

**GOLDEN GATE BRIDGE, HIGHWAY & TRANSPORTATION DISTRICT  
Prime Contractor and Subcontractor/Subconsultant/Supplier Report**

Bidder's Name: Bay Ship & Yacht Co  
 Address: \_\_\_\_\_  
 Owner or Contact Person: Bill Shamek

Contract # and Name: 2012 FT 3  
 Is your firm a Disadvantaged Business Enterprise: Yes \_\_\_\_\_ No X  
 Phone: ( 510) 337-9122 Fax: ( )

**Instructions:** (1) Bidder is required to furnish the following information on ALL subcontractors that will perform work, provide labor or render services in connection with this contract pursuant to §§4100-4114 of the Public Contract Code of the State of California and the District's sub-bid reporting requirements.  
 (2) In addition, Bidder MUST provide the following information on ALL subcontractors/subconsultants/suppliers that provided Bidder a bid, quote, or proposal for work, services or supplies associated with this contract. This information shall be provided for all sub-bidders regardless of tier for both DBEs and non-DBEs alike. Include all bid acceptance(s) AND rejection(s). Signature is required on page two of this form.

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
1	Name: Elliott Bay Design		No	Engineering	65,000	Yes	0
	Address:						
	Contact Person: Brian King						
	Phone & Fax: 206 782-3082						
2	Name: Robicheaux		No	Engineering	9,670	Yes	0
	Address:						
	Contact Person: Mark Robicheaux						
	Phone & Fax: 985 395-2444						
3	Name: ESS		No	Electronics installation	37,688	Yes	0
	Address:						
	Contact Person:						
	Phone & Fax: 636 677-0244						
4	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

**Prime Contractor and Subcontractor/Subconsultant/Supplier Report (Continued)**

Subcontractor/Subconsultant/Supplier Firm Name/Address/Contact Information		Contractor's License No. (if applicable)	DBE (Yes*/No)	Portion of Work or Type of Materials/Supplies	Dollar Amount of Work/ Materials/Supplies	Bid/Quote Accepted (Yes**/No)	DBE Amount***
6	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
7	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
8	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: 

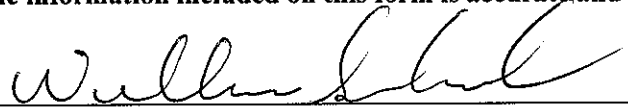
\$	0
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 = \_\_\_\_\_ % Bidder's DBE Achievement  
 Total Bid Amount: 

\$	
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- \* If Yes, please also provide Unified Certification Program certification number in box. Bidders need to be aware that state and local governments may have other types of certifications with different requirements.
- \*\* Do not indicate more than one "Yes" for alternative subcontractors for the same work.
- \*\*\* DBE participation includes that portion of the work actually performed by a certified DBE with its own forces. For example, for DBE supplier, count 60% of the costs of materials and supplies.

**The undersigned will enter into a formal agreement with the subcontractor(s), subconsultant(s) and/or supplier(s) whose bid/quote was accepted conditioned upon execution of a contract with the Golden Gate Bridge, Highway & Transportation District. I certify under penalty of perjury that the information included on this form is accurate and true.**

  
 \_\_\_\_\_  
 Signature of Owner or Authorized Representative

Estimating & Contracts Manager  
 \_\_\_\_\_  
 Title

10/13/11  
 \_\_\_\_\_  
 Date