

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - CONFIRMATION OCR-SBE 02 (REV01/2024)

PAGE 1 OF 2

CONTRACT				DATE		
02-4J14				5.22.2		
NAME OF S	MALL BUSINESS	etien Inc		SMALL BUSINESS CERTIFICATION NUMBER		
NAME OF S	erse Constru	SERVER TATIVE		37910		
	y Turner	The Court of the C				
NAME OF B	IDDER		NAME OF BIDDER REP			
Les Converse Patsy Turner						
	SIV	IALL BUSINESS ENTERPRI	SE CONFIRMATION	N		
Bid Item Number		Item of	Work ¹		Amount (\$)	
	Building Work				1	
	DESCRIPTION OF V	MODE SERVICES OF MATERIALS	TO BE DROVIDED		_	
0009	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Electrical Services, Conduit, wire, pull boxes, fittings				\$39,018.00	
	BID ITEM DESCRI	PTION				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED					
	BID ITEM DESCRI	PTION				
DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED						
	TOTAL \$					
11f 100% of a	an item is not to be pe	rformed or furnished by the SBE, desc	ribe the portion of the item t	to be performed or furnished.		
	SI	MALL BUSINESS ENTERP	RISE CERTIFICAT	ION		
regarding the bidder or print the work to accordance in certify und	rized representative e contract shown about the me contractor to per be performed in fulfi with the requirement er penalty of perjury	of a certified small business, I confioue. If the bidder is awarded the conform the type and dollar amount of villment of the contract requirements in Government Code section 1483 or that the foregoing is true and country the foregoing is	rm that my business was of hitract, my business will en work shown on the Small I will be Commercially Usef \$7, subdivision (d)(4). rrect.	contacted by the bidder sho ter into a contractual agree Business Enterprise - Comm ful Function (CUF) compilan ALL BUSINESS AUTHORIZE	ment with the nitment form. It in	
1000	MALI BUSINESS AT	THORIZED REPRESENTATIVE	ratsy runne	I DATE		
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Corporate Secretary				5.22.24		

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3860 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

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 purposeofpublic 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

For individuals with sensory disabilities, this document is available in alternate formats. For information call (816) 654-8410 or TDD (916) 654-3990 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95614

SMALL BUSINESS ENTERPRISE - COMMITMENT

OCR-SBE 01 (REV 01/2024)

ADA Notice

CONTRACT NUMBER 02-451404 BIDAMOUNT 39,018 BID OPENING DATE 5-22-2024						
MPS Engineering & Construction, Inc.						
SMALL BUSI	74 11 = 11	Not applicable				
	SBE PARTICIPATION GOAL REQUIREMENT TOTAL NUMBER OF ALL SUBC	ONTRACTS	-			
	5		2			
SBE PARTIC	PATION GOAL REQUIREMENT COMMITMENT	ONTRACTS	\$39,018			
	SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item		Percentage	Amount ³			
Number	Item of Work ^{1,2}	of Bid Amount	(\$)			
	BIDITEM DESCRIPTION P	of Bid Afficialit				
	BIDITEM DESCRIPTION Building Work	6.6	39.018			
	CMALL BUSINESS NAME		-			
0	Converse Construction Inc					
4	DESCRIPTION OF WORK, SERVICES, OR MATERIALS					
,	electrical					
	BIDITEM DESCRIPTION					
	SMALL BUSINESS NAME					
	SMALL BUSINESS NAME					
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS	H BEN SH				
	TO SERVICE STATE S					
	BIDITEM DESCRIPTION					
	SMALL BUSINESS NAME	100000000000000000000000000000000000000				
	SWILL DO STRAIG					
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS					
	BID ITEM DESCRIPTION					
	SMALL BUSINESS NAME					
	DESCRIPTION OF WORK OFFINIONS OF WITHOUT					
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS					
TOTAL CO	DMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$					
¹ 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.).						
² 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.						
³ 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.						

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

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

OCR-SBE 01 (REV 01/2024)

ADA Notice

CONTRACT NUMBER 71404 B	ID AMOUNT	BID OPENING DATE 5-22-2024				
BIDDER NAME MYS Engineering & Const. Inc.						
SMALL BUSINESS ENTERPRISE INFORMATION						
SMALL BUSINESS NAME	SMALL BUSINE	SMALL BUSINESS CERTIFICATION NUMBER				
SMALL BUSINESS ADDRESS	SMALL BUSINE	SMALL BUSINES REPRESENTATIVE NAME				
	SMALL BUSINE	SMALL BUSINESS PHONE NUMBER				
	SMALL BUSINE	SS EMAIL ADDRESS				
SMALL BUSINESS NAME	SMALL BUSINE	SMALL BUSINESS CERTIFICATION NUMBER				
SMALL BUSINESS ADDRESS	SMALL BUSINE	SMALL BUSINESS REPRESENTITAIVE NAME				
	SMALL BUSINE	SS PHONE NUMBER				
	SMALLBUSINE	SS EMAIL ADDRESS				
SMALL BUSINESS NAME	SMALL BUSINE	SS CERTIFICATION NUMBER				
SMALL BUSINESS ADDRESS	SMALL BUSINE	SS REPRESENTIATIVE NAME				
	SMALL BUSINE	SS PHONE NUMBER				
	SMALL BUSINE	SS EMAIL ADDRESS				
DIDDED'S SDE DARTICIDAT	TION GOAL REQUIREMENT	CEPTIFICATION				
BIDDER'S SBE FARTICIFA	HON GOAL REQUIREMENT	SERTIFICATION				
As an authorized representative of the bid the small businesses shown on this form be performed in fulfillment of the contract accordance with the requirements in Gove I certify under penalty of perjury that the	to meet the contract's SBE partic requirements will be Commercial ernment Code section 14837, sui	ipation goal requirement. The work to lly Useful Function (CUF) compliant in				
BIDDER'S AUTHORIZED REPRESENTATIVE SIG	Mic	DRIZED REPRESENTATIVE PRINTED NAME				
DATE /22/2024	CONTACT PERS	and Stiente				
email ADDRESS CONTACT PERSON		R CONTACT PERSON				
Attachments: Small Business Enterprise - Small Business Enterprise - Confirmation - Confirmatio	Confirmation (OCR-SBE-02) for tion (OCR-SBE-02) form from each					

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 NStreet, 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 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.

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

OCR-SBE 01 (REV 01/2024)

ADA Notice

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 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.

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



Converse Construction, Inc.

A Veteran Owned company, serving those who have served to build a better tomorrow.

Tuesday, May 21, 2024

Proposal

To: MDS Construction Bid Date:5.22.24

For: Caltrans 02-4J1404 Grass Lake SRRA Wastewater Upgrade

Introduction to Converse Construction, Inc.:

<u>History:</u> Converse Construction Inc. (CCI) has been in business for 18 years. The primary business has been electrical construction throughout California for Federal, State, Indian Tribes, City and Municipalities. CCI private sector work has been for large companies such as International Road Dynamics, Conduit (former division of Xerox), Pactiv Paper Products, Indian Tribes, and Park Help.

License: CCI has the following:

- A General Engineering
- B General Building
- C10 Electrical
- C47 Manufactured Housing
- C-61/D21 Machinery and Pumps.

Certifications:

Converse Construction is certified California Small Business (SBE) and Disable Veteran Business Enterprise (DVBE). Veteran hiring has been important goal for the company. The company employs 5 disable veterans and another 3 veterans.

CCI is involved in the Anderson Veteran Museum. The company president served on State DVBE Advisory Board for 5 years.

Insurance and Bonding:

- Bonding 10 million total, 5 million per project.
- Insurances General 7 million, Automotive 6 million, and Workman Comp 7 million
- Error and Omission Insurance for engineering design 2 million total and 1 million per claim.
- Certificate of Liability Insurance can be provided as requested.











Converse Construction, Inc.

A Veteran Owned company, serving those who have served to build a better tomorrow.

Scope of Work

- Submittals
- As-built drawings
- Startup services
- Operations and maintenance manuals
- Site work to include installation of underground conduits, wiring, pull boxes, trenching, Backfill, compaction and USA Locate.
- Fiberglass enclosure work consists of providing and installing 5HP phase converter, 2 light fixtures, wall switches, alarm lights, relocation of existing sewage lift station control panel.
- Installation of branch circuitry for lighting, outlets, control panel and grinder pump.

Bid Item #0009 Electrical:

\$39,018.00

Exclusions/Additional Requirements/Clarifications:

- 1. Permits and fees by others.
- 2. Grinder Pumps, Grinder Control Panel.
- 3. Fiberglass Enclosure, Electrical panel, wall heater.
- 4. Level Probes, Transducers, Floats
- 5. Concrete Foundations & Housekeeping pads
- 6. Bonds, Fees, or Permits.
- 7. Arc Flash study or short circuit analysis.
- 8. Coordination Studies.
- 9. Third Party Testing
- 10. Seismic calculations or engineering

License and Certifications:

California State Contractor License – 842863 Certified Disable Veteran Business Enterprise DVBE – 37910 Service-Disable Veteran-Owned Small Business Certified Small Business – 37910 Division of Industrial Relation number – 1000001308









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					
Nan	ne of certified DVBE: Converse Construction, Inc.	DVBE Ref. Number: 0037910				
Des	cription (materials/supplies/services/equipment proposed):	Electrical Ser	Flectrical Services			
Soli	citation/Contract Number: 02-4J1404	SCPRS Ref. Number				
			(FOR STATE	USE ONLY)		
	SECTION 2					
API	PLIES TO ALL DVBEs. Check only <u>one</u> box in Section 2 a	nd provide original sig	gnatures.			
1	I (we) declare that the <u>DVBE is not a broker or agent</u> , 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 <u>DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s)</u> . (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 <u>not</u> be credited toward the 3-percent DVBE participation goal.)					
AII [DV owners and managers of the DVBE (attach additional pages t	with sufficient/signature blo	cks for each per s	on to sign):		
Les	slie L Converse	Isleet ()		5.20.24		
	(Printed Name of DV Owner/Manager)	(Signature of DV Own	er/ Manager)	(Date Signed)		
WI	(Printed Name of DV Owner/Manager)	(Signature of DV Own	ner/Manager)	(Date Signed)		
	n/Principal for whom the DVBE is acting as a broker or agent: (If more than one firm, list on extra sheets.) n/Principal Phone: 530-378-5591 Address: 20553 Su		Print or Type Name)		
AD	SECTION 3 PLIES TO ALL DVBES THAT RENT EQUIPMENT AND DEC		OT A PROKE			
	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 undersigned owner(s) own(s) at least 51% of the quant for use in the contract identified above. I (we), the DV owner agency my (our) personal federal tax return(s) at time of cerv Veterans Code 999.2, subsections (c) and (g). Failure by the personal federal tax return(s) to the administering agency as (c) and (g), will result in the DVBE being deemed an equipment.	d) and (g), I am (we are) The DVBE maintains ce seq. ity and value of each pie its of the equipment, hav itification and annually the disabled veteran equip is defined in Military and itent broker.	the DV(s) with rtification requi ece of equipme re submitted to hereafter as de- brant owner(s) Veterans Code	at least 51% rements in nt that will be rented the administering fined in Military and to submit their		
Dis	abled Veteran Owner(s) of the DVBE (attach additional pages with	th signature blocks for each	person to sign):			
Les	slie L_Converse	Isliellon /		5.20.24		
	(Printed Name)	(Signature)		(Date Signed)		
460	05 Dandelion Drive, Redding, CA 96002	530-378-5591	20-0869749			
	(Address of Owner)	(Telephone)	(Tax Identification	on Number of Owner)		
Dis	abled Veteran Manager(s) of the DVBE (attach additional pages	with sufficient signature blo	ocks for each per	son to sign):		
-	(Printed Name of DV Manager)	(Signature of DV N	Manager)	(Date Signed)		
	National Control of the Control of t	,9				
				Page _ I _ of I		