

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE/DBE 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/DBE and Non-SBE/DBE) 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: Anvil Builders Inc		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): 2,3(p), 4, 5-8, 9(p), 10-18, 21, 23		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 7,925,050	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 91.8 %	5. DATE: 9/23/2020

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 checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Yolanda's Construction Admin & Traffic Control	8. SUBCONTRACTOR AMOUNT \$27,000
3. ADDRESS 280 Newhall St.	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 94124	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. (415) 821-9702	11. SBE and/or DBE No. (If Applicable): CMD 052216021
6. FEDERAL I.D. NO. 45-2841332	12. AGE OF FIRM (YRS): 9+
7. CA CONTRACTOR'S LICENSE NO. CSLB# 965284 DIR#1000008028	13. SCOPE OF WORK: Street Sweeper, Flagging, water Truck Rental

Continued on next page.

Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>18 Trucking Inc</i>	8. SUBCONTRACTOR AMOUNT <i>220,000</i> <i>\$410,000</i>
3. ADDRESS <i>PO BOX 881116</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, 94188</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415.552.1818</i>	11. SBE and/or DBE No. (If Applicable): <i>MBE #GLN00014 DBE #33465</i>
6. FEDERAL I.D. NO. <i>66-0617735</i>	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>N/A DIR#1000009811</i>	13. SCOPE OF WORK: <i>Hauling & Disposal (Part 1)</i>

A.G.

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>ECO Bay Services Inc</i>	8. SUBCONTRACTOR AMOUNT <i>\$70,980</i>
3. ADDRESS <i>1501 Minnesota 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, 94107</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415.643.7777</i>	11. SBE and/or DBE No. (If Applicable): <i>LBE CAD-15345</i>
6. FEDERAL I.D. NO. <i>26-0621494</i>	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>CSLB # 912328 DIR#1000004662</i>	13. SCOPE OF WORK: <i>Amendment</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>Dixon Marine Services Inc</i>	8. SUBCONTRACTOR AMOUNT <i>\$553,600</i>
3. ADDRESS <i>PO BOX 424</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>Inverness, CA 94937</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415.669.7369</i>	11. SBE and/or DBE No. (If Applicable): <i>SBE 40548</i>
6. FEDERAL I.D. NO. <i>94-3405682</i>	12. AGE OF FIRM (YRS): <i>26+</i>
7. CA CONTRACTOR'S LICENSE NO. <i>831300 DIR#1000009778</i>	13. SCOPE OF WORK: <i>Placement of Cover Fill, Installation of water Barrier, Removal of</i>

END OF SECTION

Copy this page as needed to provide a complete listing.

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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>Stirling Environmental Corp</i>	8. SUBCONTRACTOR AMOUNT <i>\$123,050</i>
3. ADDRESS <i>10203 E. Street</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 checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Oakland, CA, 94603</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>415 716 3632</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>94-3073256</i>	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>CSLB# 537909 DIR#1000006011</i>	13. SCOPE OF WORK: <i>Abatement</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>HVXWG Inc</i>	8. SUBCONTRACTOR AMOUNT <i>\$130,000</i>
3. ADDRESS <i>236 West Portal Ave #325</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, 94127</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415.3</i>	11. SBE and/or DBE No. (If Applicable): <i>LBECMD 092017193</i>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>CSLB N/A DIR#1000062351 A-G</i>	13. SCOPE OF WORK: <i>Hauling Municipal Solid Waste (Partial)</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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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 51

PROPOSED SUBCONTRACTORS FORM - NOT SELECTED
(FOR SFMTA SBE/DBE FORM 2A)

This form must be submitted with the Bid. The Bidder shall list all subcontractors (both SBE/DBE and non-SBE/DBE) who provided a quote or bid but were not selected to participate as a subcontractor in this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations.

NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:

Anvil Builders Inc

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 Skwok Engineers Inc	8. SUBCONTRACTOR AMOUNT 20,020
3. ADDRESS 1815 Cornell Dr. Alameda CA 94501	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 Alameda CA 94501	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 5102209077	11. SBE and/or DBE No. (If Applicable): SBE 55132 DBE 37060
6. FEDERAL I.D. NO. 201734468	12. AGE OF FIRM (YRS): 12
7. CA CONTRACTOR'S LICENSE NO. 94163	13. SCOPE OF WORK: SWAPP

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 Social Stormwater	8. SUBCONTRACTOR AMOUNT 3030
3. ADDRESS 15030 Ventura Blvd. #609	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 Sherman Oaks CA 91403	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 310 3438313	11. SBE and/or DBE No. (If Applicable): SBE
6. FEDERAL I.D. NO. 455623824	12. AGE OF FIRM (YRS): 8
7. CA CONTRACTOR'S LICENSE NO. C3483049	13. SCOPE OF WORK: SWAPP

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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 Total Traffic Control	8. SUBCONTRACTOR AMOUNT \$1000 Daily
3. ADDRESS 1475 Donner Ave.	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 94124	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415 910 34127	11. SBE and/or DBE No. (If Applicable): DBE 45274
6. FEDERAL I.D. NO. 813536373	12. AGE OF FIRM (YRS): 7
7. CA CONTRACTOR'S LICENSE NO. 10192669	13. SCOPE OF WORK: Traffic Control

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Golden Bay Trans Inc	8. SUBCONTRACTOR AMOUNT 140/hr super ten 110/hr super dump 120/hr semi end dump
3. ADDRESS 1485 Bayshore Blvd. SE. 320-0	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 and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 707 333 8706	11. SBE and/or DBE No. (If Applicable): N/A
6. FEDERAL I.D. NO. 813536373 474261021	12. AGE OF FIRM (YRS): 5
7. CA CONTRACTOR'S LICENSE NO. N/A	13. SCOPE OF WORK: TRUCKING

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME ACE Inc	8. SUBCONTRACTOR AMOUNT Rates provided
3. ADDRESS 501 Cesar Chavez Ste 212a 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 checked="" type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE San Francisco, CA, 94124	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 628 419 2128	11. SBE and/or DBE No. (If Applicable): DGS# SBE 2018604
6. FEDERAL I.D. NO. 94-222614	12. AGE OF FIRM (YRS): 3
7. CA CONTRACTOR'S LICENSE NO. N/A	13. SCOPE OF WORK: Haul / Dispose

END OF SECTION

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1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Kier & Wright</i>	8. SUBCONTRACTOR AMOUNT <i>510 HR For 3 man crew (survey)</i>
3. ADDRESS <i>2850 Collier Canyon Rd.</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"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Livermore CA 94551</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>925 245 8788</i>	11. SBE and/or DBE No. (If Applicable): <i>N/A</i>
6. FEDERAL I.D. NO. <i>9421004106</i>	12. AGE OF FIRM (YRS): <i>40+</i>
7. CA CONTRACTOR'S LICENSE NO. <i>5944</i>	13. SCOPE OF WORK: <i>Construction staking</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Rogers Truck Inc</i>	8. SUBCONTRACTOR AMOUNT <i>358.00 Act 12 1/2 Dispose</i>
3. ADDRESS <i>1485 Bayshore Blvd #191</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>San Francisco CA 94124</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415 909 8782</i>	11. SBE and/or DBE No. (If Applicable): <i>SBE 2017169</i>
6. FEDERAL I.D. NO. <i>923872378</i>	12. AGE OF FIRM (YRS): <i>40+</i>
7. CA CONTRACTOR'S LICENSE NO. <i>N/A</i>	13. SCOPE OF WORK: <i>TRUCKING</i>

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>F3</i>	8. SUBCONTRACTOR AMOUNT <i>3100 HR PERTWO MAN CREW</i>
3. ADDRESS <i>701 E. H street</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>Benicia CA 94510</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>707 748 4300</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>2011909106</i>	12. AGE OF FIRM (YRS): <i>15+</i>
7. CA CONTRACTOR'S LICENSE NO. <i>LS6609</i>	13. SCOPE OF WORK: <i>Land surveying</i>

END OF SECTION

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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 Professional Tree Care Company	8. SUBCONTRACTOR AMOUNT \$ 16,200
3. ADDRESS 2828 8th St.	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, 94710	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. (510) 549-3965	11. SBE and/or DBE No. (If Applicable): 19519
6. FEDERAL I.D. NO. 94-3226876	12. AGE OF FIRM (YRS): 27
7. CA CONTRACTOR'S LICENSE NO. 676952	13. SCOPE OF WORK: Tree Removal/ Stump Grind

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME S+S Trucking	8. SUBCONTRACTOR AMOUNT 204.50 PER HOUR
3. ADDRESS 477 Roland Way	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 Oakland CA 94621	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 510 383 3556	11. SBE and/or DBE No. (If Applicable): SBE 23533 DBE 1915
6. FEDERAL I.D. NO. 94-3233844	12. AGE OF FIRM (YRS): 6
7. CA CONTRACTOR'S LICENSE NO. 980614	13. SCOPE OF WORK: Trucking

1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME USA Trucking	8. SUBCONTRACTOR AMOUNT 215.00 PER HOUR 115.00 super dump
3. ADDRESS 1900 Wilbur Ave.	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 Antioch CA 94509	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 707 624 9522	11. SBE and/or DBE No. (If Applicable): SBE 116310700
6. FEDERAL I.D. NO. NA	12. AGE OF FIRM (YRS): 5
7. CA CONTRACTOR'S LICENSE NO. 07000599	13. SCOPE OF WORK: TRUCKING

END OF SECTION

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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>Eco Bay Services Inc</i>	8. SUBCONTRACTOR AMOUNT <i>\$70,950</i>
3. ADDRESS <i>1501 Minnesota 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, 94107</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415.643.7777</i>	11. SBE and/or DBE No. (If Applicable): <i>LBE</i>
6. FEDERAL I.D. NO. <i>26-6621494</i>	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>CSLB# 912328 DIR# 1000004662</i>	13. SCOPE OF WORK: <i>Abatement</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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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 57

PROPOSED SUBCONTRACTORS FORM FOR ALTERNATE BID ITEMS

If Bidder intends to use for Alternate Work additional or different subcontractors than those listed in its Section 00 43 50, or if Bidder intends to use a listed subcontractor for a portion of Alternate Work not included in the Base Bid, Bidder shall at a minimum provide the name, location of the place of business, and the portion of work to be performed by each such subcontractor.

Pursuant to Chapter 14B, compliance with the goal is determined on the amount of the base bid only (even if alternates are selected). However, SBE subcontractor participation listed on this Form for selected alternates may be credited towards the SBE subcontracting participation goal.

9/23/2020

Date

Anvil Builders Inc

Name of Firm or Corporation

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 N/A	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	11. 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
5. PHONE NO.	8. CONTRACTOR'S LICENSE NO.
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

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	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	11. 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
5. PHONE NO.	8. CONTRACTOR'S LICENSE NO.
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

* MBE = Minority Business Enterprise, WBE = Women Business Enterprise, OBE = Other Business Enterprise.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE/DBE 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/DBE and Non-SBE/DBE) 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>Innovative Construction Solutions</i>		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): <i>ALL</i>		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ <i>2,351,949.00</i>	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: <i>47</i> %	5. DATE: <i>9/23/2020</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 DUTRA GROUP</i>	8. SUBCONTRACTOR AMOUNT <i>\$590,000</i>
3. ADDRESS <i>2350 KERNER BLVD SUITE 200</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"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>SAN RAFAEL, CA 94901</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>415-258-6876</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>94-2278920</i>	12. AGE OF FIRM (YRS): <i>47</i>
7. CA CONTRACTOR'S LICENSE NO. <i>A 295128</i>	13. SCOPE OF WORK: <i>COVER BID ITEM 19</i>

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 <i>Silicon Valley Demo</i>	8. SUBCONTRACTOR AMOUNT <i>\$ 366,065</i>
3. ADDRESS <i>155 E. Main 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>Morgan Hill, CA</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>408 218,0993</i>	11. SBE and/or DBE No. (If Applicable): <i>2015269</i>
6. FEDERAL I.D. NO. <i>90-1115351</i>	12. AGE OF FIRM (YRS): <i>9</i>
7. CA CONTRACTOR'S LICENSE NO. <i>970115</i>	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 checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>LCE Transportation Inc</i>	8. SUBCONTRACTOR AMOUNT <i>\$ 278,493.00</i>
3. ADDRESS <i>1321-A Evans Ave</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"/> >\$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>San Francisco, CA</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415.658.7106</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>61-1583836</i>	12. AGE OF FIRM (YRS): <i>5</i>
7. CA CONTRACTOR'S LICENSE NO. <i>1000521401</i>	13. SCOPE OF WORK: <i>Trucking</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 <i>Bradley Tanks Inc</i>	8. SUBCONTRACTOR AMOUNT <i>1,005,577.00</i>
3. ADDRESS <i>402 Hartz Ave Building C</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>Danville CA 94526</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>925 229 - 2900</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>964166</i>	13. SCOPE OF WORK: <i>14,15,11</i>

END OF SECTION

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 <i>Harris Blade Rental</i>	8. SUBCONTRACTOR AMOUNT <i>\$254,239.00</i>
3. ADDRESS <i>P.O. Box 2066</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"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>Livermore, CA 94551</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>925-447-2261</i>	11. SBE and/or DBE No. (If Applicable): <i>6811</i>
6. FEDERAL I.D. NO. <i>42-1530102</i>	12. AGE OF FIRM (YRS): <i>12</i>
7. CA CONTRACTOR'S LICENSE NO. <i>659757</i>	13. SCOPE OF WORK: <i>Bid Item 3,7,8,11,12,13,17,18</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 <i>Verba Buena Engineering</i>	8. SUBCONTRACTOR AMOUNT <i>\$125,657.00</i>
3. ADDRESS <i>1340 Egbert Ave</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"/> > \$15 million <input type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE <i>San Francisco, CA 94124</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415-822-4400</i>	11. SBE and/or DBE No. (If Applicable): <i>2003261</i>
6. FEDERAL I.D. NO. <i>42-1530102</i>	12. AGE OF FIRM (YRS): <i>9</i>
7. CA CONTRACTOR'S LICENSE NO. <i>659757</i>	13. SCOPE OF WORK: <i>Bid Item 3,7,8,11,12,13,17,18</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 <i>Albion Partners</i>	8. SUBCONTRACTOR AMOUNT <i>\$47,450.00</i>
3. ADDRESS <i>401 Terry A Francois Blvd suite 110</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 94158</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415 896 3512</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO. <i>27-3307346</i>	12. AGE OF FIRM (YRS): <i>7</i>
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <i>Bid Item 2</i>

END OF SECTION

SECTION 00 43 51

PROPOSED SUBCONTRACTORS FORM - NOT SELECTED
(FOR SFMTA SBE/DBE FORM 2A)

This form must be submitted with the Bid. The Bidder shall list all subcontractors (both SBE/DBE and non-SBE/DBE) who provided a quote or bid but were not selected to participate as a subcontractor in this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations.

NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER: Innovative Construction Solutions	
1. TYPE OF SUBCONTRACTOR: (Check one) <input type="checkbox"/> First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Bay Area Environmental	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 1651 Hawes St	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	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. (415) 730-7658	11. SBE and/or DBE No. (If Applicable): 2011198
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 Brannon Corp	8. SUBCONTRACTOR AMOUNT \$669,624
3. ADDRESS 10492 Dougherty 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 Morgan Hill, CA 95037	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 408 294.2910	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 944127	13. SCOPE OF WORK: Demolition

Continued on next page.

SECTION 00 43 50

PROPOSED SUBCONTRACTORS FORM
(FOR SBE/DBE 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/DBE and Non-SBE/DBE) 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: \$ 857,495	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 12.26%	5. DATE: 09/23/2020

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	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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK:

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Not listed

Copy this page as needed to provide a complete listing.

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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>Kier Wright</u>	8. SUBCONTRACTOR AMOUNT <u>Service</u>
3. ADDRESS <u>2850 Colliers Canyon Rd</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>Livermore, CA 94551</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>925-245-8788</u>	11. SBE and/or DBE No. (If Applicable): <u>No</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>SURVEY</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>Cirigliuni + Passaro, Inc</u>	8. SUBCONTRACTOR AMOUNT <u>Survey</u>
3. ADDRESS <u>1360 N. DUTTON AVE, #150</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>Santa Rosa</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>707-542-6268</u>	11. SBE and/or DBE No. (If Applicable): <u>2007160</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>Survey</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>Sandis</u>	8. SUBCONTRACTOR AMOUNT <u>17,000.00</u>
3. ADDRESS <u>1700 S. Winchester</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>Campbell CA 95008</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>408-636-0900</u>	11. SBE and/or DBE No. (If Applicable): <u>19730</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>SWAPP REPORT</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

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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>Dutra</u>	8. SUBCONTRACTOR AMOUNT <u>\$90,000.00</u>
3. ADDRESS <u>2350 Kerner Blvd. #200</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 Rafael CA 94901</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415-258-6876</u>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>295128</u>	13. SCOPE OF WORK: <u>Ground/Site Work</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>Hernandez Engineering</u>	8. SUBCONTRACTOR AMOUNT <u>16,125.00</u>
3. ADDRESS <u>1390 Carroll 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>SF 94124</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415-824-4731</u>	11. SBE and/or DBE No. (If Applicable): <u>55869</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>756488</u>	13. SCOPE OF WORK: <u>Traffic</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>Total Traffic Control</u>	8. SUBCONTRACTOR AMOUNT <u>\$11,220.00</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 and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>925-440-7555</u>	11. SBE and/or DBE No. (If Applicable): <u>201279</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1018669</u>	13. SCOPE OF WORK: <u>Traffic Control</u>

END OF SECTION

Copy this page as needed to provide a complete listing.

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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>Grante Excavation</u>	8. SUBCONTRACTOR AMOUNT <u>\$16,622,800.00</u>
3. ADDRESS <u>160 S. Linden Ave, #100</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>S.F. CA 94080</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>650-737-8700</u>	11. SBE and/or DBE No. (If Applicable): <u>—</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>6091169</u>	13. SCOPE OF WORK: <u>Site Groundwork</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>Enviro. Survg.</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS <u>82 Mary 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>SF CA 94103</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415-882-4549</u>	11. SBE and/or DBE No. (If Applicable): <u>17344</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>790946</u>	13. SCOPE OF WORK: <u>Report</u> <u>SWPPP Survey</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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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.

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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 <u>Hertz Environmental</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS <u>201 Mission Street, #1200</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>SE CA 94105</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415-968-6400</u>	11. SBE and/or DBE No. (If Applicable): <u>1769939</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): <u>15</u>
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>SWPP Survey</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 <u>Mark Abutair</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS <u>602 Bear Creek Rd.</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>Scotts Valley CA 95066</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>650-210-6915</u>	11. SBE and/or DBE No. (If Applicable): <u> </u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>SWPP Survey.</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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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.

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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>Sterling Environmental</i>	8. SUBCONTRACTOR AMOUNT <i>\$89,450.00</i>
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 <i>Oakland CA</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>415-116-3632</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <i>537901</i>	13. SCOPE OF WORK: <i>Abatement</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>WSA</i>	8. SUBCONTRACTOR AMOUNT <i>\$18,420.00</i>
3. ADDRESS <i>6538 Lone tree rd</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>Folsom CA 95765</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>916-272-2826</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <i>Water System Soil</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 <i>Veneklasen Associates</i>	8. SUBCONTRACTOR AMOUNT <i>\$114,750.00</i>
3. ADDRESS <i>1711 16th Street</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>Santa Monica CA 90404</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>310-450-1733</i>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <i>Noise Vibrations</i>

END OF SECTION



SECTION 00 43 51

**PROPOSED SUBCONTRACTORS FORM - NOT SELECTED
(FOR SFMTA SBE/DBE FORM 2A)**

This form must be submitted with the Bid. The Bidder shall list all subcontractors (both SBE/DBE and non-SBE/DBE) who provided a quote or bid but were not selected to participate as a subcontractor in this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations.

NAME OF PRIME CONTRACTOR OR MAJORITY JOINT VENTURE PARTNER:

Rubecon Builders, Inc

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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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.

listed

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Copy this page as needed to provide a complete listing.

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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 \$5961,610.00
3. ADDRESS 2006 44th Ave.	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 and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415.508.8589	11. SBE and/or DBE No. (If Applicable): 07211000305
6. FEDERAL I.D. NO. 36-4906462	12. AGE OF FIRM (YRS): 3
7. CA CONTRACTOR'S LICENSE NO. 1046787	13. SCOPE OF WORK: Demolition and Earthwork

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 NorthStar Contracting Group	8. SUBCONTRACTOR AMOUNT \$65,800.00
3. ADDRESS 2616 Barrington Ct	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 Hayward, CA 94545	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. 510.491.1330	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. 518740	13. SCOPE OF WORK: Abatement / Hazardous Material

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 Telamon Engineering Consultants, Inc.	8. SUBCONTRACTOR AMOUNT \$80,809.00
3. ADDRESS 855 Folsom St, Unit 142	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 94107	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415.837.1336	11. SBE and/or DBE No. (If Applicable): 21305, 21160
6. FEDERAL I.D. NO. 94-3345866	12. AGE OF FIRM (YRS): 30
7. CA CONTRACTOR'S LICENSE NO. 921746	13. SCOPE OF WORK: Land Surveying

END OF SECTION

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Copy this page as needed to provide a complete listing.

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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 TCB Civil Engineering and Structural Solutions Tolly Consulting Group	8. SUBCONTRACTOR AMOUNT \$ 13,045.00
3. ADDRESS 1650 N. Lincoln St, Suite A.	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 Dixon, CA 95620	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 707.693.1926	11. SBE and/or DBE No. (If Applicable): 60919
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: SWPPP

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 The Professional Tree Care Company	8. SUBCONTRACTOR AMOUNT \$16,200.00
3. ADDRESS 2828 8th Street	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 Berkeley, CA 94710	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 510.549.3954	11. SBE and/or DBE No. (If Applicable): 19519
6. FEDERAL I.D. NO. 94-3226896	12. AGE OF FIRM (YRS): 25
7. CA CONTRACTOR'S LICENSE NO. 676952	13. SCOPE OF WORK: Tree Removal

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 and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE 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 57

PROPOSED SUBCONTRACTORS FORM FOR ALTERNATE BID ITEMS

If Bidder intends to use for Alternate Work additional or different subcontractors than those listed in its Section 00 43 50, or if Bidder intends to use a listed subcontractor for a portion of Alternate Work not included in the Base Bid, Bidder shall at a minimum provide the name, location of the place of business, and the portion of work to be performed by each such subcontractor.

Pursuant to Chapter 14B, compliance with the goal is determined on the amount of the base bid only (even if alternates are selected). However, SBE subcontractor participation listed on this Form for selected alternates may be credited towards the SBE subcontracting participation goal.

09/23/2020

Date

Rubecon Builders, Inc

Name of Firm or Corporation

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	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	11. 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
5. PHONE NO.	8. CONTRACTOR'S LICENSE NO.
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #: <u>308161</u> AGE OF FIRM (Yrs.):	

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	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	11. 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
5. PHONE NO.	8. CONTRACTOR'S LICENSE NO.
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE # AGE OF FIRM (Yrs.)	

* MBE = Minority Business Enterprise, WBE = Women Business Enterprise, OBE = Other Business Enterprise.

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Alternate

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Copy this page as needed to provide a complete listing.

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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>Greenland Control/lie</i>	EMAIL
3. ADDRESS <i>2006 44th Ave SF CA</i>	
4. BID ITEMS/PORTION OF WORK <i>remove & salvage of concrete wharves</i>	11. 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
5. PHONE NO. <i>415.508.8589</i>	8. CONTRACTOR'S LICENSE NO. <i>1046787</i>
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO. <i>36-4906462</i>	10. AMOUNT OF SUB-CONTRACT WORK: <i>\$ 190,900</i>
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE # AGE OF FIRM (Yrs.)	

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 <i>Rubecon Builders</i>	EMAIL <i>office@rubecon.com</i>
3. ADDRESS <i>3450 2nd St #1B SF CA 94124</i>	
4. BID ITEMS/PORTION OF WORK <i>self perform</i>	11. 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
5. PHONE NO. <i>415 206 7740</i>	8. CONTRACTOR'S LICENSE NO. <i>734031</i>
6. SUPPLIER NO. <i>60572</i>	9. SF BUSINESS TAX REG. NO. <i>0336566</i>
7. FEDERAL ID NO. <i>94-3301047</i>	10. AMOUNT OF SUB-CONTRACT WORK: <i>\$ 42,787</i>
For City Use Only CERTIFIED DBE? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE # <i>30814</i> AGE OF FIRM (Yrs.) <i>25</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	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	11. 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
5. PHONE NO.	8. CONTRACTOR'S LICENSE NO.
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$
For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes; <input type="checkbox"/> No IF YES, LIST DBE #	

END OF DOCUMENT