econd Bidder

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

CERTIFIED DVBE SUMMARY

DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: 01	Humboldt _ 169
CONTRACT NO.: 01-0H4104	
TOTAL BID: \$3,553,287.52	
BID OPENING DATE: 09/10/2024	
BIDDER'S NAME: Wylatti Resou	ırce Management, Inc.
DVBE PRIME CONTRACTOR CERTIFICAT	ION 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
1 -	Develop Lead Control Plan		EHS Analytical Solutions 619-288-3094 2017031	\$1,200.00
5	Construction Area Signs		T and S DVBE, Inc 530-639-9987 1753009	\$9,575,00
7	Type III Barricades		Same As Above	\$600.00
			Same As Above	\$13,000.00
8	Supply/Deliver PCMS		Same As Above	\$9,000.00
60 61	Culvert Markers Remove Markers		Same As Above	\$970.00
21	Contractor Supplied Biologist		Ecotech Resources, Inc. 510-528-3975 1154903	\$76,702.50
22	Develop Invasive Species Control Plan		Same As Above	\$1,440.00
be consistent wit	r DVBE subcontractors and their item h the names and items of work in the § 4100 et seq.) submitted with the bio and lower tier subcontractors on this for	Subcontractor List	Total Claimed Participation	\$ <u>112,487.50</u> 3.17 %

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.

9-11-24 Signature of Bidder

707 - 983 - 8/25 (Area Code) Telephone Number

(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.

STATE OF CALIFORNIA - DEPARTIMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DE DGS PD 843 (Rev. 9/2019) Formerly STD. 843 Instructions: The disabled veteran (DV) owner(s) and DV mana (DVBE) must complete this declaration when a DVBE contractor or equipment [Military and Veterans Code Section 999.2]. Violat	ger(s) of the Disabled Veteran Busines or subcontractor will provide materials ions are misdemeanors and punishabl	, supplies, services
or fine and violators are liable for civil penalties. All signatures a	re made under penalty of perjury.	
		1752000
Name of certified DVBE: T and S DVBE, Inc.	DVBE Ref. Number:	1753009
Description (materials/supplies/services/equipment proposed):	CAS, Equipment Rental	
Solicitation/Contract Number: 01-0H4104	SCPRS Ref. Number:	USE ONLY)
SECTION 2	(FUR STATE	: USE ONLY)
APPLIES TO ALL DVBEs. Check only one box in Section 2 a		
 ✓ I (we) declare that the <u>DVBE is not a broker or agent</u>, as de materials, supplies, services or equipment listed above. All Dursuant to Military and Veterans Code Section 999.2 (f), I represented the leavest of the plant of the latest of	fined in Military and Veterans Code Seso, complete Section 3 below if renting (we) declare that the <u>DVBE is a brokengent to Military and Veterans Code</u> 999	or agent for the
expended for equipment rented from equipment brokers purchaited toward the 3-percent DVBE participation goal.) All DV owners and managers of the DVBE (attach additional pages)	irsuant to contracts awarded under this	a decilori arian <u>riot</u> 20
All DV owners and managers of the DVDE (attack decision possible)	Fin File President	9/11/2024
Taren Forde, President (Printed Name of DV Owner/Manager)	(Signature of DV Owner/ Manager)	(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 agen (If more than one firm, list on extra sheets.)	t:(Print or Type Nam	ie)
Firm/Principal Phone: Address:		
SECTION	3	SD
APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DE		
✓ Pursuant to Military and Veterans Code Section 999.2 (c), ownership of the DVBE, or a DV manager(s) of the DVBE. accordance with Military and Veterans Code Section 999 expressions.	t. seq.	
The undersigned owner(s) own(s) at least 51% of the quarter for use in the contract identified above. I (we), the DV owner agency my (our) personal federal tax return(s) at time of centre Veterans Code 999.2, subsections (c) and (g). Failure by the personal federal tax return(s) to the administering agency of (c) and (g), will result in the DVBE being deemed an equip.	ers of the equipment, have submitted to ertification and annually thereafter as do the disabled veteran equipment owner (as defined in Military and Veterans Cook ment broker.	efined in Military and (s) to submit their de 999.2, subsections
Disabled Veteran Owner(s) of the DVBE (attach additional pages v	with signature blocks for each person to sign):
Taren Forde (Printed Name)	(Signature)	9/11/24 (Date Signed)
18981 Gravel Plant Rd Redding, CA 96002 (Address of Owner)	(530) 639-9987 462083333 (Telephone) (Tax Identification	ation Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional page	es with sufficient signature blocks for each p	erson to sign):
(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)

Page ____ of ___

(Printed Name of DV Manager)

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

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.

fine and violators are liable for civil penalties. All signatures are section	n 1
	DVBE Ref. Number: 1154903
Name of certified DVBE: Ecotech Resources, Inc.	
Description (materials/supplies/services/equipment proposed):	Professional Services
Solicitation/Contract Number: 01-0H4104	SCPRS Ref. Number:
	(FOR STATE USE ONLY)
SECTION	
APPLIES TO ALL DVBEs. Check only one box in Section 2	
materials, supplies, services or equipment listed above.	
expended for equipment rented from equipment brokers credited toward the 3-percent DVBE participation goal.)	pursuant to military and veterans code 333.2 (c), State to not be pursuant to contracts awarded under this section shall <u>not</u> be
All DV owners and managers of the DVBE (attach additional page	es with sufficient signature blocks for each person to sign):
John J. Root (Printed Name of DV Owner/Manager)	(Signature of DV Owner/ Manager) (Date Signed)
(Printed Name of DV Owner/Mariager)	
(Printed Name of DV Owner/Manager)	(Signature of DV Owner/Manager) (Date Signed)
(Printed Name of DV Ownermanager)	
Firm/Principal for whom the DVBE is acting as a broker or age (If more than one firm, list on extra sheets.) Firm/Principal Phone: 510-812-4306 Address: 2403By	(Print or Type Name) yron Street, Berkeley, CA 94702
SECTIO	ON 3
APPLIES TO ALL DVBES THAT RENT EQUIPMENT AND	ECLARE THE DVBE IS NOT A BROKER.
- I I I I I I I I I I I I I I I I I I I	antity and value of each piece of equipment that will be rented
agency my (our) personal federal tax return(s) at time of a Veterans Code 999.2, subsections (c) and (g). Failure by personal federal tax return(s) to the administering agency (c) and (g), will result in the DVBE being deemed an equal	the disabled veteran equipment owner(s) to submit their y as defined in Military and Veterans Code 999.2, subsection ipment broker.
Disabled Veteran Owner(s) of the DVBE (attach additional pages	s with signature blocks for each person to sign):
John J. Root (Printed Name)	(Signature) (Date Signed)
2403 Byron Street, Berkeley, CA 94702 (Address of Owner)	(Telephone) 27-0531608 (Tax Identification Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional page)	ges with sufficient signature blocks for each person to sign):
John J. Root	(Signature of DV Manager) (Date Signed)
(Printed Name of DV Manager)	Page1 of _1

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019) Formerly STD. 843		
Instructions: The disabled veteran (DV) owner(s) and DV mana	ger(s) of the Disabled Veteran Busines	ss Enterprise
(DVBE) must complete this declaration when a DVBE contractor	or subcontractor will provide materials	s, supplies, services
or equipment [Military and Veterans Code Section 999.2]. Violati	ions are misdemeanors and punishabl	e by imprisonment
or fine and violators are liable for civil penalties. All signatures at SECTION 1		
SECTION 1		
Name of certified DVBE: EHS Analyitcal Solutions, Inc	DVBE Ref. Number:	2017031
Description (materials/supplies/services/equipment proposed):	Develop Lead Compliance Plan	
Solicitation/Contract Number: 01-0H4104	SCPRS Ref. Number:	USE ONLY)
SECTION 2		
APPLIES TO ALL DVBEs. Check only one box in Section 2 a		
I (we) declare that the <u>DVBE</u> is not a broker or agent, as def materials, supplies, services or equipment listed above. Also	ined in Military and Veterans Code Se so, complete Section 3 below if renting	ction 999.2 (b), of 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). (Pursua	ant to Military and Veterans Code 999.	.2 (e), State funds
expended for equipment rented from equipment brokers put	rsuant to contracts awarded under this	section shall <u>not</u> be
credited toward the 3-percent DVBE participation goal.)		
All DV owners and managers of the DVBE (attach additional pages of	with sufficient signature block for each peri	son to sign)
All DV owners and managers of the DVBE (attach additional pages to	Wild Sulfident Signature blocks the each pers	on to sign).
Adam R Fillmore	Wall Killer	9/9/2024
(Printed Name of DV Owner/Manager)	(Signature of DV Owner/ Manager)	(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	<u>a)</u>
Firm/Principal Phone: 619-288-3094 Address: 6755 Mir	a Mesa Blvd. Ste. 123-249, San	Diego, CA 92121
SECTION 3		D
APPLIES TO ALL DVBES THAT RENT EQUIPMENT AND DEC	LARE THE DVBE IS NOT A BROKE	N.
Pursuant to Military and Veterans Code Section 999.2 (c), (c) ownership of the DVBE, or a DV manager(s) of the DVBE. accordance with Military and Veterans Code Section 999 et.	The DVBE maintains certification requi	n at least 51% irements in
	't t t et et e eigen of oquipme	ant that will be rented
The undersigned owner(s) own(s) at least 51% of the quantifor use in the contract identified above. I (we), the DV owner	rs of the equipment, have submitted to	the administering
agency my (our) personal federal tax return(s) at time of cer	tification and annually thereafter as de	fined in Military and
Veterans Code 999.2, subsections (c) and (g). Failure by the	e disabled veteran equipment owner(s) to submit their
personal federal tax return(s) to the administering agency as	s defined in Military and Veterans Code	e 999.2, subsections
(c) and (g), will result in the DVBE being deemed an equipm	nent broker.	
Di alla alla anno Constala anno di the DVDE anno di titi di an	th airmsture blocks for each person to sign)	
Disabled Veteran Owner(s) of the DVBE (attach additional pages with	th signature blocks for each person to sign).	3
(Printed Name)	(Signature)	(Date Signed)
(Address of Owner)	(Telephone) (Tax Identificati	ion Number of Owner)
Disabled Veteran Manager(s) of the DVBE (attach additional pages	with cufficient cianature blocks for each neu	rson to sign)
Disabled Veterall Manager(5) of the DVDE (attach additional pages	with authority aighterine process for each per	2
		(D-1-0111
(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)

Page ____ of ____

PRINT

CLEAR