

Low Bidder

1/5

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
DBE - COMMITMENT
OCR-0006 (REV 11/2020)

RECEIVED
CALTRANS
CONSTRUCTION CONTRACT AWARDS

2024 JAN 16 PM 4:05

CONTRACT NO. 04-0Q2104		
BID AMOUNT \$ 5,013,890.00		
BID OPENING DATE 1/11/24		
BIDDER'S NAME Bay Cities Paving & Grading Inc		
DBE GOAL FROM CONTRACT % 22%		
DBE PRIME CONTRACTOR CERTIFICATION ¹	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) 7 EA	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) \$2,100,000.00

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED ²	NAICS AND/OR WORK CATEGORY CODES ³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors.)	AMOUNT (\$)
(See Attached Back Up for Detailed Breakdown)				

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

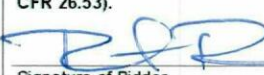
Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

¹Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

³Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

* NAICS: North American Industry Classification System.

Total Claimed Participation	\$ 472,177.50
	9.42% %
The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).	
	
Signature of Bidder	
1/15/24	925-687-6666
Date	(Area Code) Tel. No.
Robert Rosas - VP Estimating	
Person to Contact (Please Type or Print)	

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

2/5

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE - COMMITMENT
 OCR-0006 (REV 11/2020)

CONTRACT NO.
04-0Q2104

BID AMOUNT
 \$ 5,013,890.00

BID OPENING DATE
1/11/24

BIDDER'S NAME
Bay Cities Paving & Grading Inc

DBE GOAL FROM CONTRACT %
22%

DBE PRIME CONTRACTOR CERTIFICATION ¹	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) 7 EA	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) \$2,100,000.00
---	---	--

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED ²	NAICS AND/OR WORK CATEGORY CODES ³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors.)	AMOUNT (\$)
6	CONSTRUCTION AREA SIGNS	C1200, C5601, C5620,	SCHOTKA CONSTRUCTION INC 5555 NAPA VALLEJO HWY AMERICAN CANYON, CA 94503 707-396-2736 DBE #33099	\$51,867.50
85	TREATMENT BEST MANAGEMENT PRACTICE MARK			
87	REMOVE ROADSIDE SIGN			
88	FURNISH SINGLE SHEET ALUMINUM SIGN (0.080" FRAMED)			
89	ROADSIDE SIGN - TWO POST			

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

¹Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.


²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

³Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

* NAICS: North American Industry Classification System.

Total Claimed Participation
 (Please see last page for totals) %

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).


 Signature of Bidder

1/15/24 925-687-6666
 Date (Area Code) Tel. No.

Robert Rosas - VP Estimating
 Person to Contact (Please Type or Print)

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
 OCR-0007 (REV 11/2020)

CONTRACT NO.
04-0Q2104

NAME OF DBE BUSINESS
Schotka Construction, Inc

NAME OF DBE REPRESENTATIVE

DBE CERTIFICATION NUMBER
33099

NAME OF BIDDER
Bay Cities Paving & Grading, Inc

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
Robert Rosas

DATE
1/15/24

Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
6	CONSTRUCTION AREA SIGNS	\$46,550.00
85	TREATMENT BEST MANAGEMENT PRACTICE MARK	\$3,360.00
87	REMOVE ROADSIDE SIGN	\$150.00
88	FURNISH SINGLE SHEET ALUMINUM SIGN (0.080" FRAMED)	\$857.50
89	ROADSIDE SIGN - TWO POST	\$950.00
	Total	\$51,867.50

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.

Diane A Schotka

Signature of DBE's Authorized Representative

Diane Schotka

Printed Name of DBE's Authorized Representative

President

Title of DBE's Authorized Representative

1/15/2024

Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

3/5

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION
DBE - COMMITMENT
OCR-0006 (REV 11/2020)

CONTRACT NO. 04-0Q2104		
BID AMOUNT \$ 5,013,890.00		
BID OPENING DATE 1/11/24		
BIDDER'S NAME Bay Cities Paving & Grading Inc		
DBE GOAL FROM CONTRACT % 22%		
DBE PRIME CONTRACTOR CERTIFICATION ¹	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) 7 EA	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) \$2,100,000.00

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED ²	NAICS AND/OR WORK CATEGORY CODES ³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors.)	AMOUNT (\$)
13	STORMWATER POLLUTION PREVENTION PLAN	C8794, C8852	S KWOK ENGINEERS, INC. 1815 CORNELL DRIVE ALAMEDA, CA 94501 510-220-9017 DBE #37060	\$26,258.00
14	STORM WATER SAMPLING AND ANALYSIS DAY			
15	STORM WATER ANNUAL REPORT			

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).


Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

¹Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

³Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

* NAICS: North American Industry Classification System.

Total Claimed Participation (Please see last page for totals) %		\$
The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).		
		
Signature of Bidder		
1/15/24	925-687-6666	
Date	(Area Code) Tel. No.	
Robert Rosas - VP Estimating		
Person to Contact		(Please Type or Print)

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
 OCR-0007 (REV 11/2020)

CONTRACT NO.
 04-0Q2104

NAME OF DBE BUSINESS
 S Kwok Engineers

NAME OF DBE REPRESENTATIVE

DBE CERTIFICATION NUMBER
 37060

NAME OF BIDDER
 Bay Cities Paving & Grading, Inc

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
 Robert Rosas

DATE
 1/15/24

Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
13	STORMWATER POLLUTION PREVENTION PLAN	\$21,448.00
14	STORM WATER SAMPLING AND ANALYSIS DAY	\$3,250.00
15	STORM WATER ANNUAL REPORT	\$1,560.00

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

	Total	\$26,258.00
--	--------------	--------------------

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.



Signature of DBE's Authorized Representative
 Hoy Seng Kwok
 Printed Name of DBE's Authorized Representative
 Principal
 Title of DBE's Authorized Representative

1/15/2024
 Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

4/5

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE - COMMITMENT
 OCR-0006 (REV 11/2020)

CONTRACT NO.
04-0Q2104

BID AMOUNT
\$ 5,013,890.00

BID OPENING DATE
1/11/24

BIDDER'S NAME
Bay Cities Paving & Grading Inc

DBE GOAL FROM CONTRACT %
22%

DBE PRIME CONTRACTOR CERTIFICATION ¹	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) 7 EA	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) \$2,100,000.00
---	---	--

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED ²	NAICS AND/OR WORK CATEGORY CODES ³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors.)	AMOUNT (\$)
7	TRAFFIC CONTROL SYSTEM	C1201, C8850	Western Traffic Supply, Inc. 3942 VALLEY AVENUE, UNIT M PLEASANTON, CA 94566 925-249-1854 DBE #40681	\$223,200.00

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

¹Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.


³Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

* NAICS: North American Industry Classification System.

\$

Total Claimed Participation
 (Please see last page for totals) %

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).


 Signature of Bidder

1/15/24 925-687-6666
 Date (Area Code) Tel. No.

Robert Rosas - VP Estimating
 Person to Contact (Please Type or Print)

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
 OCR-0007 (REV 11/2020)

CONTRACT NO.

04-0Q2104

NAME OF DBE BUSINESS

Western Traffic Supply, Inc

NAME OF DBE REPRESENTATIVE

DBE CERTIFICATION NUMBER

40681

NAME OF BIDDER

Bay Cities Paving & Grading, Inc

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR

Robert Rosas

DATE

1/15/24

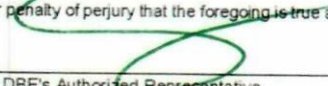
Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
7	TRAFFIC CONTROL SYSTEM	\$223,200.00

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

Total	\$223,200.00
--------------	---------------------

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of DBE's Authorized Representative: 

Printed Name of DBE's Authorized Representative: Ed Ibanez

Title of DBE's Authorized Representative: President

Date: 1/15/2024

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

3/5

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE - COMMITMENT
 OCR-0006 (REV 11/2020)

CONTRACT NO.
04-0Q2104

BID AMOUNT
\$ 5,013,890.00

BID OPENING DATE
1/11/24

BIDDER'S NAME
Bay Cities Paving & Grading Inc

DBE GOAL FROM CONTRACT %
22%

DBE PRIME CONTRACTOR CERTIFICATION¹	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) 7 EA	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) \$2,100,000.00
-------------------------------------	---	--

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED²	NAICS AND/OR WORK CATEGORY CODES³	NAME OF DBEs (Must be certified on the date bids are opened. Include Caltrans' certification no., DBE address, and phone number. Show 2nd and lower tier subcontractors.)	AMOUNT (\$)
9 (Partial)	Flatbed	C9609, C9605, C9607	A1 TRUCKING SVS, INC. 1941 JACKSON ST STE 9 OAKLAND, CA 94612 510-828-0270 DBE #50003	\$170,852.00
20 (Partial), 24 (Partial), 25 (Partial), 27 (Partial), 58 (Partial), 60 (Partial), 62-73 (Partial)	Super Dump			
21 (Partial), 24 (Partial), 25 (Partial), 26 (Partial)	Sweeper - Rental			

Show all DBE firms being claimed for credit, regardless of tier. Attach written confirmation from each DBE shown stating that it will be participating in the contract to perform the specific work shown for the specific amount agreed to.

The names of the 1st tier DBE subcontractors and items of work must be consistent with the Subcontractor List (Pub Cont Code § 4100 et seq.).

Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

¹Each DBE prime contractor must enter its certification number and show all work to be performed by DBEs, including work performed by its own forces.

²If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.


³Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

* NAICS: North American Industry Classification System.

Total Claimed Participation

(Please see last page for totals) %

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).


 Signature of Bidder

1/15/24
 Date

925-687-6666
 (Area Code) Tel. No.

Robert Rosas - VP Estimating
 Person to Contact (Please Type or Print)

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
 OCR-0007 (REV 11/2020)

CONTRACT NO.
04-0Q2104

NAME OF DBE BUSINESS
A1 Trucking SVS, Inc

NAME OF DBE REPRESENTATIVE

DBE CERTIFICATION NUMBER
50003

NAME OF BIDDER
Bay Cities Paving & Grading, Inc

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
Robert Rosas

DATE
1/15/24

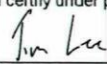
Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
9 (Partial)	Flatbed	11,792.00
20 (Partial)	Super Dump	23,760.00
24 (Partial)	Super Dump	19,440.00
25 (Partial)	Super Dump	60,000.00
27 (Partial)	Super Dump	960.00
58 (Partial)	Super Dump	6,000.00
60 (Partial)	Super Dump	11,520.00
62 (Partial)	Super Dump	1,920.00
63 (Partial)	Super Dump	960.00
64 (Partial)	Super Dump	960.00
65 (Partial)	Super Dump	960.00
66 (Partial)	Super Dump	960.00
67 (Partial)	Super Dump	960.00
68 (Partial)	Super Dump	960.00
69 (Partial)	Super Dump	960.00
70 (Partial)	Super Dump	1,920.00
71 (Partial)	Super Dump	960.00
72 (Partial)	Super Dump	960.00
73 (Partial)	Super Dump	960.00

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

	Total	\$146,912.00
--	--------------	---------------------

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.



Signature of DBE's Authorized Representative

TIM LEE
 Printed Name of DBE's Authorized Representative

MANAGER
 Title of DBE's Authorized Representative

01/15/2024
 Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE CONFIRMATION
 OCR-0007 (REV 11/2020)

CONTRACT NO.
 04-0Q2104

NAME OF DBE BUSINESS
 A1 Trucking SVS, Inc

NAME OF DBE REPRESENTATIVE

DBE CERTIFICATION NUMBER
 50003

NAME OF BIDDER
 Bay Cities Paving & Grading, Inc

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
 Robert Rosas

DATE
 1/15/24

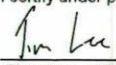
Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
21 (Partial)	Sweeper - Rental	8,100.00
24 (Partial)	Sweeper - Rental	8,640.00
25 (Partial)	Sweeper - Rental	4,320.00
26 (Partial)	Sweeper - Rental	2,880.00

¹ If 100% of an item is not to be performed or furnished by the DBE, describe the exact portion of the item to be performed or furnished.

Total 23,940.00

As an authorized representative of a certified disadvantaged business enterprise, I confirm that my business was contacted by the bidder or prime contractor 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 DBE Commitment form.

I certify under penalty of perjury that the foregoing is true and correct.


 Signature of DBE's Authorized Representative

TIM LEE
 Printed Name of DBE's Authorized Representative

MANAGER
 Title of DBE's Authorized Representative

01/15/2024
 Date

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.

Low Bidder

2024 JAN 16 PM 4:05

1. List items of work the Bidder made available to Disadvantaged Business Enterprise (DBE) firms. Identify items of work the Bidder might otherwise perform with its own forces, items that have been broken down into economically feasible units to facilitate DBE participation, and items for which the Bidder has established flexible time frames for performance and delivery schedules in a manner that encourages and facilitates DBE participation. For each item listed, show the dollar value and percentage of the total contract. The Bidder must demonstrate that sufficient work to meet the goal was made available to DBE firms.

Item of Work Offered, Services Offered, or Materials Supplied	Bidder Normally Performs Item Yes/No	Item Broken Down to Facilitate Participation Yes/No	Established Flexible Timeframes for Performance and Delivery Schedules Yes/No	Amount (\$)	Percentage of Total Bid
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
See Attachment A	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

2. List the names of certified DBEs and all the dates on which they were solicited to bid on this project. Include the items of work offered and the dates and methods used for following up initial and follow-up solicitations to determine with certainty whether the DBEs were interested. Attach copies of solicitations, e-mail messages, telephone records, fax confirmations, etc.

Name of DBE Solicited	Date of Initial Solicitation	Items of Work Offered	Follow Up Methods and Dates
		See Attachment B	

3. For each item of work made available, indicate whether the Bidder provided plans and specifications specific to the items of work being offered, list the selected firm and its status as a DBE, the DBEs that provided quotes, the price quote for each firm, and the price difference for each DBE if the selected firm is not a DBE. Provide copies of each DBE and Non-DBE quote submitted to the Bidder whenever a Non-DBE firm was selected over a DBE for work on the Contract.

Items of Work	Provided Plans/ Specifications for Work Offered Yes/No	Name of Selected Firm	DBE or Non-DBE	Name of Rejected Firm	Quote (\$)	Price Difference (\$)
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO	See Attachment C				
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
	<input type="checkbox"/> YES <input type="checkbox"/> NO					

If the firm selected for the item is not a DBE, provide the reasons for the selection on a separate sheet and attach names, addresses, and phone numbers for the firms listed above. Provide evidence as to why additional agreements could not be reached for DBEs to perform work.

4. Describe the Bidder's outreach efforts to identify and solicit the interest of all certified DBEs that have the capability to perform the work of the Contract. Provide copies of supporting documents.

Description of Outreach	Dates	Location (if applicable)	Results
	See Attachment B		

5. Describe the Bidder's efforts made to provide interested DBEs with adequate information about the plans, specifications, and requirements of the Contract to assist them in responding to a solicitation. Identify the DBEs assisted, the type of information provided, and the date of the contracts. Provide copies of supporting documents.

Information was provided on the Invitation to Bid, Request for Assistance, and Advertisements

6. Describe the Bidder's efforts made to assist interested DBEs in obtaining bonding, lines of credit, or insurance. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents.

Information was provided on the Invitation to Bid, Request for Assistance, and Advertisements

7. Describe the Bidder's efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE purchases or leases from the prime contractor or its affiliate. Identify the DBEs assisted, the type of assistance offered, and the dates. Provide copies of supporting documents. List efforts made to assist interested DBEs in obtaining bonding, lines of credit, insurance, necessary equipment, supplies, materials, or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate. Identify the DBE assisted, the assistance offered, and the date. Provide copies of supporting documents.

Information was provided on the Invitation to Bid, Request for Assistance, and Advertisements

8. List the names of agencies and the dates on which they were contacted to provide assistance in contacting, recruiting, and using DBE firms. If the agencies were contacted in writing, provide copies of supporting documents.

See Attachment D

9. Include additional data to support a demonstration of good faith efforts.

Sent Invitation to Bid to all the DBE companies on Caltrans Opt-Ins list for the project; see Attachment B

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

ADA Notice This document is available in alternative accessible formats. For more information, please contact the Forms Management Unit at (279) 234-2284, TTY 711, in writing at Forms Management Unit, 1120 N Street, MS-89, Sacramento, CA 95814, or by email at Forms.Management.Unit@dot.ca.gov.