

# Low Bidder

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

PAGE 1 OF 4

RECEIVED  
 CALTRANS

2025 APR 21 P 3:37

CONSTRUCTION  
 CONTRACT AWARDS

CONTRACT NUMBER <b>10-1S5804</b>	BID AMOUNT <b>\$597,619<sup>50</sup></b>	BID OPENING DATE <b>04/16/2025</b>
BIDDER NAME <b>Quino Contracting Inc.</b>		
SMALL BUSINESS BIDDER CERTIFICATION NUMBER		<input type="checkbox"/> Not applicable
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT <b>5%</b>	TOTAL NUMBER OF ALL SUBCONTRACTS <b>3</b>	
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT <b>94.42%</b>	TOTAL AMOUNT OF ALL SUBCONTRACTS <b>\$65,344.50</b>	

## SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS

Bid Item Number	Item of Work <sup>1,2</sup>	Percentage of Bid Amount	Amount <sup>3</sup> (\$)
<b>4</b>	BIDITEM DESCRIPTION <b>Traffic Control System</b>		
	SMALL BUSINESS NAME <b>Roll 'N' Rock Construction Inc.</b>		<b>\$32,000.00</b>
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS <b>Traffic Control System, Lane Closures Shoulder Closures</b>	<b>5.35%</b>	
<b>Various</b>	BIDITEM DESCRIPTION <b>All items except subcontracted</b>		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS <b>We are doing all the work except subcontracted work</b>	<b>89.06%</b>	<b>\$532,275.00</b>
	BIDITEM DESCRIPTION		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS		
	BIDITEM DESCRIPTION		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS		
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$		<b>94.42%</b>	<b>\$564,275.00</b>

<sup>1</sup>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.).

<sup>2</sup>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.

<sup>3</sup>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.

### 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

CONTRACT NUMBER <b>10-155804</b>	BID AMOUNT <b>\$597,619.50</b>	BID OPENING DATE <b>04/16/2025</b>
BIDDER NAME <b>Quimo Contracting Inc.</b>		
<b>SMALL BUSINESS ENTERPRISE INFORMATION</b>		
SMALL BUSINESS NAME <b>Roll'n Rock Construction Inc.</b>	SMALL BUSINESS CERTIFICATION NUMBER <b>1750745</b>	
SMALL BUSINESS ADDRESS <b>5527 Truck Village Drive Mount Shasta, CA 96067</b>	SMALL BUSINESS REPRESENTATIVE NAME <b>Bonnie Heile</b>	
	SMALL BUSINESS PHONE NUMBER <b>(530) 925-1408</b>	
	SMALL BUSINESS EMAIL ADDRESS <b>rollnrock@netv.com</b>	
SMALL BUSINESS NAME <b>Quimo Contracting Inc.</b>	SMALL BUSINESS CERTIFICATION NUMBER <b>1770326</b>	
SMALL BUSINESS ADDRESS <b>5830 Dixon Avenue West. Dixon, CA 95620</b>	SMALL BUSINESS REPRESENTATIVE NAME <b>Miguel Quiroz</b>	
	SMALL BUSINESS PHONE NUMBER <b>(707) 693-0289</b>	
	SMALL BUSINESS EMAIL ADDRESS <b>quimo@sbcglobal.net</b>	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
<b>BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION</b>		
<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 <b>Miguel Quiroz</b>	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME <b>Miguel Quiroz / President</b>	
DATE <b>04/19/2025</b>	CONTACT PERSON NAME <b>Miguel Quiroz</b>	
EMAIL ADDRESS CONTACT PERSON <b>quimo@sbcglobal.net</b>	PHONE NUMBER CONTACT PERSON <b>707-689-6094</b>	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business</p> <p><input type="checkbox"/> shown. Quote from each small business shown.</p>		

**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



**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.

**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

**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.

**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

CONTRACT NUMBER <b>10-1S5804</b>		DATE <b>04/19/2025</b>
NAME OF SMALL BUSINESS <b>Quimo Contracting Inc.</b>		SMALL BUSINESS CERTIFICATION NUMBER <b>1770326</b>
NAME OF SMALL BUSINESS REPRESENTATIVE <b>Miguel Quinoz</b>		
NAME OF BIDDER <b>Quimo Contracting Inc.</b>		NAME OF BIDDER REPRESENTATIVE <b>Miguel Quinoz</b>
<b>SMALL BUSINESS ENTERPRISE CONFIRMATION</b>		
Bid Item Number	Item of Work <sup>1</sup>	Amount (\$)
<b>varios</b>	BID ITEM DESCRIPTION <b>varios item</b>	<b>\$532,275<sup>00</sup></b>
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED <b>excep subcontracted. All Items</b>	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
<b>TOTAL \$</b>		<b>\$532,275<sup>00</sup></b>
<sup>1</sup> 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.		
<b>SMALL BUSINESS ENTERPRISE CERTIFICATION</b>		
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).		
I certify under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <b>Miguel Quinoz</b>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <b>Miguel Quinoz</b>
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <b>President</b>		DATE <b>4/19/2025</b>

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



CONTRACT NUMBER <b>10-155804</b>		DATE <b>04/19/2025</b>
NAME OF SMALL BUSINESS <b>Roll 'N' Rock Construction Inc.</b>		SMALL BUSINESS CERTIFICATION NUMBER <b>1750745</b>
NAME OF SMALL BUSINESS REPRESENTATIVE <b>Bonnie Heile</b>		
NAME OF BIDDER <b>Quinn Contracting Inc.</b>		NAME OF BIDDER REPRESENTATIVE <b>Miguel Quiroz</b>
<b>SMALL BUSINESS ENTERPRISE CONFIRMATION</b>		
Bid Item Number	Item of Work <sup>1</sup>	Amount (\$)
<b>4</b>	BID ITEM DESCRIPTION <b>Traffic Control System</b>	<b>\$32,000<sup>00</sup></b>
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED <b>Traffic Control System, Lane Closures, Shoulders Close</b>	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		<b>32,000<sup>00</sup></b>
<sup>1</sup> 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. <b>Provide, 1 man, Traffic Control truck and equipment 40% of Item</b>		
<b>SMALL BUSINESS ENTERPRISE CERTIFICATION</b>		
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).  I certify under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <b>Bonnie Heile</b>		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <b>Bonnie Heile</b>
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE <b>CEO/President</b>		DATE <b>4/19/25</b>

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

CONTRACT NUMBER <b>10-155804</b>		DATE <b>04/19/2025</b>
NAME OF SMALL BUSINESS <b>Roll N Rock Construction Inc.</b>		SMALL BUSINESS CERTIFICATION NUMBER <b>1750745</b>
NAME OF SMALL BUSINESS REPRESENTATIVE <b>Bonnie Heile</b>		
NAME OF BIDDER <b>Quinn Contracting Inc.</b>		NAME OF BIDDER REPRESENTATIVE <b>Miguel Quiroz</b>
<b>SMALL BUSINESS ENTERPRISE CONFIRMATION</b>		
Bid Item Number	Item of Work <sup>1</sup>	Amount (\$)
<b>4</b>	BID ITEM DESCRIPTION <b>Traffic Control System</b>	<b>\$32,000<sup>00</sup></b>
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED <b>Traffic Control System, Lane Closures, Shoulder Closures</b>	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		<b>32,000<sup>00</sup></b>
<sup>1</sup> 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. <b>Provide, 1 men, Traffic Control truck and equipment 40% of Item</b>		
<b>SMALL BUSINESS ENTERPRISE CERTIFICATION</b>		
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).  I certify under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE		PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE		DATE

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

**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

**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