

Summary of SBE Commitments

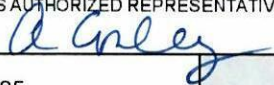
STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION
SMALL BUSINESS ENTERPRISE - COMMITMENT
 OCR-SBE 01 (REV 01/2024)

1 of 5

CONTRACT NUMBER 03-0N8504		BID AMOUNT \$1,063,923.30		BID OPENING DATE 5/29/25	
BIDDER NAME Ghilotti Construction Company, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 25	TOTAL NUMBER OF ALL SUBCONTRACTS		4
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		% 30.69	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 376,639
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}		Percentage of Bid Amount	Amount ³ (\$)	
1.	BID ITEM DESCRIPTION		1.06%	\$11,288.00	
	SMALL BUSINESS NAME AGL Landscapes, Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS EROSION CONTROL				
2.	BID ITEM DESCRIPTION		19.40%	\$206,441.00	
	SMALL BUSINESS NAME M&M ELECTRIC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS ELECTRICAL				
3.	BID ITEM DESCRIPTION		3.45%	\$36,750.00	
	SMALL BUSINESS NAME ROLL'N ROCK CONSTRUCTION INC.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRAFFIC CONTROL				
4.	BID ITEM DESCRIPTION		6.85%	\$72,914.00	
	SMALL BUSINESS NAME USA Trucking				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$			30.77%	\$327,393.00	
¹ 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.). ² 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. ³ 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.					

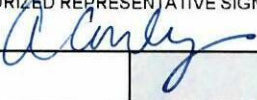
ADA Notice

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, 1120 N Street, MS-89, Sacramento, CA 95814

CONTRACT NUMBER 03-0N8504		BID AMOUNT \$1,063,923.30	BID OPENING DATE 5/29/25
BIDDER NAME Ghilotti Construction Company, Inc.			
SMALL BUSINESS ENTERPRISE INFORMATION			
SMALL BUSINESS NAME AGL Landscapes, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 2000858	
SMALL BUSINESS ADDRESS 1104 CORPORATE WAY SACRAMENTO, CA 95831		SMALL BUSINESS REPRESENTATIVE NAME Kadin Terry	
		SMALL BUSINESS PHONE NUMBER 916.993.3671	
		SMALL BUSINESS EMAIL ADDRESS kterry@agllandscapes.com	
SMALL BUSINESS NAME M&M ELECTRIC		SMALL BUSINESS CERTIFICATION NUMBER 1731815	
SMALL BUSINESS ADDRESS 1600 AUBURN BLVD SACRAMENTO, CA 95815		SMALL BUSINESS REPRESENTATIVE NAME Audrey Daugherty	
		SMALL BUSINESS PHONE NUMBER 916/929-0150	
		SMALL BUSINESS EMAIL ADDRESS alynn@sacmmelectric.com	
SMALL BUSINESS NAME ROLL'N ROCK CONSTRUCTION INC.		SMALL BUSINESS CERTIFICATION NUMBER 1750745	
SMALL BUSINESS ADDRESS 5527 TRUCK VILLAGE DRIVE MOUNT SHASTA, CA 96067		SMALL BUSINESS REPRESENTATIVE NAME Bonnie Heile	
		SMALL BUSINESS PHONE NUMBER 530/925-1408	
		SMALL BUSINESS EMAIL ADDRESS rollnrockcon@gmail.com	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION			
<p>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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>			
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE 		BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Annette Conley, Estimating Administration Manager	
DATE 5/29/25		CONTACT PERSON NAME Monique Quam, Minority Program Coordinator	
EMAIL ADDRESS CONTACT PERSON monique@ghilotti.com		PHONE NUMBER CONTACT PERSON (707) 303-2302	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business</p> <p><input checked="" type="checkbox"/> shown. Quote from each small business shown.</p>			

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

CONTRACT NUMBER 03-0N8504	BID AMOUNT \$1,063,923.30	BID OPENING DATE 5/29/25
BIDDER NAME Ghilotti Construction Company, Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME USA TRUCKING INC	SMALL BUSINESS CERTIFICATION NUMBER 1636760	
SMALL BUSINESS ADDRESS 1900 WILBUR AVE ANTIOCH, CA 94509-8503	SMALL BUSINESS REPRESENTATIVE NAME Gurtej Singh	
	SMALL BUSINESS PHONE NUMBER 707.580.0263	
	SMALL BUSINESS EMAIL ADDRESS usatrucking@yahoo.com	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION		
<p>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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE 		BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Annette Conley, Estimating Administration Manager
DATE 5/29/25		CONTACT PERSON NAME Monique Quam, Minority Program Coordinator
EMAIL ADDRESS CONTACT PERSON monique@ghilotti.com		PHONE NUMBER CONTACT PERSON (707) 303-2302
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. Quote from each small business shown.</p>		

SMALL BUSINESS ENTERPRISE - COMMITMENT INSTRUCTIONS

OCR-SBE 01 (REV 01/2024)

4 of 5

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 contract number.
- **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 "Not Applicable."
- **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 REQUIREMENT" 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 dollar amount 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 description as shown 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

SMALL BUSINESS ENTERPRISES- COMMITMENT INSTRUCTIONS

OCR-SBE 01 (REV 01/2024)

5 of 5

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 ADDRESS 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 - COMMITMENT
 OCR-SBE 01 (REV 01/2024)

PAGE 1 OF 4

CONTRACT NUMBER 03-0N8504		BID AMOUNT \$1,063,923.30		BID OPENING DATE 5/29/25	
BIDDER NAME Ghilotti Construction Company, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 25	TOTAL NUMBER OF ALL SUBCONTRACTS		4
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		% 30.69	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 376,639
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}	Percentage of Bid Amount	Amount ³ (\$)		
24	BID ITEM DESCRIPTION BONDED FIBER MATRIX (SQFT)	100%	\$3,720.00		
	SMALL BUSINESS NAME AGL Landscapes, Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS BONDED FIBER MATRIX (SQFT)				
25	BID ITEM DESCRIPTION COMPOST (CY)	100%	\$6,080.00		
	SMALL BUSINESS NAME AGL Landscapes, Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS COMPOST (CY)				
26	BID ITEM DESCRIPTION INCORPORATE MATERIALS	100%	\$1,488.00		
	SMALL BUSINESS NAME AGL Landscapes, Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS INCORPORATE MATERIALS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$		see summary		see summary	
¹ 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.). ² 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. ³ 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, 1120 N Street, MS-89, Sacramento, CA 95814

CONTRACT NUMBER 03-0N8504	BID AMOUNT \$1,063,923.30	BID OPENING DATE 5/29/25
BIDDER NAME Ghilotti Construction Company, Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME AGL Landscapes, Inc.	SMALL BUSINESS CERTIFICATION NUMBER 2000858	
SMALL BUSINESS ADDRESS 1104 CORPORATE WAY SACRAMENTO, CA 95831	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER 916.993.3671	
	SMALL BUSINESS EMAIL ADDRESS kterry@agllandscapes.com	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION		
<p>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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE 	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Annette Conley, Estimating Administration Manager	
DATE 5/29/25	CONTACT PERSON NAME Monique Quam, Minority Program Coordinator	
EMAIL ADDRESS CONTACT PERSON monique@ghilotti.com	PHONE NUMBER CONTACT PERSON (707) 303-2302	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. Quote from each small business shown.</p>		

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 contract number.
- **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 "Not Applicable."
- **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 REQUIREMENT" 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 dollar amount 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 description as shown 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

SMALL BUSINESS ENTERPRISES-COMMITMENT INSTRUCTIONS

OCR-SBE 01 (REV 01/2024)

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 ADDRESS 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

CONTRACT NUMBER 03-0N8504		DATE 5/29/25
NAME OF SMALL BUSINESS AGL Landscapes, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 2000858
NAME OF SMALL BUSINESS REPRESENTATIVE		
NAME OF BIDDER Ghilotti Construction Company, Inc.		NAME OF BIDDER REPRESENTATIVE Annette Conley
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
24	BID ITEM DESCRIPTION BONDED FIBER MATRIX (SQFT)	\$11,288.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED BONDED FIBER MATRIX (SQFT)	
25	BID ITEM DESCRIPTION COMPOST (CY)	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED COMPOST (CY)	
26	BID ITEM DESCRIPTION INCORPORATE MATERIALS	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED INCORPORATE MATERIALS	
TOTAL \$		11,288.00
<small>¹If 100% of an item is not to be performed or furnished by the SBE, describe the portion of the item to be performed or furnished.</small>		
SMALL BUSINESS ENTERPRISE CERTIFICATION		
<p>As an authorized representative of a certified small business, I confirm that my business was contacted by the bidder shown above regarding the contract shown above. If the bidder is awarded the contract, my business will enter into a contractual agreement with the bidder or prime contractor to perform the type and dollar amount of work shown on the Small Business Enterprise - Commitment form. 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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <i>Kadin Terry</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Kadin Terry
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE VP/CFO		DATE 05/29/25

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

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 contract number.
- **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 contract.
- **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 bid item description as shown 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

CONTRACT NUMBER 03-0N8504		BID AMOUNT \$1,063,923.30		BID OPENING DATE 5/29/25	
BIDDER NAME Ghilotti Construction Company, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 25	TOTAL NUMBER OF ALL SUBCONTRACTS		4
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		% 30.69	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 376,639
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}		Percentage of Bid Amount	Amount ³ (\$)	
54	BID ITEM DESCRIPTION MODIFYING SIGNAL AND LIGHTING SYSTEMS		100%	\$206,441	
	SMALL BUSINESS NAME M & M ELECTRIC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS MODIFYING SIGNAL AND LIGHTING SYSTEMS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$			see summary	see summary	
¹ 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.). ² 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. ³ 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, 1120 N Street, MS-89, Sacramento, CA 95814

CONTRACT NUMBER 03-ON8504	BID AMOUNT \$1,063,923.30	BID OPENING DATE 5/29/25
BIDDER NAME Ghilotti Construction Company, Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME M & M ELECTRIC	SMALL BUSINESS CERTIFICATION NUMBER 1731815	
SMALL BUSINESS ADDRESS 1600 AUBURN BLVD SACRAMENTO, CA 95815	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER 916/929-0150	
	SMALL BUSINESS EMAIL ADDRESS alynn@sacmmelectric.com	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION		
<p>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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE 	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Annette Conley, Estimating Administration Manager	
DATE 5/29/25	CONTACT PERSON NAME Monique Quam, Minority Program Coordinator	
EMAIL ADDRESS CONTACT PERSON monique@ghilotti.com	PHONE NUMBER CONTACT PERSON (707) 303-2302	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business</p> <p><input checked="" type="checkbox"/> shown. Quote from each small business shown.</p>		

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

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 contract number.
- **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 "Not Applicable."
- **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 REQUIREMENT" 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 dollar amount 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 description as shown 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 ADDRESS 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 (REV/01/2024)

PAGE 1 OF 2

CONTRACT NUMBER 03-ON8504		DATE 5/29/25
NAME OF SMALL BUSINESS M & M ELECTRIC		SMALL BUSINESS CERTIFICATION NUMBER 1731815
NAME OF SMALL BUSINESS REPRESENTATIVE		
NAME OF BIDDER Ghilotti Construction Company, Inc.		NAME OF BIDDER REPRESENTATIVE Annette Conley
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
54	BID ITEM DESCRIPTION MODIFYING SIGNAL AND LIGHTING SYSTEMS DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED MODIFYING SIGNAL AND LIGHTING SYSTEMS	\$206,441.00
	BID ITEM DESCRIPTION DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		206,441.00
¹ If 100% of an item is not to be performed or furnished by the SBE, describe the portion of the item to be performed or furnished.		
SMALL BUSINESS ENTERPRISE CERTIFICATION		
<p>As an authorized representative of a certified small business, I confirm that my business was contacted by the bidder shown above regarding the contract shown above. If the bidder is awarded the contract, my business will enter into a contractual agreement with the bidder or prime contractor to perform the type and dollar amount of work shown on the Small Business Enterprise - Commitment form. 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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <i>Audrey Daugherty</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Audrey Daugherty
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE President		DATE 5/29/2025

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

Contract No. 03-ON8504

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 contract number.
- **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 contract.
- **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 bid item description as shown 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

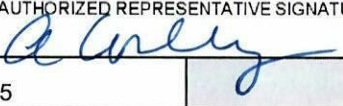
For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

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

PAGE 1 OF 4

CONTRACT NUMBER 03-ON8504		BID AMOUNT \$1,063,923.30		BID OPENING DATE 5/29/25	
BIDDER NAME Ghilotti Construction Company, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 25	TOTAL NUMBER OF ALL SUBCONTRACTS		4
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		% 30.69	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 376,639
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}		Percentage of Bid Amount	Amount ³ (\$)	
4 (partial)	BID ITEM DESCRIPTION TRAFFIC CONTROL SYSTEM		44%	\$36,750.00	
	SMALL BUSINESS NAME ROLL 'N' ROCK CONSTRUCTION, INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRAFFIC CONTROL				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$			see summary	see summary	
¹ 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.). ² 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. ³ 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, 1120 N Street, MS-89, Sacramento, CA 95814.

CONTRACT NUMBER 03-0N8504	BID AMOUNT \$1,063,923.30	BID OPENING DATE 5/29/25
BIDDER NAME Ghilotti Construction Company, Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME ROLL'N ROCK CONSTRUCTION INC.	SMALL BUSINESS CERTIFICATION NUMBER 1750745	
SMALL BUSINESS ADDRESS 5527 TRUCK VILLAGE DRIVE MOUNT SHASTA, CA 96067	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER 530/925-1408	
	SMALL BUSINESS EMAIL ADDRESS rollnrockcon@gmail.com	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION		
<p>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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE 		BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Annette Conley, Estimating Administration Manager
DATE 5/29/25		CONTACT PERSON NAME Monique Quam, Minority Program Coordinator
EMAIL ADDRESS CONTACT PERSON monique@ghilotti.com		PHONE NUMBER CONTACT PERSON (707) 303-2302
Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. <input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business <input checked="" type="checkbox"/> shown. Quote from each small business shown.		

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 contract number.
- **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 "Not Applicable."
- **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 REQUIREMENT" 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 dollar amount 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 description as shown 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

SMALL BUSINESS ENTERPRISES- COMMITMENT INSTRUCTIONS

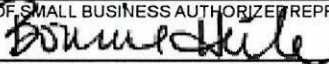
OCR-SBE 01 (REV 01/2024)

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 ADDRESS 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

CONTRACT NUMBER 03-0N8504		DATE 5/29/25
NAME OF SMALL BUSINESS ROLL 'N' ROCK CONSTRUCTON, INC		SMALL BUSINESS CERTIFICATION NUMBER 1750745
NAME OF SMALL BUSINESS RESPRESENTATIVE		
NAME OF BIDDER Ghilotti Construction Company, Inc.		NAME OF BIDDER REPRESENTATIVE Annette Conley
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
4 (partial)	BID ITEM DESCRIPTION TRAFFIC CONTROL SYSTEM	\$36,750.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRAFFIC CONTROL	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		36,750.00
¹ If 100% of an item is not to be performed or furnished by the SBE, describe the portion of the item to be performed or furnished.		
SMALL BUSINESS ENTERPRISE CERTIFICATION		
As an authorized representative of a certified small business, I confirm that my business was contacted by the bidder shown above regarding the contract shown above. If the bidder is awarded the contract, my business will enter into a contractual agreement with the bidder or prime contractor to perform the type and dollar amount of work shown on the Small Business Enterprise - Commitment form. 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). I certify under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE 		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Bonnie Heile
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE President/ CEO		DATE 5/29/2025

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

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 contract number.
- **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 contract.
- **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 bid item description as shown 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

Roll 'N Rock Construction Inc.

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2005)

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 or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: Roll N Rock Construction Inc. DVBE Ref. Number: 1750745
Description (materials/supplies/services/equipment proposed): Traffic Control
Solicitation/Contract Number: 03-0N8504 SCPRS Ref. Number: _____
(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

<u>Bonnie Heile</u> (Printed Name of DV Owner/Manager)	<u>Bonnie Heile</u> (Signature of DV Owner/Manager)	<u>5.28.25</u> (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: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☒ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☒ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

<u>Bonnie Heile</u> (Printed Name)	<u>Bonnie Heile</u> (Signature)	<u>5.28.25</u> (Date Signed)
<u>5527 Truck Village Dr, Mount Shasta, CA 96057</u> (Address of Owner)	<u>530.925.1408</u> (Telephone)	<u>45-4466518</u> (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

_____ (Printed Name of DV Manager)	_____ (Signature of DV Manager)	_____ (Date Signed)
---------------------------------------	------------------------------------	------------------------

Page ____ of ____

PRINT CLEAR

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


PAGE 1 OF 4

CONTRACT NUMBER 03-0N8504		BID AMOUNT \$1,063,923.30		BID OPENING DATE 5/29/25	
BIDDER NAME Ghilotti Construction Company, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 25	TOTAL NUMBER OF ALL SUBCONTRACTS		4
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		% 30.69	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 376,639
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}			Percentage of Bid Amount	Amount ³ (\$)
19 (partial)	BID ITEM DESCRIPTION ROADWAY EXCAVATION			28%	\$30,650
	SMALL BUSINESS NAME USA TRUCKING INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
20 (partial)	BID ITEM DESCRIPTION IMPORTED BORROW (CY)			21%	\$15,504
	SMALL BUSINESS NAME USA TRUCKING INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
27 (partial)	BID ITEM DESCRIPTION CLASS 2 AGGREGATE BASE (CY)			8%	\$5,040
	SMALL BUSINESS NAME USA TRUCKING INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
28 (partial)	BID ITEM DESCRIPTION HOT MIX ASPHALT (TYPE A)			11%	\$7,200
	SMALL BUSINESS NAME USA TRUCKING INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$				continued on next pg.	
¹ 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.). ² 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. ³ 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, 1120 N Street, MS-89, Sacramento, CA 95814

CONTRACT NUMBER 03-0N8504		BID AMOUNT \$1,063,923.30		BID OPENING DATE 5/29/25	
BIDDER NAME Ghilotti Construction Company, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 25	TOTAL NUMBER OF ALL SUBCONTRACTS		4
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		% 30.69	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 376,639
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}			Percentage of Bid Amount	Amount ³ (\$)
29 (partial)	BID ITEM DESCRIPTION HOT MIX ASPHALT-OPEN GRADED (OPEN GRADED FRICTION COURSE)			10%	\$3,600
	SMALL BUSINESS NAME USA TRUCKING INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
32 (partial)	BID ITEM DESCRIPTION COLD PLANE ASPHALT CONCRETE PAVEMENT			48%	\$10,920
	SMALL BUSINESS NAME USA TRUCKING INC				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TRUCKING				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$				see summary	see summary
¹ 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.). ² 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. ³ 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.					

CONTRACT NUMBER 03-0N8504	BID AMOUNT \$1,063,923.30	BID OPENING DATE 5/29/25
BIDDER NAME Ghilotti Construction Company, Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME USA TRUCKING INC	SMALL BUSINESS CERTIFICATION NUMBER 1636760	
SMALL BUSINESS ADDRESS 1900 WILBUR AVE ANTIOCH, CA 94509-8503	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER 707.580.0263	
	SMALL BUSINESS EMAIL ADDRESS usatrucking@yahoo.com	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION		
<p>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).</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p>		
BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE 	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Annette Conley, Estimating Administration Manager	
DATE 5/29/25	CONTACT PERSON NAME Monique Quam, Minority Program Coordinator	
EMAIL ADDRESS CONTACT PERSON monique@ghilotti.com	PHONE NUMBER CONTACT PERSON (707) 303-2302	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. Quote from each small business shown.</p>		

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 contract number.
- **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 "Not Applicable."
- **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 REQUIREMENT" 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 dollar amount 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 description as shown 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

SMALL BUSINESS ENTERPRISES- COMMITMENT INSTRUCTIONS

OCR-SBE 01 (REV 01/2024)

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 ADDRESS 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

CONTRACT NUMBER 03-0N8504		DATE 5/29/25
NAME OF SMALL BUSINESS USA TRUCKING INC		SMALL BUSINESS CERTIFICATION NUMBER 1636760
NAME OF SMALL BUSINESS REPRESENTATIVE		
NAME OF BIDDER Ghilotti Construction Company, Inc.		NAME OF BIDDER REPRESENTATIVE Annette Conley
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
19 (partial)	BID ITEM DESCRIPTION ROADWAY EXCAVATION	\$30,650
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRUCKING	
20 (partial)	BID ITEM DESCRIPTION IMPORTED BORROW (CY)	\$15,504
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRUCKING	
27 (partial)	BID ITEM DESCRIPTION CLASS 2 AGGREGATE BASE (CY)	\$5,040
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRUCKING	
TOTAL \$		continued on next pg
¹ If 100% of an item is not to be performed or furnished by the SBE, describe the portion of the item to be performed or furnished.		
SMALL BUSINESS ENTERPRISE CERTIFICATION		
As an authorized representative of a certified small business, I confirm that my business was contacted by the bidder shown above regarding the contract shown above. If the bidder is awarded the contract, my business will enter into a contractual agreement with the bidder or prime contractor to perform the type and dollar amount of work shown on the Small Business Enterprise - Commitment form. 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). I certify under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE 		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Gurtej Singh
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE President		DATE 06/01/2025

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

CONTRACT NUMBER 03-0N8504		DATE 5/29/25
NAME OF SMALL BUSINESS USA TRUCKING INC		SMALL BUSINESS CERTIFICATION NUMBER 1636760
NAME OF SMALL BUSINESS REPRESENTATIVE		
NAME OF BIDDER Ghilotti Construction Company, Inc.		NAME OF BIDDER REPRESENTATIVE Annette Conley
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
28 (partial)	BID ITEM DESCRIPTION HOT MIX ASPHALT (TYPE A)	\$7,200
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRUCKING	
29 (partial)	BID ITEM DESCRIPTION HOT MIX ASPHALT-OPEN GRADED (OPEN GRADED FRICTION COURSE)	\$3,600
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRUCKING	
32 (partial)	BID ITEM DESCRIPTION COLD PLANE ASPHALT CONCRETE PAVEMENT	\$10,920
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED TRUCKING	
TOTAL \$		72,914
¹ If 100% of an item is not to be performed or furnished by the SBE, describe the portion of the item to be performed or furnished.		
SMALL BUSINESS ENTERPRISE CERTIFICATION		
As an authorized representative of a certified small business, I confirm that my business was contacted by the bidder shown above regarding the contract shown above. If the bidder is awarded the contract, my business will enter into a contractual agreement with the bidder or prime contractor to perform the type and dollar amount of work shown on the Small Business Enterprise - Commitment form. 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). I certify under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <i>Gurtej Singh</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Gurtej Singh
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE President		DATE 06/01/2025

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

SMALL BUSINESS ENTERPRISE - CONFIRMATION INSTRUCTIONS

OCR-SBE 02 (REV 01/2024)

<p>GENERAL INFORMATION</p> <p>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.</p>
<p>FORM</p> <ul style="list-style-type: none"> • CONTRACT NUMBER: Enter the project's contract number. • 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 contract. • NAME OF BIDDER REPRESENTATIVE: Enter the name of the bidder representative that contacted the small business for a bid quote.
<p>SMALL BUSINESS ENTERPRISE CONFIRMATION</p> <p>For each item of work on which the small business will participate, provide the following information:</p> <ul style="list-style-type: none"> • BID ITEM NUMBER: Enter the number of the bid item as shown on the contract. • BID ITEM DESCRIPTION: Enter the bid item description as shown 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.
<p>SMALL BUSINESS ENTERPRISE CERTIFICATION</p> <ul style="list-style-type: none"> • 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



USA

TRUCKING INC.

(DBE, MBE, SBE CERTIFIED)

1900 Wilbur Avenue Antioch CA 94509

Phone: (707) 624-9522

Fax: (707) 437-4050

DIR# 1000406207

Caltrans 03-0N8504 (Sacramaneto)	BID DATE:05/28/2025
TRUCK TYPE	PRICE
SUPER TEN	\$115 PER HOUR x 634 hrs
END DUMP	\$115 PER HOUR
TEN WHEELER	\$115 PER HOUR
DOUBLE BOTTOM	\$125 PER HOUR
SEMI BOTTOM	\$125 PER HOUR
FLAT BED	\$135 PER HOUR

Standard Terms and Conditions

- For tonnage pricing, if trucks experience a delay exceeding 15 minutes for loading or unloading at the customer's site, a standby charge of \$2.10 per minute will apply.
- Above rates apply for all shifts, including nights and weekends.
- A minimum charge equivalent to 8 hours per shift will apply.
- Minimum charges will apply to any cancellations made less than 3 hours before the scheduled dispatch time.
- Dump sites may be available for CLEAN dirt, contingent upon receipt and approval of a soil report.
- A 5% annual rate escalation will apply every January 1st, for the duration of any ongoing project.
- All pricing is subject to change unless accepted within 30 days from the date of quote, with a valid purchase order.
- Truck type and quantity are subject to availability at the time of dispatch.
- Any invoice discrepancies must be submitted in writing within 10 days of receipt. Backcharges must be submitted within 3 days.
- Trucking orders requiring more than 5 trucks must be scheduled at least 3 days in advance.
- Customers will be billed from the dispatch location and time to the return to the original starting point. No charges will apply for travel between ports unless otherwise agreed.
- For projects requiring Union/Teamsters wages, an additional \$40 per hour per truck will be added to the base rate.
- Upon issuance of a purchase order, USA Trucking Inc. must be used as the exclusive trucking provider for duration of the job.
- Customers may not utilize any dumpsite provided by USA Trucking Inc. for personal use or resale. Any unauthorized use entitles USA Trucking Inc. to recover all associated profits from trucking and material disposal.
- USA Trucking Inc. is not liable for delays caused by events beyond its control, including weather, strikes, equipment failure, or government regulations.

TOTAL:
\$72,914

If you have any questions regarding this quotation, please feel free to contact:

Robin at: (707) 624-9522 or via email at Estimating@usa.com

Printed on: 5/29/2025 10:48:20 AM

To verify most current certification status go to: <https://www.caleprocure.ca.gov>

Office of Small Business & DVBE Services

Certification ID: 1636760**Legal Business Name:**
USA TRUCKING INC**Doing Business As (DBA) Name 1:****Doing Business As (DBA) Name 2:****Address:**
1900 WILBUR AVE
ANTIOCH
CA 94509-8503**Email Address:**

usatrucking@yahoo.com

Business Web Page:**Business Phone Number:**

707.580.0263

Business Fax Number:

707.437.4050

Business Types:

Service

Certification Type	Status	From	To
SB(Micro)	Approved	04/24/2025	04/30/2027

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!

-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?

Email: OSDSHELP@DGS.CA.GOV

Call OSDS Main Number: 916-375-4940

707 3rd Street, 1-400, West Sacramento, CA 95605