

Low Bidder

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

PAGE 1 OF 4
 RECEIVED
 CALTRANS

CONTRACT NUMBER 03-3G4804		BID AMOUNT \$794,500.00	BID OPENING DATE 05/01/25
BIDDER NAME Studebaker Electric, Inc.			
SMALL BUSINESS BIDDER CERTIFICATION NUMBER 1731924		<input type="checkbox"/> Not applicable	
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT		% 5	TOTAL NUMBER OF ALL SUBCONTRACTS 1
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT		94.3%	TOTAL AMOUNT OF ALL SUBCONTRACTS \$41,900.00
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS			
Bid Item Number	Item of Work ^{1,2}	Percentage of Bid Amount	Amount ³ (\$)
1	BID ITEM DESCRIPTION Lead Compliance	100	1,100.00
	SMALL BUSINESS NAME Studebaker Electric, Inc.		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Lead Compliance		
2	BID ITEM DESCRIPTION Time-Related Overhead (WDAY)	100	48,000.00
	SMALL BUSINESS NAME Studebaker Electric, Inc.		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Time-Related Overhead (WDAY)		
5 & 6	BID ITEM DESCRIPTION Job Site Management (BI-5) Water Pollution control Management (BI-6)	100	2,200.00
	SMALL BUSINESS NAME Studebaker Electric, Inc.		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Job Site Management (BI-5) Water Pollution control Management (BI-6)		
7	BID ITEM DESCRIPTION Modifying Changeable Message Sign Systems	100	700,500.00
	SMALL BUSINESS NAME Studebaker Electric, Inc.		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Modifying Changeable Message Sign Systems		
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$			\$751,800.00
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.			

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CONTRACT NUMBER	BID AMOUNT	BID OPENING DATE
03-3G4804	\$794,500.00	05/01/25
BIDDER NAME Studebaker Electric, Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME	Studebaker Electric, Inc.	SMALL BUSINESS CERTIFICATION NUMBER 1731924
SMALL BUSINESS ADDRESS	3237 Rippey Rd., Ste 100 Loomis Ca 95650	SMALL BUSINESS REPRESENTATIVE NAME David Studebaker
		SMALL BUSINESS PHONE NUMBER (916) 259-2395
		SMALL BUSINESS EMAIL ADDRESS daves@studebakerelectric.net
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 David Studebaker	
DATE 05/02/25		CONTACT PERSON NAME David Studebaker
EMAIL ADDRESS CONTACT PERSON daves@studebakerelectric.net	PHONE NUMBER CONTACT PERSON (916) 259-2395	
Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. <input type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business <input type="checkbox"/> shown. Quote from each small business shown.		

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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.

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SMALL BUSINESS ENTERPRISES- COMMITMENT INSTRUCTIONS

OCR-SBE 01 (REV 01/2024)

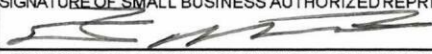
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION

- **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.

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

PAGE 1 OF 2

CONTRACT NUMBER 03-3G4804		DATE 05/01/25
NAME OF SMALL BUSINESS Studebaker Electric, Inc.		SMALL BUSINESS CERTIFICATION NUMBER 1731924
NAME OF SMALL BUSINESS REPRESENTATIVE David Studebaker		
NAME OF BIDDER Studebaker Electric, Inc.		NAME OF BIDDER REPRESENTATIVE David Studebaker
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
1	BID ITEM DESCRIPTION Lead Compliance	1,100.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Lead Compliance	
2	BID ITEM DESCRIPTION Time-Related Overhead (WDAY)	48,000.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Time-Related Overhead (WDAY)	
5, 6 & 7	BID ITEM DESCRIPTION Job Site Mgmt (BI-5), Water Pollution Control Program (BI-6), Modifying Changeable Message Sign System (BI-7)	702,700.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Job Site Mgmt (BI-5), Water Pollution Control Program (BI-6), Modifying Changeable Message Sign System (BI-7)	
TOTAL \$		751,800.00
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 		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE David Studebaker
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE President		DATE 05/02/25

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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

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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 1Name of certified DVBE: Safe Roads DVBE DVBE Ref. Number: 2017202Description (materials/supplies/services/equipment proposed): Traffic ControlSolicitation/Contract Number: 03-3G4804 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>Nathaniel McBroome</u>	<u>Nathaniel McBroome</u>	<u>5/1/2025</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: (530) 276-5179 Address: 21961 Mel Mar Dr., Palo Cedro CA 96073
PO Box 371 Palo Cedro CA 96073**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>Nathaniel McBroome</u>	<u>Nathaniel McBroome</u>	<u>5/1/25</u>
(Printed Name)	(Signature)	(Date Signed)

<u>PO Box 371, Palo Cedro CA 96073</u>	<u>(530) 276-5179</u>	<u>84-3872992</u>
(Address of Owner)	(Telephone)	(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**