

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

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| CONTRACT NUMBER 09-390204 | | \$668.415.10 | | BID OPENING DATE 5/28/2025 | | | | |
|--|--|-----------------|------------------------------------|---------------------------------|-----------------------------|-----------------------------|----------------|--|
| | 09-390204 15000,415.10 5/20/2025 5/20/2025 | | | | | | 5 JUN - 2 | |
| Interstate Civil Construction | | | | | | | | |
| SMALL BUSINESS BIDDER CERTIFICATION NUMBER 2023604 | | | | | | | | |
| CONTRACTS | IREMENT | 5 % | TOTAL NUMBER OF ALL SUBCONTRACTS 2 | | 2TRACT | | | |
| SBE PARTIC | PATION GOAL REQUIREMENT O | OMMITMENT | 65 % | TOTAL AMOUNTOF ALL SUBCONTRACTS | | TRACTS | \$232,414.11 | |
| SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS | | | | | | | | |
| Bid Item Number | Item of Work ^{1,2} | | | | Percentage of Bid Amount | Amount ³ (\$) | | |
| | BIDITEM DESCRIPTION | | | | | | | |
| | SMALL BUSINESS NAME | | | | | | Charles States | |
| | DESCRIPTION OF WORK, SERV | CES, OR MATER | IALS | | | | | |
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| | | | | | | ART OF THE | | |
| | BIDITEM DESCRIPTION | | | | | | | |
| | SMALL BUSINESS NAME | | | | | | | |
| | DESCRIPTION OF WORK, SERV | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | BIDITEM DESCRIPTION | | | | | | | |
| | SMALL BUSINESS NAME | | The Contract | | | | | |
| | DESCRIPTION OF WORK, SERVICES, OR MATERIALS | | | | | | | |
| | | | | | | Talka. | | |
| | | | | | | | | |
| | BIDITEM DESCRIPTION | | | | | | | |
| | SMALL BUSINESS NAME | | | | | | | |
| | DESCRIPTION OF WORK, SERV | ICES, OR MATER | RIALS | | | | | |
| | | | | | | | SWIEN C | |
| | | | | | | | | |
| | MMITMENT FOR SBE PARTIC | | | | | | | |
| ¹The nan | nes of the 1st tier small busin | ness subcontrac | ctors an | d items of work mu | st be cons | istent with the S | ubcontractor | |
| LIST (PU | b Cont Code § 4100 et seq. |). | | | | | | |

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

²If 100% of an item is not to be performed or furnished by the small business, describe the portion of the item to

³Attach 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.

be performed or furnished.

OCR-SBE 01 (REV 01/2024)

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| CONTRACT NUMBER 09-390204 | BID AMOUNT \$668,415.10 | | BID OPENING DATE 5/28/2025 | |
|--|---|--|--|--|
| BIDDER NAME | 4000, 110.110 | | 0/20/2020 | |
| Interstate Civil Construction | | | | |
| | SMALL BUSINESS EN | TERPRISE INFORMA | TION | |
| SMALL BUSINESS NAME | ERTIFICATION NUMBER | | | |
| Interstate Civil Construction | | 2023604 | | |
| SMALL BUSINESS ADDRESS | | SMALL BUSINES REPRESENTATIVE NAME Mark Bates | | |
| PO Box 2819 Wrightw | ood, CA 92397 | SMALL BUSINESS PHONE NUMBER | | |
| | | 760-281-0188 | | |
| | | SMALL BUSINESS EI | | |
| SMALL BUSINESS NAME | | mark@Interstate-In | | |
| SWALL BUSINESS NAME | | SMALL BUSINESS CERTIFICATION NUMBER | | |
| SMALL BUSINESS ADDRESS | | SMALL BUSINESS REPRESENTITAIVE NAME | | |
| | | SMALL BUSINESS PHONE NUMBER | | |
| | | SMALL BUSINESS EMAIL ADDRESS | | |
| SMALL BUSINESS NAME | | SMALL BUSINESS CERTIFICATION NUMBER | | |
| SMALL BUSINESS ADDRESS | | SMALL BUSINESS R | EPRESENTIATIVE NAME | |
| | | SMALL BUSINESS PHONE NUMBER | | |
| | | SMALL BUSINESS EMAIL ADDRESS | | |
| | | | | |
| RIDDER'S SRE | PARTICIPATION GOAL | DECLUDEMENT CED | TIFICATION | |
| DIDDER 3 3BE | PARTICIPATION GOAL | REQUIREMENT CER | TIFICATION | |
| the small businesses show be performed in fulfillment accordance with the requin | on this form to meet the co of the contract requirements ements in Government Code perjury that the foregoing is | ontract's SBE participation will be Commercially Use section 14837, subdivis | ract, the bidder is committed to use on goal requirement. The work to seful Function (CUF) compliant in sion (d)(4). | |
| BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE | | BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Mark Bates | | |
| DATE 5/28/2025 | Harry Britain | CONTACT PERSONNA Mark Bates | AME | |
| EMAIL ADDRESS CONTACT PE nark@Interstate-Inc.com | RSON | PHONE NUMBER CONTACT PERSON 760-281-0188 | | |
| | rise - Confirmation (OCR-SB | | m each small business shown. nall business | |

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

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- 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 RQUIREMENT" 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 dollaramount 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.

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.

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- CONTACT PERSON NAME: Print the name of the person that should be contacted for questions on the completed form
- EMAIL ADRESS 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.

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - CONFIRMATION

PAGE 1 OF 2

OCR-SBE 02 (REV01/2024)

| CONTRACT NUMBER | | DATE | | | | | | | | |
|---|--|---|--------------------------------|---|-----------------|--|--|--|--|--|
| 09-390204 | | 5/28/2025 | | | | | | | | |
| NAME OF SMALL BUSINESS Interstate Civil Construction | | | | SMALL BUSINESS CERTIFICATION NUMBER 2023604 | | | | | | |
| | MALL BUSINESS RE | SPRESENTATIVE | | .023004 | | | | | | |
| Mark Bates | | | | | | | | | | |
| NAME OF BIDDER NAME OF BIDDER REPRESENTATIVE | | | | | | | | | | |
| Interstate Ci | | | | | | | | | | |
| SMALL BUSINESS ENTERPRISE CONFIRMATION | | | | | | | | | | |
| Bid Item Number | Item of Work ¹ | | | | Amount (\$) | | | | | |
| 1-29 | BID ITEM DESCRIP | PTION | \$408,501.80 | | | | | | | |
| 31-35 | | | | | | | | | | |
| | DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Performing all Items 100% | | | | | | | | | |
| | r choming an it | 2113 10070 | | | | | | | | |
| | | | | | Post Control | | | | | |
| | BID ITEM DESCRI | PTION | | | | | | | | |
| | DID TTEM DEGOTAL | | | | | | | | | |
| | DESCRIPTION OF V | VORK, SERVICES, OR MATERIALS | TO BE PROVIDED | | Manager and the | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | | | | | | | | |
| | BID ITEM DESCRI | PTION | | | | | | | | |
| DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED | | | | | | | | | | |
| | Participation of the Participa | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 4.5 | | _ | TOTAL \$ | 408,501.80 | | | | | |
| 11f 100% of a | n item is not to be per | formed or furnished by the SBE, descr | ibe the portion of the item to | | | | | | | |
| | · | | | | | | | | | |
| The state of | | And the second second second | | | | | | | | |
| 747.42 | N2 | ALL BUSINESS ENTERP | RISE CERTIFICATI | ON | | | | | | |
| As an author | | of a certified small business, I confir | | | vn ahove | | | | | |
| regarding the | contract shown abo | ove. If the bidder is awarded the con | tract, my business will ent | er into a contractual agreer | ment 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. | | | | | | | | | | |
| , assuing and a penging that the foregoing is tide and confect. | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE | | | | | | | | | | |
| UM | | | Mark Bates | | | | | | | |
| TITLE OF SM | ALL BUSINESS ALL | THORIZED REPRESENTATIVE | Walk Dates | I DATE | 20-00-0 | | | | | |
| President | ALL BUSINESS AU | HOMELDREFREGENTATIVE | | 5/28/2025 | | | | | | |
| | | | | 0.20,2320 | | | | | | |

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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 contractnumber.
- 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 contact.
- 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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