

ATTACHMENT D

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

Bidder's Name: _____
 Address: _____
 Owner or Contact Person: _____

Contract # and Name: _____
 Is your firm a Disadvantaged Business Enterprise: Yes _____ No _____
 Phone: () _____ Fax: () _____

Instructions: Bidder is required to 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 should be provided for all sub-bidders regardless of tier for both DBEs and non-DBEs alike. Include all bid acceptance(s) AND rejection(s). In the event that incomplete information is provided, the District will contact the Bidder to obtain the information. 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:						
	Address:						
	Contact Person:						
	Phone & Fax:						
2	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
3	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
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***
5	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
6	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						
7	Name:						
	Address:						
	Contact Person:						
	Phone & Fax:						

Attach additional sheets as necessary.

DBE Amount: = _____ % Bidder's DBE Achievement
 Total Bid Amount:

- * 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 agrees that if it is the successful bidder and is awarded the contract with Golden Gate Bridge, Highway & Transportation District, it will enter into a formal agreement with the subcontractor(s), subconsultant(s) and/or supplier(s) whose bid/quote was accepted for the work as indicated above.

I certify that the information included on this form is accurate and true.

Signature of Owner or Authorized Representative

Title

Date