# Low Bidder

#### STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - COMMITMENT OCR-SEE 01 (REV 01/2024)

OCR-SBE 01 (REV 01/2024) BIDAMOUNT 447,005.00 CONTRACT NUMBER 04 BID OPENING DAT 05-29-2025 BIDDER NAME R Sutton Enterprises LLC. L: 33 7075 2031813 SMALL BUSINESS BIDDER CERTIFICATION NUMBER Not applicable CONTRACT SBE PARTICIPATION GOAL REQUIREMENT % TOTAL NUMBER OF ALL SUBCONTRACTS 5 SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT 5 % TOTAL AMOUNTOF ALL SUBCONTRACTS S SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS **Bid Item** Amount<sup>3</sup> Percentage Item of Work<sup>1,2</sup> Number of Bid Amount (\$) BIDITEM DESCRIPTION SMALL BUSINESS NAME DESCRIPTION OF WORK, SERVICES, OR MATERIALS BIDITEM DESCRIPTION SMALL BUSINESS NAME DESCRIPTION OF WORK, SERVICES, OR MATERIALS BIDITEM DESCRIPTION SMALL BUSINESS NAME DESCRIPTION OF WORK, SERVICES, OR MATERIALS **BIDITEM DESCRIPTION** SMALL BUSINESS NAME DESCRIPTION OF WORK, SERVICES, OR MATERIALS TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$ <sup>1</sup>The names of the 1st tier small business subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.). <sup>2</sup>If 100% of an item is not to be performed or furnished by the small business, describe the portion of the item to be performed or furnished. <sup>3</sup>Attach written confirmation and quotes from each small business shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120N Street, MS-89, Sacramento, CA 95814

PAGE 2 OF 4

#### STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - COMMITMENT OCR-SBE 01 (REV 01/2024)

01-0N6204	BID AMOUNT 447,005.00		BID OPENING DATE 05-29-2025					
BIDDER NAME		0	05-29-2025					
R Sutton Enterprises LLC.								
SMALL BUSINESS ENTERPRISE INFORMATION								
SMALL BUSINESS NAME R Sutton Enterprises LLC. SMALL BUSINESS ADDRESS		SMALL BUSINESS CERTIFICATION NUMBER 2031813						
SMALL BUSINESS ADDRESS		SMALL BUSINES REPRESENTATIVE NAME						
PO BOX 237 VALLECITO 95251 CA		Aaron Johnson SMALL BUSINESS PHONE NUMBER						
		SMALL BUSINESS EMAIL ADDRESS						
SMALL BUSINESS NAME		SMALL BUSINESS CERTIFICATION NUMBER						
SMALL BUSINESS ADDRESS		SMALL BUSINESS REPRESENTITAIVE NAME						
		SMALL BUSINESS PHONE NUMBER						
		SMALL BUSINESS EMAIL ADDRESS						
SMALL BUSINESS NAME		SMALL BUSINESS CERTIFICATION NUMBER						
SMALL BUSINESS ADDRESS		SMALL BUSINESS REPRESENTIATIVE NAME						
		SMALL BUSINESS PHONE NUMBER						
		SMALL BUSINESS EMAIL ADDRESS						
BIDDER'S SBE PARTICIP	ATION GOAL REG	UIREMENTCERT	IFICATION					
As an authorized representative of the bidder, if the bidder is awarded the contract, the bidder is committed to use the small businesses shown on this form to meet the contract's SBE participation goal requirement. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) compliant in accordance with the requirements in Government Code section 14837, subdivision (d)(4).								
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE		BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME						
- CAT		Aaron Johnson						
06-03-2025		CONTACT PERSONNAME Aaron Johnson						
EMAIL ADDRESS CONTACT PERSON Chrpaaron@yahoo.com		PHONE NUMBER CONTACT PERSON 209-872-9978						
Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.								
Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business								
shown. Quote from each small business shown.								

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 NStreet, MS-89, Sacramento, CA 95814

#### STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - COMMITMENT INSTRUCTIONS OCR-SBE 01 (REV 01/2024)

# GENERAL INFORMATION

This form is used by bidders to provide SBE commitment documentation based on SBE work, services, or materials. These SBE commitments are used for determining the percentage of SBE participation towards meeting the contract's SBE participation goal requirement.

# FORM

- CONTRACT NUMBER: Enter the project contractnumber.
- BID AMOUNT: Enter the total amount bid on the contract.
- BID OPENING DATE: Enter the contract bid opening date
- BIDDER NAME: Enter the name of the contractor bidding the contract.
- SMALL BUSINESS BIDDER CERTIFICATION NUMBER: If the bidder is a small business, enter the small business
  certification number issued by the Department of General Services, Office of Small Business and DVBE Services as
  either a small business or a small business for the purpose of public works. If the bidder is not a small business check the
  box for "NotApplicable."
- CONTRACT SBE PARTICIPATION GOAL REQUIREMENT %: Enter the contract's SBE participation goal requirement from the contract bid book.
- SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT %: Calculate the commitment for SBE participation by dividing the "TOTAL COMMITMENT AMOUNT FOR SBE PARTICIPATION GOAL RQUIREMENT" by the "CONTRACT BID AMOUNT" and enter the calculated percentage.
- TOTAL NUMBER OF ALL SUBCONTRACTS: Enter the total number of subcontracts including small business and non-small business.
- TOTAL AMOUNT OF ALL SUBCONTRACTS: Enter the total dollaramount of subcontracts including small business and non-small business.

#### SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT

Show all small business firms being claimed for credit, regardless of tier. Attach written confirmation from each small business shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to. For a certified small business prime contractor, identify the self-performed work.

For each item of work on which the small business will participate, provide the following information:

- BID ITEM NUMBER: Enter the number of the bid item as shown on the contract.
- BID ITEM DESCRIPTION: Enter the bid item descriptionasshown on the contract.
- PERCENTAGE OF BID AMOUNT. Enter the percentage of the bid amount that the small business will perform or furnish materials.
- AMOUNT: Enter the dollar amount of the work, services, or materials furnished by the small business.
- SMALL BUSINESS NAME: Enter the name of the small business performing work, services, or materials.
   DESCRIPTION OF WORK, SERVICES, OR MATERIALS: If 100% of an item is not to be performed or furnished by the small business, describe the portion of the item to be performed or furnished.
- TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT: Calculate the total dollar amount of work, services, or materials furnished by the committed small businesses.

# SMALL BUSINESS ENTERPRISE INFORMATION

For each small business that will perform work, services, or materials provide the following information:

- SMALL BUSINESS NAME: Enter the name of the small business performing work, services, or materials.
- SMALL BUSINESS CERTIFICATION NUMBER: Enter the small business certification number issued by the Department of General Services, Office of Small Business and DVBE Services as either a small business or a small business for the purpose of public works.
- SMALL BUSINESS ADDRESS: Enter the business address of the small business.
- SMALL BUSINESS REPRESENTATIVE NAME: Enter the name of the small business representative.
- SMALL BUSINESS PHONE NUMBER: Enter the phone number of the small business representative.
- SMALL BUSINESS EMAIL ADDRESS: Enter email address for small business representative.

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

## BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION

- BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE: Signature of bidder authorized representative.
- BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME: Printed name of bidder's authorized representative.
- DATE: Date bidder representative signed the form.
- CONTACT PERSON NAME: Print the name of the person that should be contacted for questions on the completed form.
- EMAIL ADRESS CONTACT PERSON: Enter the email address of the contact person.
- PHONE NUMBER CONTACT PERSON: Enter the phone number of the contact person.
- ATTACHMENTS: Attach SMALL BUSINESS ENTERPRISE Confirmation (OCR-SBE-02) form and price quote from
  each small business shown on this form. Failure to submit a signed Small Business Enterprise Confirmation form and
  copy of the small business quote may result in disallowance of the small business's participation in meeting the contract's
  SBE participation goal requirement percentage.

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

#### STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - CONFIRMATION OCR-SBE 02 (REV01/2024)

	D1-0N6204		06-03-20	06-03-2025		
NAME OF SMALL BUSINESS		s	SMALL BUSINESS CERTIFICATION NUMBER			
R Sut	ALL BUSINESS RE	esllC	1.200			
	utton Enterp					
NAME OF E		ises LLC.	NAME OF BIDDER REPR	ESENTATIVE		
			Aaron Johns	on		
	SN	ALL BUSINESS ENTERPRI	SE CONFIRMATION			
Bid Item		ltem of	Amount			
Number					(\$)	
	BIDITEM DESCRIPTION					
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED					
BIDITEM DESCRIPTION						
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED					
	BID ITEM DESCRI	PTION				
	DESCRIPTION OF	WORK, SERVICES, OR MATERIALS				
		Work, BERNDED, OK MATERIAED	TOBETROUBED		NO NOT	
					Sec. Sec.	
11f 100% of	en item is not to be pe	rformed or furnished by the SBE, desc	ribe the portion of the item to	TOTAL \$		
11 100 /8 01	an item is not to be pe	normed of furnished by the SBE, desc	noe the polition of the item to	be performed or furnished.		
				DN		
As an autho		MALL BUSINESS ENTERP of a certified small business, I confir			un abova	
regarding th	e contract shown ab	ove. If the bidder is awarded the con	tract, my business will ente	er into a contractual agreen	nent with the	
bidder or pr The work to	ime contractor to per be performed in fulfi	form the type and dollar amount of w illment of the contract requirements v	vork shown on the Small Bu will be Commercially Useful	siness Enterprise - Comm	itment form.	
accordance	with the requirement	ts in Government Code section 1483	7, subdivision (d)(4).	r anction (COF) compliant		
I certify und	ler penalty of perjury	y that the foregoing is true and cor	rect.			
	1					
SIGNATURE C	F SMALL BUSINESS	AUTHORIZED REPRESENTATIVE	PRINTED NAME OF SMAL	L BUSINESS AUTHORIZED	REPRESENTATIV	
-			Aaron Johnso	on		
		THORIZED REPRESENTATIVE		DATE		
Estimator/Pm			06-03-	2025		

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

#### STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - CONFIRMATION INSTRUCTIONS OCR-SBE 02 (REV 01/2024)

# GENERAL INFORMATION

This form is to provide confirmation documentation that a small business has committed to performing work, services, or materials if the bidder is awarded the contract.

#### FORM

- CONTRACT NUMBER: Enter the project's contractnumber. .
- DATE: Enter the date the form was completed.
- NAME OF SMALL BUSINESS: Enter the name of the small business. .
- SMALL BUSINESS CERTIFICATION NUMBER: Enter the small business certification number issued by the Department of General Services, Office of Small Business and DVBE Services as either a small business or a small business for the purpose of public works.
- NAME OF SMALL BUSINESS REPRESENTATIVE: Enter the name of the small business representative.
- NAME OF BIDDER: Enter the name of the prime contractor that is bidding the contact. NAME OF BIDDER REPRESENTATIVE: Enter the name of the bidder representative that contacted the small business for a bid quote.

# SMALL BUSINESS ENTERPRISE CONFIRMATION

For each item of work on which the small business will participate, provide the following information:

- BID ITEM NUMBER: Enter the number of the bid item as shown on the contract.
- BID ITEM DESCRIPTION: Enter the biditem descriptionasshown on the contract.
- AMOUNT: Enter the dollar amount of the work, services, or the value of the materials furnished by the small **business**
- DESCRIPTION OF WORK, SERVICES OR MATERIALS TO BE PROVIDED: If 100% of an item is not to be performed or furnished by the small business, describe the portion of the item to be performed or furnished.
- TOTAL: Provide the total dollar amount of work, services, or materials to be furnished by the small business.

## SMALL BUSINESS ENTERPRISE CERTIFICATION

SIGNATURE OF SBE AUTHORIZED REPRESENTATIVE: Signature of small business authorized representative.

- PRINTED NAME OF SBE AUTHORIZED REPRESENTATIVE: Printed name of small business authorized representative
- DATE: Date small business representative signed the form

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814