

Third Bidder

04-12-24A11:42 RCVD

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CERTIFIED DVBE SUMMARY

DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: 01 - Mendocino - 101, 253
 CONTRACT NO.: 01-0L9604
 TOTAL BID: "A" = \$2,666,666.00
 BID OPENING DATE: April 10, 2024
 BIDDER'S NAME: American Civil Constructors West Coast LLC
 DVBE PRIME CONTRACTOR CERTIFICATION ¹ -

| 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 |
|-----------------|--|-------------------|---|-------------|
| 4 | 2-Person Lane Closure & Flagging Shifts | | Roll 'N Rock Construction, Inc. 530-925-1408 Cert # 1750745 | \$82,800.00 |

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>82,800.00</u> |
| | <u>3.1</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.

Submit to:

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

 4-10-24
 Signature of Bidder Date

707-742-6422

(Area Code) Telephone Number

Andrew Keough

Contact Person

(Type or Print)

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.

Roll 'N Rock Construction Inc.

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: Roll N Rock Construction Inc. DVBE Ref. Number: 1750745

Description (materials/supplies/services/equipment proposed): Traffic Control

Solicitation/Contract Number: 01-0L9604 SCPRS Ref. Number: _____
(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.

Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

| | | |
|---|---|-----------------------------------|
| <u>Bonnie Heile</u> (Printed Name of DV Owner/Manager) | <u>Bonnie Heile</u> (Signature of DV Owner/ Manager) | <u>4/10/2024</u> (Date Signed) |
| _____ (Printed Name of DV Owner/Manager) | _____ (Signature of DV Owner/Manager) | _____ (Date Signed) |

Firm/Principal for whom the DVBE is acting as a broker or agent: _____
(If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: _____ Address: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.

The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2*, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in *Military and Veterans Code 999.2*, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

| | | |
|--|------------------------------------|---|
| <u>Bonnie Heile</u> (Printed Name) | <u>Bonnie Heile</u> (Signature) | <u>4/10/2024</u> (Date Signed) |
| <u>5527 Truck Village Dr, Mount Shasta, CA 96057</u> (Address of Owner) | <u>530.925.1408</u> (Telephone) | <u>45-4466518</u> (Tax Identification Number of Owner) |

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

| | | |
|---------------------------------------|------------------------------------|------------------------|
| _____ (Printed Name of DV Manager) | _____ (Signature of DV Manager) | _____ (Date Signed) |
|---------------------------------------|------------------------------------|------------------------|

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