

CITY OF SAN DIEGO



PRE-BID CONFERENCE ATTENDANCE SHEET

Page of

Project Name Sewer & AC Water Group 778 (Task #02)	
Bid Number: K-16-1371-MAC-3	WBS #: B-00388/B-15069
Location of Pre-Bid: 1010 Second Avenue, Suite 1400, San Diego, 92101 (change if offsite)	
Date of Pre-Proposal Meeting: 4-7-16	Time of Pre-Bid Meeting: 10:00 A.M.
Contract Specialist: <i>Clementina Giordano</i> (619) 533-3481; cgiordano@sandiego.gov	
Project Manager: <i>Regan Owen</i> 619-533-5205; ROwen@sandiego.gov	
Contract Compliance Officer: <i>Joe Sly</i> 619-236-6068; JSly@sandiego.gov <i>JS</i>	

Attendee Name: <i>Chud Oppen</i> Attendee Title: <i>ESTIMATING</i> Firm Name: <i>ORION CONSTRUCTION</i> Firm Address: <i>VISTA, CA</i> Phone: <i>760-597-9660</i> Fax: <i>760-597-9661</i>	Scope of Work: <i>PRIME</i> Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE <i>chud.oppen@orionconstruction.com</i> Email: COOPER
Attendee Name: <i>PATRICK GARNER</i> Attendee Title: <i>Estimator</i> Firm Name: <i>Orion Construction</i> Firm Address: <i>2185 La Minde Drive Vista, CA 92081</i> Phone: <i>760 597 9660</i> Fax: <i>760 597 9661</i>	Scope of Work: <i>PRIME</i> Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE <i>PATRICK@ORIONCONSTRUCTION.COM</i> Email: PATRICK
Attendee Name: <i>RANDY YOUNG</i> Attendee Title: <i>Supt.</i> Firm Name: <i>EICARON Grading & Eng</i> Firm Address: Phone: <i>619 561-9840</i> Fax: <i>619 561-9908</i>	Scope of Work: <i>PRIME</i> Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE <i>T.Brown@ecgrading.com</i> Email: T. Brown
Attendee Name: <i>Elan Schier</i> Attendee Title: <i>Chief Estimator</i> Firm Name: <i>TC Construction Inc.</i> Firm Address: <i>10540 Project Ave. Santee CA 92071</i> Phone: <i>619-820-7811</i> Fax: <i>619-448-3341</i>	Scope of Work: <i>Prime</i> Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE <i>eschier@tcincsd.com</i> Email: eschier
Attendee Name: <i>Kevin Schmidt</i> Attendee Title: <i>Design Project Manager</i> Firm Name: <i>David Evans and Assoc.</i> Firm Address: <i>600 B St, Ste 1600, SD</i> Phone: <i>619-400-0622</i> Fax:	Scope of Work: <i>Design</i> Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> OBE <i>kxsc@dea.inc.com</i> Email: kxsc

¹Disadvantaged Business Enterprise (DBE); Disabled Veteran Business Enterprise (DVBE); Emerging Local Business Enterprise (ELBE); Minority Business Enterprise (MBE); Small Local Business Enterprise (SLBE); Woman Business Enterprise (WBE); Other Business Enterprise (OBE)

CITY OF SAN DIEGO



PRE-BID CONFERENCE ATTENDANCE SHEET

Page _____ of _____

Project Name Sewer & AC Water Group 778 (Task #02)	
Bid Number: K-16-1371-MAC-3	WBS #: B-00388/B-15069
Location of Pre-Bid: 1010 Second Avenue, Suite 1400, San Diego, 92101 (change if offsite)	
Date of Pre-Proposal Meeting: 4-7-16	Time of Pre-Bid Meeting: 10:00 A.M.
Contract Specialist: <i>Clementina Giordano</i> (619) 533-3481; <i>cgiordano@sandiego.gov</i>	
Project Manager: <i>Regan Owen</i> 619-533-5205; <i>ROwen@sandiego.gov</i>	
Contract Compliance Officer: <i>Joe Sly</i> 619-236-6068; <i>JSly@sandiego.gov</i>	

Attendee Name: MATT DEBELISU Attendee Title: ASSISTANT ENGINEER Firm Name: City of SD Public Work Firm Address: Phone: 619-533-5286 Fax:	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email:
Attendee Name: REY DE GUZMAN Attendee Title: ASSISTANT ENGR. Firm Name: Firm Address: CSD Phone: 619-533-6610 Fax:	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email:
Attendee Name: VAL POLYAK Attendee Title: ASSISTANT ENG. Firm Name: CSD Firm Address: Phone: 619-533-5495 Fax:	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email:
Attendee Name: Bill Young Attendee Title: PRES Firm Name: EL CANON GRADING & GN Firm Address: P.O. BOX 967 Lakeside CA Phone: 619 561 9840 Fax: 619 561 9900	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> OBE Email:
Attendee Name: GAIL MASUTANI Attendee Title: PROJECT ENGINEER Firm Name: Horus & Assoc - /ORland Firm Address: 2503 St, Ste 1800 SD, CA 92101 Phone: 619-236-0778 x 2524 Fax:	Scope of Work: Design Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> OBE Email: gail.masutani@worchanis.com

¹Disadvantaged Business Enterprise (DBE); Disabled Veteran Business Enterprise (DVBE); Emerging Local Business Enterprise (ELBE); Minority Business Enterprise (MBE); Small Local Business Enterprise (SLBE); Woman Business Enterprise (WBE); Other Business Enterprise (OBE)

CITY OF SAN DIEGO



PRE-BID CONFERENCE ATTENDANCE SHEET

Page _____ of _____

Project Name Sewer & AC Water Group 778 (Task #02)	
Bid Number: K-16-1371-MAC-3	WBS #: B-00388/B-15069
Location of Pre-Bid: 1010 Second Avenue, Suite 1400, San Diego, 92101 (change if offsite)	
Date of Pre-Proposal Meeting: 4-7-16	Time of Pre-Bid Meeting: 10:00 A.M.
Contract Specialist: <i>Clementina Giordano</i> (619) 533-3481; <i>cgiordano@sandiego.gov</i>	
Project Manager: <i>Regan Owen</i> 619-533-5205; <i>ROwen@sandiego.gov</i>	
Contract Compliance Officer: <i>Joe Sly</i> 619-236-6068; <i>JSly@sandiego.gov</i>	

Attendee Name: ALEX YESCAS Attendee Title: DIRECTOR, ENV. SERVICES Firm Name: HARRIS & ASSOC Firm Address: 750 BSt. STE 1800, SAN DIEGO CA 92101 Phone: 619-236-1778 Fax: _____	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email: _____
Attendee Name: KYLE WOOD Attendee Title: DESIGNER/ENGINEER Firm Name: M. BAKER INT'L Firm Address: 9755 CLAIREMONT MESA BLVD. SAN DIEGO, CA 92124 Phone: 858-614-5000 Fax: _____	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email: _____
Attendee Name: Attendee Title: Firm Name: Firm Address: Phone: _____ Fax: _____	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email: _____
Attendee Name: Attendee Title: Firm Name: Firm Address: Phone: _____ Fax: _____	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email: _____
Attendee Name: Attendee Title: Firm Name: Firm Address: Phone: _____ Fax: _____	Scope of Work: Certification(s) ¹ : <input type="checkbox"/> DBE <input type="checkbox"/> DVBE <input type="checkbox"/> ELBE <input type="checkbox"/> MBE <input type="checkbox"/> SLBE <input type="checkbox"/> WBE <input type="checkbox"/> OBE Email: _____

¹Disadvantaged Business Enterprise (DBE); Disabled Veteran Business Enterprise (DVBE); Emerging Local Business Enterprise (ELBE); Minority Business Enterprise (MBE); Small Local Business Enterprise (SLBE); Woman Business Enterprise (WBE); Other Business Enterprise (OBE)