

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

CERTIFIED DVBE SUMMARY

DES-OE-0102.5 (REV 3/2008)

RECEIVED CALTRANS

DISTRICT-COUNTY-ROUTE: 03 Sacramento County 5

CONTRACT NO.: 03-0N8504

TOTAL BID: 1,151,021.50

BID OPENING DATE: 05.28.2025

BIDDER'S NAME: Mountain Cascade, Inc.

DVBE PRIME CONTRACTOR CERTIFICATION 1 N/A

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount	
8	Temporary Barrier System	Temporary Barrier System M&B Enterprises, 530.483.2476 DVBE# 2043717		4,381	
16	Street Sweeping		Wells Sweeping 916.568.0104 DVBE#0000333	26,500	
19 20 27	Roadway Excavation Imported Borrow Class 2 Aggregate Base Jay's Trucking Service 916.437.8592 DVBE#57203			60,030	

Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.

Total Claimed Participation \$ 90,911

05.29.2025

Date

1. DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation and need not complete the above table).

If 100% of an item is not performed or supplied by the DVBEs, describe the exact part, including the planned location of work to be performed, of item to be performed or supplied by DVBE.

. St. Work to be performed, St. Kern to be performed of supplied by DVBE.

925.373.8370 (Area Code) Telephone Number

Signature of Bidde

David Hicks: V.P. of Estimatin

Submit to:

MSC 43 OFFICE ENGINEER DEPARTMENT OF TRANSPORTATION 1727 30TH STREET SACRAMENTO, CA 95816-7005

David Hicks: V.P. of Estimating/ Secretary
Contact Person (Type or Print)

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 654-6410, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVIDISABLED VETERAN BUSINESS ENTERPRISE DEC		
Instructions: The disabled veteran (DV) owner(s) and DV manag (DVBE) must complete this declaration when a DVBE contractor or equipment [Military and Veterans Code Section 999.2]. Violatic fine and violators are liable for civil penalties. All signatures are management.	or subcontractor will provide materials, ons are misdemeanors and punishable	supplies, services
Name of certified DVRE: Jay S Wells		0000333
Name of certified DVBE:	DVBE Ref. Number:	
Description (materials/supplies/services/equipment proposed):	Street Sweeping, Road Swee	eping
Solicitation/Contract Number: Caltrans 03-0N8504	SCPRS Ref. Number:	
SECTION 2	(FOR STATE	USE ONLY)
APPLIES TO ALL DVBEs. Check only one box in Section 2 and	d provide original signatures.	
I (we) declare that the <u>DVBE is not a broker or agent</u> , as defir materials, supplies, services or equipment listed above. Also	ned in Military and Veterans Code Sec o, complete Section 3 below if renting	tion 999.2 (b), of equipment.
Pursuant to Military and Veterans Code Section 999.2 (f), I (was principal(s) listed below or on an attached sheet(s). (Pursual expended for equipment rented from equipment brokers pursuant to Military and Veterans Code Section 999.2 (f), I (was principal(s) listed below or on an attached sheet(s). (Pursual expended for equipment rented from equipment brokers pursuant to Military and Veterans Code Section 999.2 (f), I (was principal(s) listed below or on an attached sheet(s).	nt to Military and Veterans Code 999.	2 (e), State funds
All DV owners and managers of the DVBE (attach additional pages w	ith sufficient signature blocks for each pers	on to sign):
Jay S Wells	tand holls	5/21/2025
(Printed Name of DV Owner/Manager)	(Signature of DV Owner/ Manager)	(Date Signed)
(Printed Name of DV Owner/Manager)	(Signature of DV Owner/Manager)	(Date Signed)
Firm/Principal for whom the DVBE is acting as a broker or agent: (If more than one firm, list on extra sheets.)	(Print or Type Name	
Firm/Principal Phone: Address:	(Time of Type Name	!
SECTION 3		
APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECI	LARE THE DVBE IS NOT A BROKE	₹.
Pursuant to Military and Veterans Code Section 999.2 (c), (d) ownership of the DVBE, or a DV manager(s) of the DVBE. To accordance with Military and Veterans Code Section 999 et. s	he DVBE maintains certification requir	at least 51% ements in
The undersigned owner(s) own(s) at least 51% of the quantity for use in the contract identified above. I (we), the DV owners agency my (our) personal federal tax return(s) at time of certification Veterans Code 999.2, subsections (c) and (g). Failure by the personal federal tax return(s) to the administering agency as (c) and (g), will result in the DVBE being deemed an equipment	of the equipment, have submitted to fication and annually thereafter as defiding disabled veteran equipment owner(s) defined in Military and Veterans Code	the administering ined in <i>Military and to submit their</i>
Disabled Veteran Owner(s) of the DVBE (attach additional pages with	signature blocks for each person to sign):	€
Jay S. Wells	Jan Wille	5/21/2025
(Printed Name)	(Signature)	(Date Signed)
5425 Marmith Ave, Sacramento, CA 95841 (Address of Owner)	916-568-0104 94-276 (Telephone) (Tax Identification	66701 In Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages w		
(Printed Name of DV Manager)	(Signature of DV Messay)	(Data Classed)
1. Antica Harrie S. D. Mariager)	(Signature of DV Manager)	(Date Signed)

Wells Sweeping Bid for: Mountain Cascade - 03-0N8504 - DVBE.doc - Page 2 of 2

Attachment 7

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROGUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019)
Formerly STD: 843
Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise
(DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment

SECTION 1			
Name of certified DVBE:Jay's Trucking Service	DVBE	Ref. Number:	57203
Description (materials/supplies/services/equipment proposed): Tr	ucking, Water Tru	ck, Equipmen	nt & Materials
Solicitation/Contract Number:	Panisa para ministra de la seria del la s		
		(FOR STATE U	SE ONLY)
APPLIES TO ALL DVBEs. Check only one box in Section 2 at			
AFFEILS TO ALE DVBLS. Check only one box in Section 2 a	na provide original sig	natures.	
I (we) declare that the <u>DVBE</u> is not a broker or agent, as defi materials, supplies, services or equipment listed above. Als	ned in Military and Vete o, complete Section 3 b	rans Code Secti elow if renting e	on 999.2 (b), of quipment
Pursuant to Military and Veterans Code Section 999.2 (f), I (v principal(s) listed below or on an attached sheet(s), (Pursua expended for equipment rented from equipment brokers pur credited toward the 3-percent DVBE participation goal.)	ant to Military and Vetera	ans Code 999.2	(e). State funds
All DV owners and managers of the DVBE (attach additional pages w	vith sufficient signature bloc	ks for each person	to sign)
Jay T Cavender			
(Printed Name of DV Owner/Manager)	(Signature of DV Owne	r/ Manager)	(Date Signed)
(Printed Name of DV Owner/Manager)	(Signature of DV Owns	er/Manager)	(Date Signed)
Firm/Principal for whom the DVBE is acting as a broker or agent:			
(If more than one firm, list on extra sheets.)		int or Type Name)	
Firm/Principal Phone: 916-437-8592 Address: P0	Box 442, Elk Grove	e, CA 95759	
SECTION 3			
APPLIES TO ALL DVBES THAT RENT EQUIPMENT AND DEC	LARE THE DVBE IS NO	OT A BROKER.	
Pursuant to Military and Veterans Code Section 999.2 (c), (d ownership of the DVBE, or a DV manager(s) of the DVBE. T accordance with Military and Veterans Code Section 999 et.	he DVBE maintains cen	the DV(s) with a tification require	t least 51% ments in
☑ The undersigned owner(s) own(s) at least 51% of the quantity for use in the contract identified above. I (we), the DV owners agency my (our) personal federal tax return(s) at time of certifications. Veterans Code 999.2, subsections (c) and (g). Failure by the personal federal tax return(s) to the administering agency as (c) and (g), will result in the DVBE being deemed an equipment.	s of the equipment, have ification and annually the disabled veteran equip- defined in Military and \	submitted to the ereafter as defination of the submitted to the submitted	e administering ed in <i>Military and</i> o submit their
Disabled Veteran Owner(s) of the DVBE (attach additional pages with	h signature blocks for each	person to sign).	
Jay T Cavender	005		
(Frinted Name)	(Signature)		(Date Signed)
PO Box 442, Elk Grove, CA 95759	916-437-8592	68-04867	748
(Address of Owner)	(Telephone)	(Tax Identification	Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages of	with sufficient signature bloc	ks for each person	to sign):
	-		
	(March		

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