

DBE - COMMITMENT

OCR-0006 (REV 11/2020)

05-1H4404						BECEIVE
ID AMOUNT						CALTRAI
47,512,711						
D OPENING DATE	E				20	25 JUL - 1 F
une 26, 202	3				20	LJ UUL 1 1
	truction Compa	ny				CONSTRUCT
BE GOAL FROM CON					C	ONTRACT AN
BE PRIME CONTRAC	TOR CERTIFICATION	TOTAL NUMBE (DBE & NON-D	R OF ALL SUBCONTRA	ACTS	TOTAL VALUE OF ALL SUBCO	NTRACTS
I/A		(00000000000000000000000000000000000000	12			00,933
BID ITEM NO.	ITEM OF WORK AND DE SERVICES TO BE SUBC MATERIALS TO BE	ONTRACTED OR	NAICS AND/OR WORK CATEGORY CODES ³	opened. DBE add	NAME OF DBEs be certified on the date bids are include Caltrans' certification no., dress, and phone number. Show and lower tier subcontractors.)	AMOUNT (\$)
48(p) - 150(p)	Concrete Barrier	S	237310	DEES 207 W	Burke Engineering J. State Street	\$536,972
					io, CA 91762 28-3670	
43(p), 124, 125	Boulders, Stainin	g/Coating	325510	IMRAE 26181 Jefferson Ave., Unit A		\$149,799
				Murrieta, CA 92562 951-413-0240		
82(p) - 84(p), 158(p)	Joint Seal, Mob	ilization	C4040	Austin Enteprise PO Box 81926 Bakersfield,		\$75,129
	(portion)			CA 933 661-58		
how all DBE firms being om each DBE shown st ork shown for the speci	g claimed for credit, regardle ating that it will be participat fic amount agreed to.	ess of tier. Attach wing in the contract	ritten confirmation to perform the specific		Total Claimed Participation	s See Page 2
he names of the 1st tier	DBE subcontractors and ite	ems of work must b	e consistent with the			20.4 %
allure to submit a signe	d DBE Confirmation form an	d submit copies of	the DBE quotes will	The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).		
	tor must enter its certification		w all work to be	See Pa	age 2	
	uding work performed by its			Signature		
100% of an item is not f the item to be perform	to be performed or furnishe ned or furnished.	d by the DBE, des	cribe the exact portion			
³ Use NAICS and/or Work Category Codes from the California Unified Certification Program database.					805-964-9951 Area Code) Tel. No.	
NAICS: North American	Industry Classification Syst	em			,	, 102 COGC) 161. NO.
1000 Taranta (1000)		•		Mattha	W Grimm Chief Esting	otor
				wattne	w Grimm, Chief Estima	ator

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.

DBE - COMMITMENT

OCR-0006 (REV 11/2020)

CONTRACT NO. 05-1H4404						
BID AMOUNT						
s 47,512,711						
BID OPENING DATE						
June 26, 202	5					
BIDDER'S NAME						
	truction Compai	ny				
DBE GOAL FROM CON	TRACT %					
	TOD OFFICIOATION		R OF ALL SUBCONTRA	CTS	TOTAL VALUE OF ALL SUBCO	NTRACTS
N/A	TOR CERTIFICATION	(DBE & NON-D	12		(DBE & NON-DBE) \$19,80	00,933
BID ITEM NO.	ITEM OF WORK AND DE SERVICES TO BE SUBCO MATERIALS TO BE F	NTRACTED OR	NAICS AND/OR WORK CATEGORY CODES ³	opened. In DBE add	NAME OF DBEs e certified on the date bids are nclude Caltrans' certification no., iress, and phone number. Show nd lower tier subcontractors.)	AMOUNT (\$)
70, 71(p), 72, 73(p), 74, 75(p)	Concrete Piling, M	lobilization	C4901, C4906	4010 W	ingineering, Inc. /atson Plaza Dr.,	\$8,242,000
158(p)	(portion)			Ste. 13: 310-51:	5 Lakewood, CA 9071 5-6549	2
32(p), 129, 133, 142, 144 - 147,	Treated Wood Wa	aste, il, Tubular	C0680, C8000, C8320,	Ace Fe 727 N.	nce Company Glendora Ave	\$705,501
151	151 Railing			La Puente, CA 91744 626-333-0727		
Chaus III DDE flores hairs						
from each DBE shown st work shown for the speci	-	ng in the contract	to perform the specific		Total Claimed Participation	\$\$9,709,401
	DBE subcontractors and iter Cont Code § 4100 et seq.).	ms of work must b	be consistent with the			20.4
Failure to submit a signer result in disallowance of	d DBE Confirmation form and the DBE's participation.	d submit copies of	f the DBE quotes will	The bidde DBEs sho CFR 26.53	or acknowledges that it is com own on this form to meet the i).	mitted to use the contract goal (49
¹ Each DBE prime contract performed by DBEs, inc	ctor must enter its certification luding work performed by its	n number and sho own forces.	ow all work to be	M/a	of Bidder	
² If 100% of an item is not of the item to be perform	to be performed or furnished ned or furnished.	by the DBE, des	cribe the exact portion			
³ Use NAICS and/or Work Category Codes from the California Unified Certification Program database.				06/27/2 Date		805-964-9951 Area Code) Tel. No.
* NAICS: North American	Industry Classification Syste	em.				
				Matthey	w Grimm, Chief Estima	
				reison to (Contact (Please Ty	/pe or Print)

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. 05-1H4404					
NAME OF DBE BUSINESS					
The state of the s	Engineering Constructors, LLC				
NAME OF DBE REPRESE Bryn Burke	NTATIVE				
DBE CERTIFICATION NUM	MBER				
NAME OF BIDDER					
Granite Constr	uction Company				
NAME OF PRIME CONTRA	ACTOR IF DIFFERENT FROM THE BIDDER				
NAME OF REPRESENTAT	IVE OF BIDDER OR CONTRACTOR				
DATE					
06/26/2025	•				
Bid item number	Item of work and description of services to be subcontract	cted or materials to be provided 1	Amount (\$)		
148(p)	Concrete Barrier (Pedestrian)		\$192,992		
149(p)	Concrete Barrier (Type 836 Mod)	\$342,342			
150(p)	Concrete Barrier Transition	\$1,638			
An III - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
If 100% of an item is not to portion of the item to be per	o be performed or furnished by the DBE, describe the exact formed or furnished.	Total	\$536,972		
		As an authorized representative of business enterprise, I confirm that the bidder or prime contractor sho shown above. If the bidder is awai will enter into a contractual agreer contractor to perform the type and the DRE Commitment form.	of a certified disadvantaged my business was contacted by wn above regarding the contract rded the contract, my business ment with the bidder or orime		
		I certify under penalty of periury tha	t the foregoing is true and correct.		
		Signature of DBE's Authorized Re	epresentative		
		Bryn Burke			
		Printed Name of DBE's Authorize	d Representative		
		President			
		Title of DBE's Authorized Represe			
		6/27/2025			

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	0)		
CONTRACT NO.			
05-1H4404			
NAME OF DBE BUSINE	SS		
NAME OF DBE REPRES	BENTATIVE		
DBE CERTIFICATION N	LIMBER		
42556	UMBER		
NAME OF BIDDER			
NAME OF PRIME CONT	truction Company RACTOR IF DIFFERENT FROM THE BIDDER		
Martin Nunez	ATIVE OF BIDDER OR CONTRACTOR		
06/26/2025			
Bid item number	Item of work and description of services to be subcontra-	cted or materials to be provided 1	Amount (\$)
43(p)	Decorative Boulders		\$22,704
124	Stain Concrete	\$56,727	
125	Coating	\$56,749	
158(p)	Mobilization (IMRAE portion ONL	.Y)	\$13,618
(market market m			
r di semili di 1800 di semili di 1800 d			
If 100% of an item is not portion of the item to be p	t to be performed or furnished by the DBE, describe the exact performed or furnished.	Total	\$149,799
		As an authorized representative of business enterprise, I confirm that the bidder or prime contractor shown above. If the bidder is awa will enter into a contractual agreei contractor to perform the type and the DBE Commitment form. I certify under penalty of perfory that	t my business was contacted by wen above regarding the contract reded the contract, my business ment with the bidder or prime it dollar amount of work shown on
		Signature of DDE's Authorized Ro	epresentative
		Maximillian Desp	
		Printed Name of DBE's Authorize	
		President Title of DBE's Authorized Represi	entative
		or DDL o Authorized Repres	on tari ve

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.

June 26, 2025

Date

DBE CONFIRMAT OCR-0007 (REV 11/2020)	TON		
CONTRACT NO.			
05-1H4404 NAME OF DBE BUSINESS			
Austin Enterp			
NAME OF DBE REPRESE	NTATIVE		
Patti Conner			
DBE CERTIFICATION NUM 013602	IBER	***************************************	
NAME OF BIDDER			
	uction Company		
NAME OF PRIME CONTRA	CTOR IF DIFFERENT FROM THE BIDDER		
Martin Nunez	VE OF BIDDER OR CONTRACTOR		
06/26/2025			
Bid item number	Item of work and description of services to be subcontra	cled or materials to be provided	Amount (\$)
2(p) - 84(p), 158(p)	Joint Seal		\$75,129
¹ If 100% of an item is not to portion of the item to be perf	be performed or furnished by the DBE, describe the exact ormed or furnished.	Total	\$75,129
		As an authorized representative or business enterprise. I confirm that the bidder or prime contractor shown above if the bidder is awar will enter into a contractual agreen contractor to perform the type and the DBE Commitment form. I certify under penalty of perjury that signature of DBE's Authorized Representation of DBE's Authorized Representations.	my business was contacted by win above regarding the contract ded the contract, my business nent with the bidder or prime dollar amount of work shown on the foregoing is true and correct. AMALE Tresentative ONNER

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 7-11, 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.				
05-1H4404				
Tipco Engine				
NAME OF DBE REPRES				
37925	JMBER			
NAME OF BIDDER Granite Cons	truction Company			
NAME OF PRIME CONTE	RACTOR IF DIFFERENT FROM THE BIDDER			
NAME OF REPRESENTA Martin Nunez	TIVE OF BIDDER OR CONTRACTOR			
DATE 06/26/2025				
Bid item number	item of work and description of services to be subcontract	ted or materials to be provided 1	Amount (\$)	
70	Furnish 48" Steel Piling		\$509,000	
71(p)	Drive 48" Steel Pipe Pile		\$110,400	
72	Furnish 36" CISS Concrete Piling	Furnish 36" CISS Concrete Piling		
73(p)	Drive 36" CISS Concrete Piling		\$250,800	
74	Furnish 48" CISS Concrete Piling		\$3,502,000	
75(p)	Drive 60" CISS	****	\$2,658,800	
158(p)	Mobilization (Tipco portion ONLY)	\$950,000	
-				
N 1000	YAY AMARAMAN MARKATAN			
portion of the item to be p	to be performed or furnished by the DBE, describe the exect erformed or furnished.	Total	\$8,242,000	
		As an authorized representative business enterprise, I confirm tha the bidder or prime contractor shi shown above. If the bidder is away will enter into a contractual agree	It my business was contacted by own above regarding the contract arded the contract, my business	
		contractor to perform the type an the DBE Commitment form.	d dollar amount of work shown on	
		I certify under penalty of perjury th	at the foregoing is true and correct.	
		747.		
		Signature of DBE's Authorized R	representative	
		Kevin T	PtoN	
		Printed Name of DBE's Authorized Representative PRESIDEN + Title of DBE's Authorized Representative		
		L - 7	Senouve	
		6-27-25		

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, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms Management Unit at (279) 234-2284.

DBE CONFIRMATION

OCR-0007 (REV 11/2020)

CONTRACT NO.

05-1H4404

NAME OF DBE BUSINESS

Ace Fence Company

NAME OF DBE REPRESENTATIVE

Ben Layos

DBE CERTIFICATION NUMBER

34153

NAME OF BIDDER

Granite Construction Company

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR

Martin Nunez

DATE

06/26/2025

Bid item number	Bid item number			
32(p)	Treated Wood Waste	\$7,870		
129	Fence	\$3,975		
133	Remove Fence	\$350		
142	Midwest Guardrail System (Steel Post)	\$44,100		
144	Tubular Handrailing	\$196,904		
145	Tubular Bicycle Railing	\$393,822		
146	Transition Railing	\$25,000		
147	Altnernative In Line Terminal TL-3	\$23,920		
151	Remove Guardrail	\$4,060		
158(p)	Mobilization (Ace Fence portion ONLY)	\$5,500		
f 100% of an item is no	t to be performed or furnished by the DBE, describe the exact	0705 504		

portion of the item to be performed or furnished.

Total \$705,501

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 regury that the oregoing is true and correct.

Signature of DBE's Authorized Representative

Amy Tsui

Printed Name of DBE's Authorized Representative

President

Title of DBE's Authorized Representative

6/30/2025

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 GOOD FAITH EFFORTS DOCUMENTATION OCR-0008 (REV 10/2022)

MET	Bidder's Name:	GRANITE CONSTRUCTION COMPA	ANY
	Contract No.:	05-1H4404	
		Dage 1	of '

List items of work the Bidder made available to Disadvantaged Business Enterprise (DBE) firms. Identify items of work the Bidder might otherwise perform
with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has
established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed,
show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

LEASE SEE TAB 1 Item of Work (Services Off or Materials S	fered, Perform	Normally ms Item s/No	Item Broke Facilitate P Yes	articipation	Timeframes for and Deliver	d Flexible r Performance y Schedules /No	Amount (\$)	Percentage of Total Bid
	YES	Пио	YES	Пио	YES	□ №		
	YES	□ №	YES	□ №	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ №		
	YES	Пио	YES	□ NO	YES	□ NO		
	YES	Пио	YES	□ NO	YES	□ №		
	YES	Пио	YES	□ NO	YES	□ №		
	YES	Пио	YES	Пио	YES	Пио		
	YES	□ио	YES	Пио	YES	Пио		
	YES	Ои	YES	□ио	YES	□ NO		
	YES	Пио	YES	□ио	YES	□ №		
	YES	Пио	YES	□ио	YES	□ио		
	YES	□ NO	YES	□ио	YES	□ио		
	□YES	Пио	YES	□ио	YES	□ио		
	□YES	□ NO	YES	□ио	YES	□ NO		
	□YES	□ №	YES	□ио	YES	□ NO		
	□YES	Пио	YES	□ио	YES	□ NO		
	YES	Пио	YES	□ио	YES	□ NO		
	YES	□ №	YES	□ио	YES	□NO		
	YES	□ NO	YES	□ио	YES	□NO		
	YES	Пио	YES	NO	YES	□ио		

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION DBE GOOD FAITH EFFORTS DOCUMENTATION OCR-0008 (REV 10/2022)

Bidder's Name:	GRANITE CONSTRUCTION COMPAN				
Contract No.:	05-1H4404				
	Page 2 of				

PLEASE SEE TAB 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.

Date of Initial Solicitation	Items of Work Offered	Follow Up Methods and Date
	Date of Initial Solicitation	Date of Initial Solicitation Items of Work Offered

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 (\$)
PLEASE SEE TAB 3		YES NO					
		YES NO					
		YES NO		A PARAMETER STATE OF THE STATE			
		YES NO					
	HIVA.	YES NO					
		YES NO					
-		YES NO					
		YES NO	11				
		YES 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.

DBE GOOD FAITH EFFORTS DOCUMENTATION

OCR-0008 (REV 10/2022)

Bidder's Name:

GRANITE CONSTRUCTION COMPANY

Contract No.: 05-1H4404

Page 3 of 3

	Description of Outreach	Dates	Location (if applicable)	Results
	5 Describe the Ridder's efforts made to	provide interested DRFs with adam		
	assist them in responding to a solic supporting documents.	itation. Identify the DBEs assisted,	ate information about the plans, specifications, the type of information provided, and the date	and requirements of the Contract to of the contracts. Provide copies of
SE SEE	TAB 5			
	6 Describe the Ridder's efforts made to	assist interested DREs in obtaining h		
ASE SEE	onered, and the dates. Provide copies	of supporting documents.	onding, lines of credit, or insurance. Identify the D	DBEs assisted, the type of assistance
ASE SEE	TAB 5			
	7 Describe the Bidded off of the state			
	supplies and equipment the DBE purc	nases or leases from the prime contra	ecessary equipment, supplies, materials, or rela	ed assistance or services, excluding
	equipment, supplies, materials, or rela	documents. List efforts made to as	ssist interested DBEs in obtaining bonding, lin	e type of assistance offered, and the les of credit, insurance, necessary
ASE SEE	equipment, supplies, materials, or rela contractor or its affiliate. Identify the D	documents. List efforts made to as	eist interested DBEs in obtaining handing li-	e type of assistance offered, and the les of credit, insurance, necessary
√SE SEE	equipment, supplies, materials, or rela contractor or its affiliate. Identify the D	documents. List efforts made to as	ssist interested DBEs in obtaining bonding, lin	e type of assistance offered, and the les of credit, insurance, necessary
√SE SEE	equipment, supplies, materials, or rela contractor or its affiliate. Identify the D	documents. List efforts made to as	ssist interested DBEs in obtaining bonding, lin	e type of assistance offered, and the les of credit, insurance, necessary
√SE SEE	equipment, supplies, materials, or relecontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the da	documents. List efforts made to at the assistance or services, excluding BE assisted, the assistance offered, a	ssist interested DBEs in obtaining bonding, lin	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
ASE SEE	equipment, supplies, materials, or relecontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop	documents. List efforts made to at the assistance or services, excluding BE assisted, the assistance offered, a	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
	equipment, supplies, materials, or relecontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop	documents. List efforts made to at the assistance or services, excluding BE assisted, the assistance offered, a	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
	equipment, supplies, materials, or relecontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop	documents. List efforts made to at the assistance or services, excluding BE assisted, the assistance offered, a	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
	equipment, supplies, materials, or relecontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop	documents. List efforts made to at the dassistance or services, excluding BE assisted, the assistance offered, a service of the dassistance offered, a service of the dassistance offered of the dassistance offered of the dassistance of services of supporting documents.	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
	equipment, supplies, materials, or relacontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop TAB 6 9. Include additional data to support a di	documents. List efforts made to at the dassistance or services, excluding BE assisted, the assistance offered, a service of the dassistance offered, a service of the dassistance offered of the dassistance offered of the dassistance of services of supporting documents.	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
SE SEE	equipment, supplies, materials, or relacontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop TAB 6 9. Include additional data to support a di	documents. List efforts made to at the dassistance or services, excluding BE assisted, the assistance offered, a service of the dassistance offered, a service of the dassistance offered of the dassistance offered of the dassistance of services of supporting documents.	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.
SE SEE	equipment, supplies, materials, or relacontractor or its affiliate. Identify the D TAB 5 8. List the names of agencies and the dawere contacted in writing, provide cop TAB 6 9. Include additional data to support a di	documents. List efforts made to at the assistance or services, excluding BE assisted, the assistance offered, a steep of the services of services, excluding BE assisted, the assistance offered, a steep of services of supporting documents.	ssist interested DBEs in obtaining bonding, lir supplies and equipment the DBE subcontractor nd the date. Provide copies of supporting docum	e type of assistance offered, and the es of credit, insurance, necessary purchases or leases from the prime ents.



After printing this label CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

1. Fold the printed page along the horizontal line.

2. Place label in shipping pouch and affix it to your shipment.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.