

Low Bidder

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
CERTIFIED DVBE SUMMARY
DES-OE-0102.5 (REV 3/2008)

RECEIVED
CALTRANS

2025 JUN -2 P 12: 41

CONSTRUCTION
CONTRACT AWARDS

DISTRICT-COUNTY-ROUTE: 09 - Iny - 395

CONTRACT NO.: 09-390204

TOTAL BID: \$668,415.10

BID OPENING DATE: 5/28/2025

BIDDER'S NAME: Interstate Civil Construction

DVBE PRIME CONTRACTOR CERTIFICATION ¹ N/A

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount
3	Supply Construction Area Sign Panels		American Highway Services Inc 909-347-5010 DVBE#2010116	\$4,500.00
16	Supply Temporary Concrete Washout (kit)			\$2,800.00
20	Supply G4 Inlet			\$9,800.00
21	Supply 24" RCP			\$7,200.00
27	Supply 2"x6"x20' Lumber (dug fir)			\$2,475.00
	Supply Curing Compound (5 gal bucket)			\$1,200.00
29	Supply Grate & Frame			\$2,000.00
3,16,20,21,27 & 29	Tax & Shipping			\$5,016.81
Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.				
Total Claimed Participation				\$ <u>34,991.81</u>
				<u>5.23</u> %

1. DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation and need not complete the above table).

2. If 100% of an item is not performed or supplied by the DVBEs, describe the exact part, including the planned location of work to be performed, of item to be performed or supplied by DVBE.

Signature of Bidder

5/28/2025

Date

760-281-0188

(Area Code) Telephone Number

Mark Bates

Contact Person

(Type or Print)

Submit to:

MSC 43
OFFICE ENGINEER
DEPARTMENT OF TRANSPORTATION
1727 30TH STREET
SACRAMENTO, CA 95816-7005

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 654-6410, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

Low Bidder

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DOT OCR-0011 (REV 01/2024)

RECEIVED
CALTRANS

2025 JUN -2 P 12:41

CONSTRUCTION
CONTRACT AWARDS

BIDDER NAME _____

CONTRACT NO. _____

List the description of work, name, telephone number, certification number, and dollar amount of each certified small business who will be used for non-small business preference on this project. Failure to submit a completed Certified Small Business Listing for the Non-Small Business Preference form by 4 p.m. on the 4th business day after bid opening will result in a nonresponsive bid. Attach additional sheets if necessary.

Submit to:

MS 43

OFFICE ENGINEER

DEPARTMENT OF TRANSPORTATION 1727 30TH STREET

SACRAMENTO, CA 95816-7005

Bid Item Number	Description of Work, Service, or Materials	Certified Small Business (Name, Telephone No., and Certification No.)	\$ Amount
[Table content is crossed out with a large X]			

Total Claimed Participation for Non-Small Business Preference \$

Total Claimed Participation for Non-Small Business Preference %

Non-Small Business Preference-Certification

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 non-small business preference. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) complaint in accordance with the requirements in Government Code section 14837, subdivision(d)(4). I certify under penalty of the perjury that the foregoing is true and correct.

Bidder's Authorized Representative Name

(Please Type or Print)

Bidder's Authorized Representative Signature

DATE

Email Address

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

Contract No. 09-390204