

Low Bidder

CONTRACT NO.
 04-1W0904

BID AMOUNT
 \$ 13,963,728.00

BID OPENING DATE
 05/29/2025

BIDDER'S NAME
 CROSSTOWN ELECTRICAL & DATA, INC.

DBE GOAL FROM CONTRACT %
 DBE 10%

DBE PRIME CONTRACTOR CERTIFICATION*	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE)	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE)
N/A	5	\$955,100.00

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED²	NAICS AND/OR WORK CATEGORY CODES³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors.)	AMOUNT (\$)
PARTIAL BI: 6	PARTIAL TRAFFIC CONTROL	NAICS: 237310/ 238990/ 423390 423510/ 532412 532490/ 541611 541618/ 561110/ 561990	WESTERN TRAFFIC SUPPLY, INC. DBE: 40681/ 925-249-1854 3942 VALLEY AVE., SUITE M, PLEASANTON, CA, 94566	\$487,500.00
BID ITEMS: 13-18	LANDSCAPING	NAICS: 237310/ 238990	LONE STAR LANDSCAPE, INC. DBE: 25591/ 408-682-0100/ PO BOX 70, SAN MARIN, CA, 95046	\$281,900.00
PARTIAL BI: 11	PARTIAL STREET SWEEPING	NAICS: 484220/ 484110/ 488490	A1 TRUCKING SERVICES, INC. DBE: 52520/ 209-702-1581/ 1941 JACKSON ST., #9, OAKLAND, CA, 94612	\$13,600.00
PARTIAL BIs: 21, 23, 24	MISC. ELECTRICAL MATERIALS	NAICS: 423610	Logistical Enterprises/ DBE: 39438 5850 E. SHIELDS AVE., STE 104, CLOVIS, CA, 93613 (559) 392-1124	\$906,073.23

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

*Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

³Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

* NAICS: North American Industry Classification System.

Total Claimed
Participation

\$ 1,689,073.23

12.10 %

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).

Signature of Bidder

06/02/2025

Date

626-813-6693

(Area Code) Tel. No.

DAVID P. HEERMANCE, PRESIDENT

Person to Contact

(Please Type or Print)

DBE CONFIRMATION

OCR-0007 (REV 11/2020)

04-1 W0904

WESTERN TRAFFIC SUPPLY, INC.

ED IBANEZ

40681

CROSSTOWN ELECTRICAL & DATA, INC.

N/A

DAVID P. HEERMANCE

06/02/2025

[illegible]

Total

\$487,500.00

I certify under penalty of perjury that the foregoing is true and correct

Printed Name of DBE's Authorized Representative

Title of DBE's Authorized Representative

Date _____

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
OCR-0007 (REV 11/2020)

CONTRACT NO.

04-1W0904

NAME OF DBE BUSINESS

LONE STAR LANDSCAPE, INC.

NAME OF DBE REPRESENTATIVE

ROBERT SAMANIEGO

DBE CERTIFICATION NUMBER

25591

NAME OF BIDDER

CROSSTOWN ELECTRICAL & DATA, INC.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR

DAVID P. HEERMANCE

DATE

06/02/2025

Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
BIs: 13-18	LANDSCAPING	\$281,900.00

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

Total

\$281,900.00

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.

R. Samaniego

Signature of DBE's Authorized Representative

Robert Samaniego

Printed Name of DBE's Authorized Representative

President

Title of DBE's Authorized Representative

JUNE 02, 2025

Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
OCR-0007 (REV 11/2020)

CONTRACT NO.
04-1W0904

NAME OF DBE BUSINESS
A1 TRUCKING SERVICES INC.

NAME OF DBE REPRESENTATIVE
TIM LEE

DBE CERTIFICATION NUMBER
52520

NAME OF BIDDER
CROSSTOWN ELECTRICAL & DATA, INC.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
DAVID P. HEERMANCE

DATE
06/02/2025

Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
PARTIAL BI: 11	PARTIAL STREET SWEEPING	\$13,600.00

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

Total \$13,600.00

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of DBE's Authorized Representative

TIM LEE

Printed Name of DBE's Authorized Representative

MANAGER

Title of DBE's Authorized Representative

06/02/2025

Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
OCR-0007 (REV 11/2020)

CONTRACT NO.

04-1W0904

NAME OF DBE BUSINESS

Drivera Enterprises, Inc. DBA: Logistical Enterprises

NAME OF DBE REPRESENTATIVE

DENNISE RIVERA

DBE CERTIFICATION NUMBER

39438

NAME OF BIDDER

CROSSTOWN ELECTRICAL & DATA, INC.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR

DAVID P. HEERMANCE

DATE

06/02/2025

Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
Partial BI: 21,23,24	MISC. ELECTRICAL MATERIALS	\$1,510,122.05
		X 60%
		\$906,073.23

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

Total

\$906,073.23

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.

Dennise Rivera

Signature of DBE's Authorized Representative

Dennise Rivera

Printed Name of DBE's Authorized Representative

President

Title of DBE's Authorized Representative

6/2/25

Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

2. List the names of certified DBEs and all the dates on which they were solicited to bid on this project. Include the items of work offered and the dates and methods used for following up initial and follow-up solicitations to determine with certainty whether the DBEs were interested. Attach copies of solicitations, e-mail messages, telephone records, fax confirmations, etc.

Name of DBE Solicited	Date of Initial Solicitation	Items of Work Offered	Follow Up Methods and Dates
NONE			

3. For each item of work made available, indicate whether the Bidder provided plans and specifications specific to the items of work being offered, list the selected firm and its status as a DBE, the DBEs that provided quotes, the price quote for each firm, and the price difference for each DBE if the selected firm is not a DBE. Provide copies of each DBE and Non-DBE quote submitted to the Bidder whenever a Non-DBE firm was selected over a DBE for work on the Contract.

Items of Work	Provided Plans/ Specifications for Work Offered Yes/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
NONE	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					

If the firm selected for the item is not a DBE, provide the reasons for the selection on a separate sheet and attach names, addresses, and phone numbers for the firms listed above. Provide evidence as to why additional agreements could not be reached for DBEs to perform work.

4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.

Description of Outreach	Dates	Location (if applicable)	Results
NONE			

5. Describe the Bidder's efforts made to provide interested DBEs with adequate information about the plans, specifications, and requirements of the Contract to assist them in responding to a solicitation. Identify the DBEs assisted, the type of information provided, and the date of the contracts. Provide copies of supporting documents.

NONE

6. Describe the Bidder's efforts made to assist interested DBEs in obtaining bonding, lines of credit, or insurance. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents.

NONE

7. Describe the Bidder's efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE purchases or leases from the prime contractor or its affiliate. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents. List efforts made to assist interested DBEs in obtaining bonding, lines of credit, insurance, necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate. Identify the DBE assisted, the assistance offered, and the date. Provide copies of supporting documents.

NONE

8. List the names of agencies and the dates on which they were contacted to provide assistance in contacting, recruiting, and using DBE firms. If the agencies were contacted in writing, provide copies of supporting documents.

NONE

9. Include additional data to support a demonstration of good faith efforts.

NONE

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.