

Low Bidder

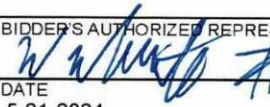
05-28-24 P12:07 RCVD

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

PAGE 1 OF 4

CONTRACT NUMBER 03-2H50A4		BID AMOUNT \$621,900		BID OPENING DATE 5/21/2024	
BIDDER NAME Group H Construction Inc.					
SMALL BUSINESS BIDDER CERTIFICATION NUMBER 2022306		<input type="checkbox"/> Not applicable			
CONTRACT SBE PARTICIPATION GOAL REQUIREMENT 5 %		TOTAL NUMBER OF ALL SUBCONTRACTS 1			
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT 83 %		TOTAL AMOUNT OF ALL SUBCONTRACTS \$ 50,000.00			
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS					
Bid Item Number	Item of Work ^{1,2}	Percentage of Bid Amount	Amount ³ (\$)		
1,2,3,4,5,6,7	BID ITEM DESCRIPTION TIME-RELATED OVERHEAD, CONSTRUCTION AREA SIGNS, TRAFFIC CONTROL SYSTEM, TYPE III BARRICADE, TRAFFIC DRUM, PCMS, JOB SITE MANAGEMENT	100%	\$109,900.00		
	SMALL BUSINESS NAME Group H Construction Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS 100% OF ALL WORK PERFORMED				
9,10	BID ITEM DESCRIPTION TEMPORARY DRAINAGE INLET PROTECTION AND TEMPORARY FIBER ROLL	100%	\$7,000.00		
	SMALL BUSINESS NAME Group H Construction Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS 100% OF ALL WORK PERFORMED				
11	BID ITEM DESCRIPTION BUILDING WORK	80%	\$402,400.00		
	SMALL BUSINESS NAME Group H Construction Inc.				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS Partial Building Work				
	BID ITEM DESCRIPTION				
	SMALL BUSINESS NAME				
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS				
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$			\$519,300.00		
<p>¹The 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.).</p> <p>²If 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.</p> <p>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.</p>					

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CONTRACT NUMBER 03-2H50A4	BID AMOUNT \$621,900.00	BID OPENING DATE 5/21/2024
BIDDER NAME Group H Construction Inc.		
SMALL BUSINESS ENTERPRISE INFORMATION		
SMALL BUSINESS NAME Group H Construction Inc.	SMALL BUSINESS CERTIFICATION NUMBER 2022306	
SMALL BUSINESS ADDRESS 2552 17th st San Pablo, CA 94806	SMALL BUSINESS REPRESENTATIVE NAME Vicente Hernandez	
	SMALL BUSINESS PHONE NUMBER (510) 779-4913	
	SMALL BUSINESS EMAIL ADDRESS vicente@grouphconstruction.com	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER	
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME	
	SMALL BUSINESS PHONE NUMBER	
	SMALL BUSINESS EMAIL ADDRESS	
BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION		
<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 	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Vicente Hernandez	
DATE 5-21-2024	CONTACT PERSON NAME Vicente Hernandez	
EMAIL ADDRESS CONTACT PERSON vicente@grouphconstruction.com	PHONE NUMBER CONTACT PERSON (510) 779-4913	
<p>Attachments: Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown.</p> <p><input checked="" type="checkbox"/> Small Business Enterprise - Confirmation (OCR-SBE-02) form from each small business shown. Quote from each small business shown.</p> <p><input type="checkbox"/> shown. Quote from each small business shown.</p>		

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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.

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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.

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CONTRACT NUMBER 03-2H50A4		DATE 5-21-2024
NAME OF SMALL BUSINESS Group H Construction Inc.		SMALL BUSINESS CERTIFICATION NUMBER 2022306
NAME OF SMALL BUSINESS REPRESENTATIVE Vicente Hernandez		
NAME OF BIDDER Group H Construction Inc.		NAME OF BIDDER REPRESENTATIVE Vicente Hernandez
SMALL BUSINESS ENTERPRISE CONFIRMATION		
Bid Item Number	Item of Work ¹	Amount (\$)
1,2,3,4,5,6,7	BID ITEM DESCRIPTION TIME-RELATED OVERHEAD, CONSTRUCTION AREA SIGNS, TRAFFIC CONTROL SYSTEM, TYPE III BARRICADE, TRAFFIC DRUM, PCMS, JOB SITE MANAGEMENT	\$109,900.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED 100% OF ALL WORK PERFORMED	
9,10	BID ITEM DESCRIPTION TEMPORARY DRAINAGE INLET PROTECTION AND TEMPORARY FIBER ROLL	\$7,000.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED 100% OF ALL WORK PERFORMED	
	BID ITEM DESCRIPTION	\$402,400.00
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED Partial Building Work	
TOTAL \$		\$519,300.00
¹ 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.		
SMALL BUSINESS ENTERPRISE CERTIFICATION		
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 Vicente Hernandez
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE President		DATE \$519,300.00

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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 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

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DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019)

Formerly STD. 843

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: Sam's Equipment & Supplies DVBE Ref. Number: 27563

Description (materials/supplies/services/equipment proposed): Roofing Materials

Solicitation/Contract Number: 03-2H50A4 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):

SAMUEL CALLISON (Printed Name of DV Owner/Manager) [Signature] (Signature of DV Owner/ Manager) 5-22-24 (Date Signed)

GABRIEL CALLISON (Printed Name of DV Owner/Manager) [Signature] (Signature of DV Owner/Manager) 5-22-24 (Date Signed)

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

Firm/Principal Phone: 559-252-0354 Address: PO BOX 7797 FRESNO CA 93747

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):

(Printed Name) (Signature) (Date Signed)

(Address of Owner) (Telephone) (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)

FINAL REPORT – UTILIZATION OF SMALL BUSINESS ENTERPRISE

OCR-SBE 03 (REV 01/2024)

CONTRACT NUMBER 03-2H50A4	COUNTY NEV	ROUTE 80	POST MILES R5.5/R5.8	ESTIMATED CONTRACT AMOUNT \$621,900	CONTRACT COMPLETION DATE
PRIME CONTRACTOR Group H Construction Inc.		BUSINESS ADDRESS 2552 17th st San Pablo, CA 94806		DEPARTMENT OF INDUSTRIAL RELATIONS REGISTRATION NO. 1000701602	CONTRACTORS STATE LICENSE BOARD NO. 1071945

CONTRACT ITEM NO.	DESCRIPTION OF WORK, SERVICES, OR MATERIALS	CHECK IF SBE USED FOR PREFERENCE	CHECK IF SBE USED FOR PARTICIPATION GOAL REQUIREMENT	BUSINESS NAME AND ADDRESS	SMALL BUSINESS ENTERPRISE CERTIFICATION NUMBER	CONTRACT PAYMENTS			
						PAYMENT AMOUNT	DATE WORK COMPLETED	DATE OF FINAL PAYMENT	COMMENTS

ORIGINAL COMMITMENT FOR NON-SMALL BUSINESS PREFERENCE: \$ \$519,300.00

ORIGINAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT: \$ _____

List all Small Business Enterprises (SBE) regardless of tier or whether the firms were originally listed for contract participation. If actual SBE utilization (or item of work) was different than that approved at time of award, provide an explanation in the comments section. List actual amount paid to each SBE, even if different than originally listed for contract participation. If original SBE was substituted with another SBE, provide the date it was approved in the comments section.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE	BUSINESS PHONE NUMBER (510) 779-4913	DATE
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TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND CORRECT

RESIDENT ENGINEER'S SIGNATURE	BUSINESS PHONE NUMBER	DATE
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Copy Distribution: Original – District Contract File Copy – Contractor Copy – Resident Engineer Copy – OCR– email Business.Support.Unit@dot.ca.gov

FINAL REPORT – UTILIZATION OF SMALL BUSINESS ENTERPRISES INSTRUCTIONS

OCR-SBE 03 (REV 01/2024)

The intent of this form is for the prime contractor to certify payments made to SBE firms participating in the performance of this contract. The contractor must include information on all SBEs work, services or materials even if the SBE firms were not listed at the time of contract award.

The form has columns for entering specific contract items. Identify: if the listed SBE is used for non-small business preference participation or the SBE participation goal requirement; descriptions of work, services, or materials; the SBE business information and certification number; the dollar value of the work, services, or materials; when the work of the SBE was completed; the date of the final payment to the SBE; and the original commitment amount for the non-small business preference or the SBE participation goal requirement. The comments section of the form is for providing Caltrans with any additional information related to the SBE payments or substitutions.

If the original listed SBE was substituted with another firm, include in the comments section the date of the substitution approval.

Contractors must complete all columns for acceptance of the form. The contractor and the resident engineer sign and date the form indicating the information provided is complete and correct.

Low Bidder

05-28-24 P12:07 RCVD

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DOT OCR-0011 (REV 01/2024)

BIDDER NAME _____

CONTRACT NO. 03-2H50A4

List the description of work, name, telephone number, certification number, and dollar amount of each certified small business who will be used for non-small business preference on this project. Failure to submit a completed Certified Small Business Listing for the Non-Small Business Preference form by 4 p.m. on the 4th business day after bid opening will result in a nonresponsive bid. Attach additional sheets if necessary.

Submit to:
MS 43
OFFICE ENGINEER
DEPARTMENT OF TRANSPORTATION 1727 30TH STREET
SACRAMENTO, CA 95816-7005

Bid Item Number	Description of Work, Service, or Materials	Certified Small Business (Name, Telephone No., and Certification No.)	\$ Amount
Total Claimed Participation for Non-Small Business Preference \$			
Total Claimed Participation for Non-Small Business Preference %			
Non-Small Business Preference-Certification			
<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 non-small business preference. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) complaint in accordance with the requirements in Government Code section 14837, subdivision(d)(4). I certify under penalty of the perjury that the foregoing is true and correct.</p>			

Bidder's Authorized Representative Name _____ (Please Type or Print)

Bidder's Authorized Representative Signature _____

DATE _____

Email Address _____

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