ATTACHMENT J.11

TX - North Eller	E 7 (L. A)		PRIM	ME CO	NTRA	CTOR INFORMA	ATION:			
Company:						Solicitation Num	ber:			
Street Address:	(C) L									
City & Zip Code:							0007-10070			
Phone Number:	_	Fax								
Email Address:										
Project Name:						Duration of the P	Plan: From	to		
Address:						Total Prime Contract Value: \$				
Project Descriptions:						Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$ Amount of all Subcontracts:\$				
						LSDBE Total:\$_		equals%		
							SDBE Subcontract \			
(List								your total set aside goal.)		
Name			phone No.		Type of \		NIGP Code(s)	Description of Work		
Total Amount Set Aside: S	6						Point of Contact:			
Percentage of Total Set A	side Amo	ount :	%	Tier:	1 st , 2 ^{rxt} ,	2-1				
LSDBE Certification Number:					1", 2",	3rd	Fax Number:			
Certification Status: (check all that apply)	SBE:	LBE:	DBE;	DZE:	ROI	B: LRB:				
for subcontracts; b. In all subcontracts that that the subcontractor v c. Assurances that the prequested by the contratt. d. Listing of the type of reciplan, and include assur	offer further posterior that it is a contraction of fice cords the pances that the contraction of the contra	er subcontra er subcontrac subcontrac er, to allow t prime contrac the prime c tor's recent of	acting oppo ting plan sim perate in any he District to ctor will mair ontractor will efforts to loc	e to ensi	uding the ure that L s, assura e subcon s or surve ne the ex demonstra uch recor Es, DBEs	BEs, DBEs, ROBs, S nces that the prime of tracting plan required ys that may be required tent of compliance to ate procedures adopt ds available for revies s, SBEs, DZEs, LRBs Signature: Title:	contractor will include a d by the contract; red by the contracting by the prime contracto ted to comply with the w upon the District's n s, and ROBs, and to	award subcontracts to them.		
Email Address:						Date:				
Oato Plan Possived by	Contract	ting Office				TING OFFICER				
Date Plan Received by										
Report: Acceptable		Not Acc	ceptable		C	ontract Number:				
Name & Title of Contract	ting Offi	cer		-	-	Signature		Date		

(SUBCONTRACTORS LIST CONTINUED) Page 2 of 2 (List each subcontractor that will be awarded a subcontract to meet your total set aside goal.) SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts) Address & Telephone No. NIGP Code(s) Type of Work Description of Work Total Amount Set Aside: \$_ Point of Contact:_ Name (Print) Percentage of Total Set Aside Amount: Tier: Contact Telephone Number: 1^{sl}, 2nd, 3rd LSDBE Certification Number:_ Fax Number: Certification Status: SBE: LBE: DBE: DZE: ROB: LRB: Email Address; (check all that apply) SUBCONTRACTOR INFORMATION: Description of Work Name Address & Telephone No. Type of Work NIGP Code(s) Total Amount Set Aside: \$ Point of Contact: Tier: :_______1^{al}, 2nd, 3rd Name (Print) Percentage of Total Set Aside Amount: Contact Telephone Number: LSDBE Certification Number: Fax Number:

Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE	: ROB:	LRB:	Email Address:	
SUBCONTRACTOR	INFORM	ATION:	ien iner in	Hyden		F THE PARTY	THE TANK SAIM	
Name	Addı	Address & Telephone No.				k	NIGP Code(s)	Description of Work
Total Amount Set Aside	: \$						Point of Contact	L
Percentage of Total Set	Aside Am	ount :	%	Tier:	§	-21		Name (Print)
					1 st , 2 nd , 3rd			one Number;
	DBE Certification Number:						Fax Number:	
Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE	: ROB:	LRB:	Email Address:	
SUBCONTRACTOR		The second second	Mrs. TY	A MARIA	Alffans!			
Name	Addr	ess & Tele	ephone No		Type of Wor	k	NIGP Code(s)	Description of Work
Total Amount Set Aside			%	Tier			Point of Contact	Name (Print)
Total Amount Set Aside Percentage of Total Set LSDBE Certification Nur Certification Status: (check all that apply)	Aside Am		% %	Tier:	1 st , 2 nd , 3rd	LRB:	Contact Telepho	::Name (Print) one Number:
Percentage of Total Set LSDBE Certification Nur Certification Status: (check all that apply)	Aside Amo	LBE:	%	Tier: :		LRB:	Contact Telepho	Name (Print) one Number:
Percentage of Total Set LSDBE Certification Nur Certification Status:	Aside Amo	LBE:	%	Tier:			Contact Telepho	Name (Print) one Number:
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Percentage of Total Set LSDBE Certification Nur Certification Status: (check all that apply) SUBCONTRACTOR Name Total Amount Set Aside	Aside Amo	LBE: ATION: ress & Tele	DBE:	Tier: :	ROB:		Contact Telephore Fax Number: Email Address: NIGP Code(s) Point of Contact Contact Telephore Fax Number:	Name (Print) Description of Work Name (Print)