

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: CF Contracting, 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: 12/02/2020

B. LIST OF SUBCONTRACTORS

1. TYPE OF SUBCONTRACTOR: (Check one) First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME Eighteen Trucking	8. SUBCONTRACTOR AMOUNT 1,400,000.00
3. ADDRESS P.O. Box 881116 San Francisco, CA, 94188	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, 94188	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415-552-1818	11. SBE and/or DBE No. (If Applicable): 1750735
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: 6,7,8,14,15,16 Trucking 17,18 (partial)

Continued on next page.

Copy this page as needed to provide a complete listing.

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1. TYPE OF SUBCONTRACTOR: (Check one) First Tier; <input type="checkbox"/> Lower Tier; <input type="checkbox"/> Supplier; <input checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Environmental in Questions Corporation (EIC)</i>	8. SUBCONTRACTOR AMOUNT <i>407,000.00</i>
3. ADDRESS <i>17604 Chateau Court</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>Castro Valley, CA, 94552</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <i>888-932-0104</i>	11. SBE and/or DBE No. (If Applicable): <i>52201</i>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): <i>15</i>
7. CA CONTRACTOR'S LICENSE NO. <i>955826</i>	13. SCOPE OF WORK: <i>Item 1 & 22 (partial)</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>Portadam Inc</i>	8. SUBCONTRACTOR AMOUNT <i>233,000.00</i>
3. ADDRESS <i>3082 S Black Horse Pike</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>Williamstown, NJ, 08094</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>856-740-0606</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>Item 3 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: CF Contracting, 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 S Kwok Engineers, Inc	8. SUBCONTRACTOR AMOUNT 20,020.00
3. ADDRESS 1815 Cornell Drive	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 Alameda, CA, 94501	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 510-220-9017	11. SBE and/or DBE No. (If Applicable): 55132
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): 12
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: Item 2, QSD/QSP Weekly Monitoring

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 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 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):
7. CA CONTRACTOR'S LICENSE NO. 076952	13. SCOPE OF WORK: Item 4

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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 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>N/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	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 <u>N/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	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 <u>N/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	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.

12/02/2020

CF Contracting, Inc.

Date

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 checked="" type="checkbox"/> Service Contractor (e.g. Trucker)	
2. SUBCONTRACTOR NAME <i>Kiethen Trucking, Inc</i>	EMAIL
3. ADDRESS <i>P.O. Box 88116, San Francisco, CA, 94188</i>	
4. BID ITEMS/PORTION OF WORK <i>Trucking</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>415-552-1818</i>	8. CONTRACTOR'S LICENSE NO.
6. SUPPLIER NO. <i>47101</i>	9. SF BUSINESS TAX REG. NO.
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$ <i>100,000.00</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>N/A</i>	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.

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 N/A	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	
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: \$
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	
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 N/A	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	
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: \$
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	
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 N/A	EMAIL
3. ADDRESS	
4. BID ITEMS/PORTION OF WORK	
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: \$
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	
For City Use Only	
CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No	
IF YES, LIST DBE #:	
AGE OF FIRM (Yrs.):	

END OF DOCUMENT

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: \$ 3,207,728	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 45.18%	5. DATE: 12/02/2020

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 Ground Control, Inc.	8. SUBCONTRACTOR AMOUNT \$ 3,008,300
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 MBE
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

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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>Teleman Engineering Consultants, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 80,809.00</u>
3. ADDRESS <u>855 Folsom St, Unit 142</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 94107</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415-837-1336</u>	11. SBE and/or DBE No. (If Applicable): <u>21305, 21160</u>
6. FEDERAL I.D. NO. <u>94-3345866</u>	12. AGE OF FIRM (YRS): <u>30</u>
7. CA CONTRACTOR'S LICENSE NO. <u>921746</u>	13. SCOPE OF WORK: <u>Land Surveying</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>Bayview Environmental</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 40,775.00</u>
3. ADDRESS <u>6925 San Leandro Street</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>Oakland, CA 94621</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>510-722-8272</u>	11. SBE and/or DBE No. (If Applicable):
6. FEDERAL I.D. NO. <u>68-0310921</u>	12. AGE OF FIRM (YRS): <u>27</u>
7. CA CONTRACTOR'S LICENSE NO. <u>684341</u>	13. SCOPE OF WORK: <u>Hazardous materials 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>HVYW8, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$ 355,000.00</u>
3. ADDRESS <u>1485 Bayshore Blvd 464</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 94124</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Micro-WBE</u>
5. PHONE NO. <u>415-336-1191</u>	11. SBE and/or DBE No. (If Applicable): <u>CMP 09237193</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>Trucking</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 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>Aqua Dam</u>	8. SUBCONTRACTOR AMOUNT <u>407,088</u>
3. ADDRESS <u>PO Box 144</u> <u>Scotia CA 95565</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>Scotia CA 95565</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>707 764 1999</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>—</u>	13. SCOPE OF WORK: <u>Supply temp water barrier</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:

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:

Rubecon 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 <i>Tully Consulting Group</i>	8. SUBCONTRACTOR AMOUNT <i>Service</i>
3. ADDRESS <i>1650 N. Lincoln St, Suite A</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>Dixon, CA 95620</i>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <i>707-693-1926</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>SWPPP</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>Service</i>
3. ADDRESS <i>401 Terry A. Francois Blvd, Ste. 110</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 94158</i>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>LBE</i>
5. PHONE NO.	11. SBE and/or DBE No. (If Applicable): <i>CM0092116725</i>
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.

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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>Environmental Innovation Corp</u>	8. SUBCONTRACTOR AMOUNT <u>\$98,790.00</u>
3. ADDRESS <u>1325 B Evans Ave #2</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 and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>LBE</u>
5. PHONE NO. <u>888-932-0104</u>	11. SBE and/or DBE No. (If Applicable): <u>CM0102216758</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>955826</u>	13. SCOPE OF WORK: <u>Asbestos</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>Verdix Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$2,350.00</u>
3. ADDRESS <u>2443 Fair Oaks Blvd. #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>Sacramento, CA 95825</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>SBE</u>
5. PHONE NO. <u>916-850-5758</u>	11. SBE and/or DBE No. (If Applicable): <u>1229840</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>955527</u>	13. SCOPE OF WORK: <u>SWAPP</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>Sandis Civil Engineers Surveyors Planners</u>	8. SUBCONTRACTOR AMOUNT <u>\$29,200.00</u>
3. ADDRESS <u>1700 S. Winchester Boulevard</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>Surveying</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 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>NorthStar Contracting Group, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$55,200.00</u>
3. ADDRESS <u>2616 Barrington Ct</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>Howard, LA 94545</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>510.491.1330</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>518740</u>	13. SCOPE OF WORK: <u>Abatement</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>Socal Stormwater Retrofit Solution Services, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>Service</u>
3. ADDRESS <u>15030 Ventura Blvd. #669</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>Sherman Oaks, LA 91403</u>	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. <u>C3483049</u>	13. SCOPE OF WORK: <u>SWPP</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>Dan-It Dams Inc</u>	8. SUBCONTRACTOR AMOUNT <u>\$461,900.00</u>
3. ADDRESS <u>543 E. Reid Road</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>Granite Blanc, MI 48439</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. PHONE NO. <u>810-695-1695</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.	13. SCOPE OF WORK: <u>Dams</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 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>SWPP Queen</u>	8. SUBCONTRACTOR AMOUNT <u>\$23,365.00</u>
3. ADDRESS <u>7202 Gloria Drive, Unit 25</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 95831</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>619-592-6825</u>	11. SBE and/or DBE No. (If Applicable): <u>47431</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. <u>1033335</u>	13. SCOPE OF WORK: <u>SWPP</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>Sterling Environmental Corporation</u>	8. SUBCONTRACTOR AMOUNT <u>\$89,450.00</u>
3. ADDRESS <u>10203 E. 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>Oakland, CA 94603</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>415 716 3632</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>537901</u>	13. SCOPE OF WORK: <u>Abatement</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>Dirt Market LLC</u>	8. SUBCONTRACTOR AMOUNT <u>Service</u>
3. ADDRESS <u>37 South 4th 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>Carroll, CA 95008</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>408-395-1100</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>1052786</u>	13. SCOPE OF WORK: <u>Trucking</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 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>ACE Inc</u>	8. SUBCONTRACTOR AMOUNT
3. ADDRESS <u>501 Cesar Chavez St 212a</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 and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO.	11. SBE and/or DBE No. (If Applicable): <u>48587</u>
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO.	13. SCOPE OF WORK: <u>Trucking</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>The Professional Tree Care Company</u>	8. SUBCONTRACTOR AMOUNT <u>\$16,200.00</u>
3. ADDRESS <u>2828 8th 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>Berkeley, CA 94710</u>	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>510-549-3954</u>	11. SBE and/or DBE 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 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>ATS, Inc.</u>	8. SUBCONTRACTOR AMOUNT <u>\$18,152.00</u>
3. ADDRESS <u>6301 Angelo Ct. #9</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>Los Angeles, CA 95650</u>	10. CERTIFIED SBE and/or DBE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. <u>916-652-9745</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.	13. SCOPE OF WORK: <u>Demolition</u>

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.

12/02/2020

Date

Rubecon Builders, Inc.

Name of Firm or Corporation

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>Ground Control Inc</i>	EMAIL
3. ADDRESS <i>2006 44th Ave SF CA 94116</i>	
4. BID ITEMS/PORTION OF WORK <i>remove & salvage concrete whorves</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>190,000</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	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.

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	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 checked="" 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.):	

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 checked="" 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.):	

END OF DOCUMENT

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: Brannon Corporation		
2. BID ITEMS/PORTION OF WORK TO BE SELF-PERFORMED (IF LESS THAN 100% OF THE CONTRACT WORK): Items 1-21 and Alternate No. 1		
3. DOLLAR AMOUNT OF WORK TO BE SELF-PERFORMED: \$ 6,460,000 and \$250,000	4. PERCENTAGE OF WORK TO BE SELF-PERFORMED: 70 %	5. DATE: 12/02/2020

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 Tully Consulting Group	8. SUBCONTRACTOR AMOUNT \$13,500
3. ADDRESS 1650 N. Lincoln Street	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 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): SBE - 60919 / DBE -38300
6. FEDERAL I.D. NO. 83-0499875	12. AGE OF FIRM (YRS): 15
7. CA CONTRACTOR'S LICENSE NO. N/A	13. SCOPE OF WORK: SWPPP - partial

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 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 Bradley Tanks, Inc	8. SUBCONTRACTOR AMOUNT \$210,000
3. ADDRESS 402 Hartz Avenue, Bldg C	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 Danville, CA 94526	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 925.229.2900	11. SBE and/or DBE No. (If Applicable): WBE - W010121 / WMBE - 9DN00071
6. FEDERAL I.D. NO. 94-3322772	12. AGE OF FIRM (YRS): 9
7. CA CONTRACTOR'S LICENSE NO. 964166	13. SCOPE OF WORK: TSCA - partial

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 Bay Services	8. SUBCONTRACTOR AMOUNT \$50,000
3. ADDRESS 1501 Minnesota 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 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. 415.643.7777	11. SBE and/or DBE No. (If Applicable): SBE - 5707 - LBE - #HRC061115345
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS): 12
7. CA CONTRACTOR'S LICENSE NO. 912328	13. SCOPE OF WORK: Abatement

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 Benchmark Engineering	8. SUBCONTRACTOR AMOUNT \$60,000
3. ADDRESS 915 17th 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 type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Modesto, CA 95354	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 209.548.9300	11. SBE and/or DBE No. (If Applicable): SBE - 1018519
6. FEDERAL I.D. NO.	12. AGE OF FIRM (YRS):
7. CA CONTRACTOR'S LICENSE NO. N/A	13. SCOPE OF WORK: Survey

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 Professional Tree Care	8. SUBCONTRACTOR AMOUNT \$16,200
3. ADDRESS 2828 8th 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 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): SBE - 19519
6. FEDERAL I.D. NO. 94-3226896	12. AGE OF FIRM (YRS): 27
7. CA CONTRACTOR'S LICENSE NO. 676952	13. SCOPE OF WORK: Tree removal - partial

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 18 Trucking, Inc	8. SUBCONTRACTOR AMOUNT \$250,000
3. ADDRESS P.O. Box 881116	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 San Francisco, CA 94188	10. CERTIFIED SBE and/or DBE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. PHONE NO. 415.552.1818	11. SBE and/or DBE No. (If Applicable): SBE - 55760 / DBE - 33465
6. FEDERAL I.D. NO. 68-0617735	12. AGE OF FIRM (YRS): 13
7. CA CONTRACTOR'S LICENSE NO. 317263	13. SCOPE OF WORK: Trucking - partial

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	8. SUBCONTRACTOR AMOUNT \$25,000
3. ADDRESS 280 Newhall Street	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. 415.647.2682	11. SBE and/or DBE No. (If Applicable): WBE - CMD 052216021
6. FEDERAL I.D. NO. 45-2841332	12. AGE OF FIRM (YRS): 9
7. CA CONTRACTOR'S LICENSE NO. 965284	13. SCOPE OF WORK: Street Sweeper, Flagging - partial

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:

Brannon 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 Kier & Wright	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 3350 Scott Blvd. #22	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 Santa Clara, CA 95054	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 Hernandez Engineering	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 1390 Carroll 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 San Francisco, CA 94124	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.

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 Albion Partners	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 401 Terry A Francois Blvd. #110	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 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 All Cities Trucking	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 1941 Jackson Street, #16	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 Oakland, CA 94612	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 S&S Trucking	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 477 Roland 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 Oakland, CA 94621	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 S. Kwok Engineers	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 1815 Cornell Drive	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 Alameda, CA 94501	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 Sandis	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 1700 S Winchester 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 Campbell, CA 95008	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 SoCal Stormwater Runoff Solutions	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 15030 Ventura Blvd. #669	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 Sherman Oaks, CA 91403	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 Sterling Environmental	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 10203 E 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 type="checkbox"/> \$5-\$10 million
4. CITY, STATE, ZIP CODE Oakland, CA 94603	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 Total Traffic Control	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 1475 Donner Avenue	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 94124	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 Ground Control Inc	8. SUBCONTRACTOR AMOUNT
3. ADDRESS 2006 44th Avenue	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 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.

12/02/2020
Date

Brannon Corporation
Name of Firm or Corporation

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 Brannon Corporation - Self Performing		EMAIL keith@brannondemo.com
3. ADDRESS 10492 Dougherty Avenue, Morgan Hill, CA 95037		
4. BID ITEMS/PORTION OF WORK concrete wharves removal, trucking		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. 408.294.2910	8. CONTRACTOR'S LICENSE NO. 944127	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.	
7. FEDERAL ID NO. 27-0185255	10. AMOUNT OF SUB-CONTRACT WORK: \$ 250,000	

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.	For City Use Only CERTIFIED DBE? <input type="checkbox"/> Yes ; <input type="checkbox"/> No IF YES, LIST DBE #: AGE OF FIRM (Yrs.):
6. SUPPLIER NO.	9. SF BUSINESS TAX REG. NO.	
7. FEDERAL ID NO.	10. AMOUNT OF SUB-CONTRACT WORK: \$	

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

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	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.):	

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 #:	

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