8. SUBCONTRACTOR AMOUNT \$85,000
3. ADDRESS 448 Ignacio Blvd., #137	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Novato, CA 94949	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415-382-9266	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. 94-3221026	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 701531	13. SCOPE OF WORK: Painting

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME B-K Mill & Fixture	8. SUBCONTRACTOR AMOUNT \$97,000
3. ADDRESS 37523 Sycamore Street	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> >\$15 million <input checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Newark, CA 94560	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 510-713-0430	11. SBE No. (If Applicable): 1414420
6. FEDERAL I.D. NO. 94-2366234	12. AGE OF FIRM (YRS): 44
7. CA CONTRACTOR'S LICENSE NO. 428941	13. SCOPE OF WORK: finish carpentry, doors, frames, hardware

END OF SECTION

Copy this page as needed to provide a complete listing.

Page ____ of ____

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Division 9 Specialty</i>	8. SUBCONTRACTOR AMOUNT <i>\$117,000</i>
3. ADDRESS <i>35 Executive Ave, Suite 7</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Rohnert Park, CA 94928</i>	10. CERTIFIED SBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>707-890-5524</i>	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>1003305</i>	13. SCOPE OF WORK: <i>Acoustical Ceiling</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Detail General Inc. dba Detail Ironworks</i>	8. SUBCONTRACTOR AMOUNT <i>\$128,000</i>
3. ADDRESS <i>Mailing: P.O. Box 347127, San Francisco, CA 94134</i> <i>Physical: 1450 Donner Ave., San Francisco, CA 94124</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input checked="" type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>San Francisco, CA 94134</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>415-822-8896</i>	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>94-3354334</i>	12. AGE OF FIRM (YRS): <i>20 years</i>
7. CA CONTRACTOR'S LICENSE NO. <i>769491</i>	13. SCOPE OF WORK: <i>Structural Steel, Steel Stairs, Handrail and Railings</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input checked="" type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Sullivan Heating & Air</i>	8. SUBCONTRACTOR AMOUNT <i>\$1,550,000</i>
3. ADDRESS <i>431 No. Buchanan Circle, Suite 2</i>	9. ANNUAL GROSS RECEIPTS: <input type="checkbox"/> < \$1 million <input type="checkbox"/> \$10-\$15 million <input type="checkbox"/> \$1-\$5 million <input type="checkbox"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Martinez, CA 94553</i>	10. CERTIFIED SBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>925-825-5625</i>	11. SBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>204952677</i>	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>887975</i>	13. SCOPE OF WORK: <i>HVAC</i>

END OF SECTION