

Third Bidder

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

PAGE 1 OF 4

RECEIVED
 CALTRANS

2025 JUN -2 P 3:47

CONSTRUCTION
 CONTRACT AWARDS

CONTRACT NUMBER 03-0N8504		BID AMOUNT 1,151,021.50		BID OPENING DATE 05.28.2025	
BIDDER NAME Mountain Cascade, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		5 %	TOTAL NUMBER OF ALL SUBCONTRACTS		8
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		44.8%	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$ 502,313.50
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}		Percentage of Bid Amount	Amount ³ (\$)	
19,20,27	BID ITEM DESCRIPTION Trucking		7	60,030	
	SMALL BUSINESS NAME Jay's Trucking Service				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Roadway Excavation, Imported Borrow, Class 2 Aggregate base				
11,12	BID ITEM DESCRIPTION Job Site management		.2	2,460	
	SMALL BUSINESS NAME Verux Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Job site Management, Water Pollution Control Program				
16	BID ITEM DESCRIPTION Street Sweeping		2.3	26,500	
	SMALL BUSINESS NAME Well Sweeping				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Street Sweeping				
8	BID ITEM DESCRIPTION Temporary Barrier System		.3	4,381	
	SMALL BUSINESS NAME M&B Enterprises				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Temporary Krail				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$ Sub Total Pg. 1			9.8	93,371	
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.					

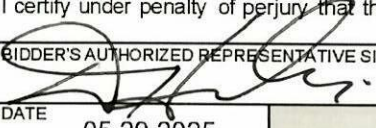
ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

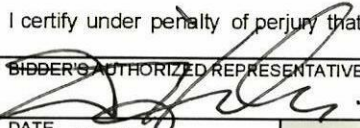
CONTRACT NUMBER 03-0N8504		BID AMOUNT 1,151,021.50		BID OPENING DATE 05.28.2025	
BIDDER NAME Mountain Cascade, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		5 %	TOTAL NUMBER OF ALL SUBCONTRACTS		8
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		44.80	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$502,313.50
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 System			17	206,441
	SMALL BUSINESS NAME M&M Electric				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Modifying Signal System				
30	BID ITEM DESCRIPTION Asphalt Dike			.7	8,730
	SMALL BUSINESS NAME A.C Dike Co.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Asphalt Dike				
13,14 15,24 25,26	BID ITEM DESCRIPTION Erosion Control			1.7	19,778
	SMALL BUSINESS NAME AGL Landscape's, Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Temp Cover, Temp Fiber Roll, Temp Silt Fence, Bonded Fiber Material, Compost, incorporated Materials				
19,27 33,34 35,36 37,38 39	BID ITEM DESCRIPTION Concrete			12	143,357
	SMALL BUSINESS NAME H and G Construction				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Roadway Excavation, Class 2 Aggregates, Minor Concrete, Detectable Warning Surfaces, Remove Concrete				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$ Sub Total Pg. 2				31.4	378,306
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.					

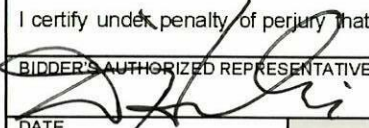
ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

CONTRACT NUMBER 03-0N8504		BID AMOUNT 1,151,021.50		BID OPENING DATE 05.28.2025	
BIDDER NAME Mountain Cascade, Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER				<input checked="" type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		5 %	TOTAL NUMBER OF ALL SUBCONTRACTS		8
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		44.8%	TOTAL AMOUNT OF ALL SUBCONTRACTS		\$502,313.50
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}		Percentage of Bid Amount	Amount ³ (\$)	
3,4	BID ITEM DESCRIPTION Traffic Control		3.6	42,340	
6,9	SMALL BUSINESS NAME Highway Specialty Company, Inc.				
10,18 41,42 43,44	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Construction Area Signs, traffic control systems, traffic drum, portable changeable Message Signs, Temp Crash Cushion, Treated Wood Waste, Remove Roadside Sign				
	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 \$			Total	44.80	514,017
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 1,151,021.50	BID OPENING DATE 05.28.2025
BIDDER NAME Mountain Cascade, 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 Kerry@agllandscapes.com	
SMALL BUSINESS NAME H and G Construction		SMALL BUSINESS CERTIFICATION NUMBER 2038594	
SMALL BUSINESS ADDRESS 6139 W 6th St Rio Linda, Ca 95673		SMALL BUSINESS REPRESENTATIVE NAME Juan Hurtado	
		SMALL BUSINESS PHONE NUMBER 916.308.8541	
		SMALL BUSINESS EMAIL ADDRESS hngconstruction2022@gmail.com	
SMALL BUSINESS NAME Highway Specialty Construction		SMALL BUSINESS CERTIFICATION NUMBER 1559500	
SMALL BUSINESS ADDRESS PO Box 141 Palo Cedro, Ca 96073		SMALL BUSINESS REPRESENTATIVE NAME Matt Marriott	
		SMALL BUSINESS PHONE NUMBER 530.949.5685	
		SMALL BUSINESS EMAIL ADDRESS mattm@highwayspecialty.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 David Hicks: V.P. of Estimating/ Secretary	
DATE 05.29.2025		CONTACT PERSON NAME David Hicks	
EMAIL ADDRESS CONTACT PERSON estimating@mountaincascade.com		PHONE NUMBER CONTACT PERSON 925.373.8370	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. Quote from each small business shown.</p>			

CONTRACT NUMBER 03-0N8504		BID AMOUNT 1,151,021.50	BID OPENING DATE 05.28.2025
BIDDER NAME Mountain Cascade, Inc.			
SMALL BUSINESS ENTERPRISE INFORMATION			
SMALL BUSINESS NAME M & B Enterprises		SMALL BUSINESS CERTIFICATION NUMBER 0000333	
SMALL BUSINESS ADDRESS PO Box 116, Maxwell, Ca 95955		SMALL BUSINESS REPRESENTATIVE NAME Don Burnett	
		SMALL BUSINESS PHONE NUMBER 530.438.2476	
		SMALL BUSINESS EMAIL ADDRESS boomerb@frontier.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 Logan Teal	
		SMALL BUSINESS PHONE NUMBER 916.929.0150	
		SMALL BUSINESS EMAIL ADDRESS logan@sacmmelectric.com	
SMALL BUSINESS NAME A.C. Dike Co.		SMALL BUSINESS CERTIFICATION NUMBER 1110	
SMALL BUSINESS ADDRESS 2788 Venture Dr. Lincoln, Ca 95648		SMALL BUSINESS REPRESENTATIVE NAME Joel Koopmans	
		SMALL BUSINESS PHONE NUMBER 916.645.7747	
		SMALL BUSINESS EMAIL ADDRESS joelk@acdike.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 David Hicks: V.P. of Estimating/ Secretary	
DATE 05.29.2025		CONTACT PERSON NAME David Hicks	
EMAIL ADDRESS CONTACT PERSON estimating@mountaincascade.com		PHONE NUMBER CONTACT PERSON 925.373.8370	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business</p> <p><input type="checkbox"/> shown. Quote from each small business shown.</p>			

CONTRACT NUMBER 03-0N8504		BID AMOUNT 1,151,021.50	BID OPENING DATE 05.28.2025
BIDDER NAME Mountain Cascade, Inc.			
SMALL BUSINESS ENTERPRISE INFORMATION			
SMALL BUSINESS NAME Jay's Trucking Service		SMALL BUSINESS CERTIFICATION NUMBER 57203	
SMALL BUSINESS ADDRESS PO Box 442, Elk Grove, Ca 95624		SMALL BUSINESS REPRESENTATIVE NAME Susana Pineda	
		SMALL BUSINESS PHONE NUMBER 916.437.8592	
		SMALL BUSINESS EMAIL ADDRESS jaystrucking.sale@gmail.com	
SMALL BUSINESS NAME Verux, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1229840	
SMALL BUSINESS ADDRESS 9848 Business Park Dr., Ste C Sacramento, Ca 95827		SMALL BUSINESS REPRESENTATIVE NAME Sarah Arnaz	
		SMALL BUSINESS PHONE NUMBER 916.930.6000	
		SMALL BUSINESS EMAIL ADDRESS sarah@veruxinc.com	
SMALL BUSINESS NAME Well Sweeping		SMALL BUSINESS CERTIFICATION NUMBER 0000333	
SMALL BUSINESS ADDRESS 5425 Marmith Ave. Sacramento, Ca 95841		SMALL BUSINESS REPRESENTATIVE NAME Anthony Duminy	
		SMALL BUSINESS PHONE NUMBER 916.586.0104	
		SMALL BUSINESS EMAIL ADDRESS anthony@wellssweeping.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 David Hicks: V.P. of Estimating/ Secretary	
DATE 05.29.2025		CONTACT PERSON NAME David Hicks	
EMAIL ADDRESS CONTACT PERSON estimating@mountaincascade.com		PHONE NUMBER CONTACT PERSON 925.373.8370	
<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

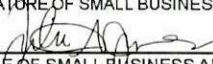
SMALL BUSINESS ENTERPRISES- COMMITMENT INSTRUCTIONS

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 05.29.2025
NAME OF SMALL BUSINESS Jay's Trucking Service		SMALL BUSINESS CERTIFICATION NUMBER 57203
NAME OF SMALL BUSINESS REPRESENTATIVE Julie Jemes		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
19	BID ITEM DESCRIPTION Roadway Excavation	30,740
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Roadway Excavation	
20	BID ITEM DESCRIPTION Imported Borrow	23,490
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Imported Borrow	
27	BID ITEM DESCRIPTION Class 2 Aggerates Base	5,800
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Class 2 Aggregate Base	
TOTAL \$		60,030
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 Julie Jemes
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Office Manager		DATE 05.29.2025

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

Attachment 7

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT 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 or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1


Name of certified DVBE: Jay's Trucking Service DVBE Ref. Number: 57203
Description (materials/supplies/services/equipment proposed): Trucking, Water Truck, Equipment & Materials
Solicitation/Contract Number: _____ 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>Jay T Cavender</u> (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)

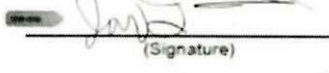
Firm/Principal Phone: 916-437-8592 Address: PO Box 442, Elk Grove, CA 95759

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>Jay T Cavender</u> (Printed Name)	 (Signature)	_____ (Date Signed)
<u>PO Box 442, Elk Grove, CA 95759</u> (Address of Owner)	<u>916-437-8592</u> (Telephone)	<u>68-0486748</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)
---------------------------------------	------------------------------------	------------------------

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS M&B Enterprises		SMALL BUSINESS CERTIFICATION NUMBER 2043717
NAME OF SMALL BUSINESS REPRESENTATIVE <i>Don Burnett</i>		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
8	BID ITEM DESCRIPTION Temporary Barrier System	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Temporary K-Rail	4381
	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 \$		4381
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>Don Burnett</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <i>Don Burnett</i>
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <i>Estimator</i>		DATE 05.29.2025

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS Well Sweeping		SMALL BUSINESS CERTIFICATION NUMBER 0000333
NAME OF SMALL BUSINESS REPRESENTATIVE Anthony Duminy		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
16	BID ITEM DESCRIPTION Street Sweeping	26,500
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Street Sweeping	
	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 \$		26,500
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 Anthony Duminy <small>Digitally signed by Anthony Duminy DN: cn=Anthony Duminy, o=Well Sweeping, email=anthony.duminy@wellsweeping.com, c=US Date: 2025.05.30 11:26:12 -0700</small>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Anthony Duminy
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE COO		DATE 5/30/2025

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

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

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: Jay S Wells DVBE Ref. Number: 0000333
 Description (materials/supplies/services/equipment proposed): Street Sweeping, Road Sweeping
 Solicitation/Contract Number: Caltrans 03-0N8504 SCPRS Ref. Number: _____
 (FOR STATE USE ONLY)

SECTION 2

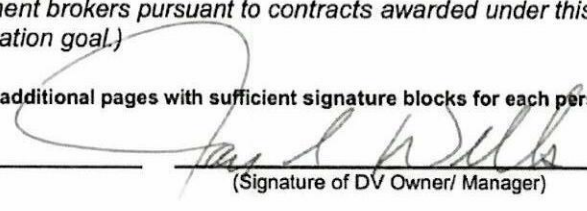
APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☒ 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):

Jay S Wells

(Printed Name of DV Owner/Manager)


(Signature of DV Owner/ Manager)5/21/2025

(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

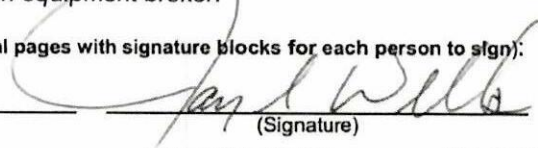
APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☒ 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):

Jay S. Wells

(Printed Name)


(Signature)5/21/2025

(Date Signed)

5425 Marmith Ave, Sacramento, CA 95841

(Address of Owner)

916-568-0104

(Telephone)

94-2766701


(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)

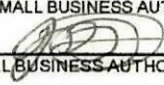
(Signature of DV Manager)

(Date Signed)

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS H and G Construction		SMALL BUSINESS CERTIFICATION NUMBER 203894 <i>2038594</i>
NAME OF SMALL BUSINESS REPRESENTATIVE Juan Hurtado		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
19	BID ITEM DESCRIPTION Roadway Excavation	9,000
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
27	BID ITEM DESCRIPTION Class 2 Aggregate Base	18,170
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Class 2 Aggregate Base	
33	BID ITEM DESCRIPTION Minor Concrete (Curb)	1,100
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Minor Concrete (Curb)	
Sub TOTAL \$		28,270
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 		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Jaun Hurtado
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Owner		DATE 05.29.2025

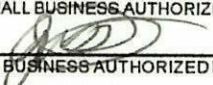
ADA Notice

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 95614

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS H and G Construction		SMALL BUSINESS CERTIFICATION NUMBER 203894 <i>2038594</i>
NAME OF SMALL BUSINESS REPRESENTATIVE Juan Hurtado		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
34	BID ITEM DESCRIPTION Detectable Warning Surface	4,565
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Detectable Warning Surface	
35	BID ITEM DESCRIPTION Minor Concrete (Curb & Gutter)	33,300
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Minor Concrete (Curb & Gutter)	
36	BID ITEM DESCRIPTION Minor Concrete (Sidewalk)	30,030
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Minor Concrete (Sidewalk)	
Sub TOTAL \$		34,595
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 Jaun Hurtado
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Owner		DATE 05.29.2025

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 NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS H and G Construction		SMALL BUSINESS CERTIFICATION NUMBER 203894 <i>JH 2038594</i>
NAME OF SMALL BUSINESS REPRESENTATIVE Juan Hurtado		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
37	BID ITEM DESCRIPTION Minor Concrete (Curb Ramp)	15,250
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Minor Concrete (Curb Ramp)	
38	BID ITEM DESCRIPTION Remove Concrete (Curb and Gutter)	7,000
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Remove Concrete (Curb and Gutter)	
39	BID ITEM DESCRIPTION Remove Concrete (Curb, Gutter, and Sidewalk) (LF)	24,960
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		143,375
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 		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Jaun Hurtado
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Owner		DATE 05.29.2025

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 NUMBER 03-ON8504		DATE 05.29.2025
NAME OF SMALL BUSINESS Verux Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1229840
NAME OF SMALL BUSINESS REPRESENTATIVE <i>Sarah Arnaz</i> Sarah Arnaz		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
12	BID ITEM DESCRIPTION Water Pollution Control Program	750
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Water Pollution Control Program	
11	BID ITEM DESCRIPTION Job Site Management	1,710
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Job Site Management	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		2,460
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>Sarah Arnaz</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Sarah Arnaz
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Project Administrator		DATE 5/30/25

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

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS AGL Landscape, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 2000858
NAME OF SMALL BUSINESS REPRESENTATIVE <i>Kadin Terry</i>		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
13	BID ITEM DESCRIPTION Temporary Cover	2,550
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Temporary Cover	
14	BID ITEM DESCRIPTION Temporary Fiber Roll	2,420
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Temporary Fiber Roll	
15	BID ITEM DESCRIPTION Temp Silt Fence	3,520
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Temp Silt Fence	
Sub TOTAL \$		8,490
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>Kadin Terry</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Kadin Terry
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE VP/CFO		DATE 05/30/25

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

CONTRACT NUMBER 03-ON8504		DATE 05.29.2025
NAME OF SMALL BUSINESS AGL Landscapes, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 2000858
NAME OF SMALL BUSINESS REPRESENTATIVE Kadin Terry		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
24	BID ITEM DESCRIPTION Bond Fiber Material	3,720
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Bond Fiber Material	
25	BID ITEM DESCRIPTION Compost	6,080
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Compost	
26	BID ITEM DESCRIPTION Incorporate Materials	1,488
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Incorporate Materials	
TOTAL \$		19,778
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 Kadin Terry		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Kadin Terry
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE VP/CFO		DATE 05/30/25

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

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS Highway Specialty Company, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1559500
NAME OF SMALL BUSINESS REPRESENTATIVE Matt Marriot		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
3	BID ITEM DESCRIPTION Construction Area Signs	2,775
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Construction Area Signs	
4	BID ITEM DESCRIPTION Traffic Control System	19,650
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Traffic Control System	
6	BID ITEM DESCRIPTION Traffic Drum	4,500
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Traffic Drum	
Sub TOTAL \$		26,925
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>Matt Marriott</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Matt Marriott
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Chief Estimator		DATE May 30th, 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-ON8504		DATE 05.29.2025
NAME OF SMALL BUSINESS Highway Specialty Company, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1559500
NAME OF SMALL BUSINESS REPRESENTATIVE Matt Marriot		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
9	BID ITEM DESCRIPTION Portable Changeable Message Sign	7200
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Portable Changeable Message Sign	
10	BID ITEM DESCRIPTION Temporary Crash Cushion	3500
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Temporary Crash Cushion	
18	BID ITEM DESCRIPTION Treated Wood Waste	940
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Treated Wood Waste	
Sub TOTAL \$		11,640
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>Matt Marriott</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Matt Marriott
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Chief Estimator		DATE May 30th, 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 05.29.2025
NAME OF SMALL BUSINESS Highway Specialty Company, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1559500
NAME OF SMALL BUSINESS REPRESENTATIVE Matt Marriot		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
41	BID ITEM DESCRIPTION Remove Roadside Sign	360
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Remove Roadside Sign	
42	BID ITEM DESCRIPTION Relocate Roadside Sign	370
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Relocate Roadside Sign	
43	BID ITEM DESCRIPTION Furnish Single Sheet Aluminum Sign	420
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Furnish Single Sheet Aluminum Sign	
Sub TOTAL \$		1,150
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>Matt Marriot</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Matt Marriot
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Chief Estimator		DATE May 30th, 2025

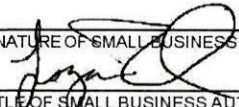
ADA Notice

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 05.29.2025
NAME OF SMALL BUSINESS Highway Specialty Company, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1559500
NAME OF SMALL BUSINESS REPRESENTATIVE Matt Marriott		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
44	BID ITEM DESCRIPTION Roadside Sign- One Post	2,625
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Roadside Sign- One Post	
	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 \$		42,340
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>Matt Marriott</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Matt Marriott
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Chief Estimator		DATE May 30th, 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 05.29.2025
NAME OF SMALL BUSINESS M&M Electric		SMALL BUSINESS CERTIFICATION NUMBER 1731815
NAME OF SMALL BUSINESS REPRESENTATIVE Logan Teal		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks: V.P. of Estimating/ Secretary
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
54	BID ITEM DESCRIPTION Modifying Signal and Lighting Systems	206,441
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Modifying Signal and Light System	
	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
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 		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Logan Teal
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Estimator		DATE 5/30/25

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

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

PAGE 1 OF 2

CONTRACT NUMBER 03-0N8504		DATE 05.29.2025
NAME OF SMALL BUSINESS A.C. Dike Co.		SMALL BUSINESS CERTIFICATION NUMBER 1110
NAME OF SMALL BUSINESS REPRESENTATIVE <i>Joel Koopmans</i>		
NAME OF BIDDER Mountain Cascade, Inc.		NAME OF BIDDER REPRESENTATIVE David Hicks
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
30	BID ITEM DESCRIPTION Hot Mix Asphalt Dike (Type E)	8730
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Asphalt Dike	
	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 \$		8730
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>Joel Koopmans</i>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Joel Koopmans
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Operations Manager		DATE 05.29.2025

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. 03-0N8504