

PAGE 1 OF 4

CONTRACT		BID AMOUNT	20.00 5	001 1111 0 011	BIDOPENII		
04-0Y79 BIDDER NA		\$4,529,52	28.00	024 JUN - 3 PM	5/30/20	024	
Myers	& Sons Construction I	IC					
SMALL BL	ISINESS BIDDER CERTIFIC	ATION NUMBE	R1				
	T SMALL BUSINESS ENTE					lot applicable	
PARTICIPA	ATION GOAL PERCENTAG	E	5 %	TOTAL NUMBER			4
COMMITM	ENT SMALL BUSINESS PE	RCENTAGE	6.2%	TOTAL AMOUNT	OF ALL SU	BCONTRACTS	\$694,218.0
	SMAL	L BUSINESS	ENTER	PRISE COMMITM	MENTS		
Bid Item						Bid Item	
Number	Item of Work ^{1,2}			Percentage (%)	Amount ³ (\$)		
	HMA, Tack Coat, Cold Plane Asphalt Concrete Pavement				100%	\$138,335.5	
18-20	QA Constructors				1.00		
10 20	DESCRIPTION OF PORTION OF WORK SUBCONTRACTED OR MATERIALS TO BE						
	100% of Bid Items Listed						
	BIDITEM DESCRIPTION Mobilization				8.7%	\$38,400.0	
	SMALL BUSINESS NAME					\$30,400.0	
59	QA Constructors						
	DESCRIPTION OF PORTION OF WORK SUBCONTRACTED OR MATERIALS TO BE PROVIDED						
	Mobilization for Their Work						
	BID ITEM DESCRIPTION						
	Construction Area Sign				100%	\$65,825.0	
	SMALL BUSINESS NAME						\$05,625.0
5	Roll'N Rock Construction DESCRIPTION OF PORTION OF WORK SUBCONTRACTED OR MATERIALS TO BE					IN CASE	
	PROVIDED					ACCEPTANT.	
	100% of Bid Items Li	sted					
7.6							
7	BID ITEM DESCRIPTION						
	Stationary Impact Attenuator Vehicle				33%	\$40,000.0	
	SMALL BUSINESS NAME Roll'N Rock Construction				100000	1	
	DESCRIPTION OF PORTION O	F WORK SUBCON	TRACTED	OR MATERIALS TO BE			
	PROVIDED					元 持一种。然	
	Attenuator Rental						
TOTAL CO	MMITTMENT AMOUNT OF S	MALL BUSINE	SSENTE	RPRISES PARTICIDA	TIONS		UL. POSTE
The service	00 of the 1-t time Uh			THOUGH ANTION	THOIT		\$282,560.5

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

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

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.

CONTRACT NUMBER	BID AMOUNT	BID OPENING DATE			
04-0Y7904 BIDDER NAME	\$4,529,528.00	5/30/2024			

Myers & Sons Construction					
	MALL BUSINESS ENTE	RPRISE INFORMATION			
SMALL BUSINESS NAME		SMALL BUSINESS CERTIFICATION NUMBER			
QA Constructors		2004565			
SMALL BUSINESS ADDRESS		SMALL BUSINESS RÉPRÉSENTITIVE NAME Quinto Allende			
850 S. Van Ness Ste 35		SMALL BUSINESS PHONE NUMBER			
San Francisco, CA 941	10	(408) 210-5508			
		SMALL BUSINESS EMAIL ADDRESS qa@qaccorp.com			
SMALL BUSINESS NAME ROLL'N Rock Construction SMALL BUSINESS ADDRESS		SMALL BUSINESS CERTIFICATION NUMBER 1750745 SMALL BUSINESS REPRESENTITIVE NAME Bonnie Heile			
					5527 Truck Village Drive
Mount Shasta, CA 96067		(530) 925-1408 SMALL BUSINESS EMAIL ADDRESS			
SMALL BUSINESS NAME		rollnrockcon@gmail.com SMALL BUSINESS CERTIFICATION NUMBER			
SMÄLL BUSINESS ADDRESS		SMALL BUSINESS REPRESENTITIVE NAME			
		SMALL BUSINESS PHONE NUMBER			
		SMALL BUSINESS EMAIL ADDRESS			

BIDDER'S SMALL BUSINESS ENTERPRISES COMMITMENT

Failure to submit signed Small Business Enterprises - Confirmation forms and submit copies of the small business quotes will result in disallowance of the small business's participation. 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 small business enterprises participation goal.

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

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Clinton W. Myers
DATE 6/3/2024	CONTACT PERSON NAME Joe Goehring
EMAIL ADDRESS CONTACT PERSON jgoehringf@myers-sons.com	PHONE NUMBER CONTACT PERSON (916) 283-9950

Attachments: Small Business Enterprise - Confirmation (OCR-SB-02) form from each small business shown.

- M Small Business Enterprise Confirmation (OCR-SB-02) form from each small business shown.
- Quote from each small business shown.

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PERMIT					
5.50					
of					
SMALL BUSINESS CERTIFICATION					
As an authorized representative of a certified small business, I confirm that my business was					
rdod					
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.					
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					
li li					
r					

CONTRACT	NUMBER		DATE			
04-0Y79	04 MALL BUSINESS		6/3/2024			
	ock Construction		SMALL BUSINESS CERTIFI	CATION NUMBER		
NAME OF SI	MALL BUSINESS RESPRESENTATIVE		1750745			
Bonnie						
NAME OF BI		NAME OF BIDDER REPR	ESENTATIVE			
Myers & Sons Construction LLC Joe Goehring						
D: I II	SMALL BUSINES	SS CONFIRMATION				
Bid Item Number	11 (18/ 14			Amount		
Mullipel	BID ITEM DESCRIPTION			(\$)		
_	Construction Area Sign			\$65,825.00		
5	DESCRIPTION OF PORTION OF WORK SUBCONTRACTED OR MATERIALS TO BE PROVIDED					
	100% of Bid Items Listed					
	20070 OI DIG ILLIID LIBERI					
	BID ITEM DESCRIPTION					
	Stationary Impact Attenuator Vehicle			\$40,000.00		
7	DESCRIPTION OF PORTION OF WORK SUBCONTRAC	TED OR MATERIALS TO BE	PROVIDED	TANK YANG D		
7	Attenuator Rental					
				THE REAL PROPERTY.		
	PIDITEM DECORIDATION					
	BID ITEM DESCRIPTION					
	DESCRIPTION OF PORTION OF WORK SUBCONTRAC	TED OR MATERIALS TO BE	PROVIDED			
			TOTAL \$	105,825.00		
'If 100%	of an item is not to be performed or furnished	d by the small busine	ess, describe the exac	t portion of		
the item to	be performed or furnished.		,			
		WEIGHT TO SEE				
	SMALL BUSINES	S CERTIFICATION	V			
As an aut	horized representative of a certified small	the second secon	T.	was asw		
contacted	by the bidder shown above regarding t	he contract shown a	above If the bidder	is awarded		
the contra	ict, my business will enter into a contract	tual agreement with	the bidder or prim	e contractor		
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.						
I certify u	nder penalty of perjury that the foregoing	is true and correct				
SIGNATURE	OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE	PRINTED NAME OF SMAL	L BUSINESS AUTHORIZED	REPRESENTATIVE		
Down	restile	Bonnie Heile	- The state of			
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE DATE						
President			6/3/24			

Roll 'N Rock Construction Inc.

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

OTO	010	100	-		-
STD	843	Rev	5/	2000	5)

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 periury

fine	and violators are liable for civil penalties. All signatures are r		perjury.	,,		
-	SECTION 1					
Name of certified DVBE: Roll N Rock Construction Inc. DVBE Ref				1750745		
Des	scription (materials/supplies/services/equipment proposed):	Traffic Control				
Soli	citation/Contract Number: 04-0Y7904	SCPRS Ref. Number:(FOR STATE USE ONLY)				
_	SECTION 2		(FOR STATE	USE UNLT)		
API	PLIES TO ALL DVBEs. Check only one box in Section 2 a		ignatures			
V	I (we) declare that the <u>DVBE is not a broker or agent</u> , as defi materials, supplies, services or equipment listed above. Als	ned in Military and Vet	terans Code Sec	tion 999.2 (b), of 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.)					
All E	DV owners and managers of the DVBE (attach additional pages w	vith sufficient signature bl	ocks for each pers	on to sign):		
Bon	mie Heile	Bonnied	tile	5/30/24		
201.	(Printed Name of DV Owner/Manager)	(Signature of DV Own		(Date Signed)		
	(Printed Name of DV Owner/Manager)	(Signature of DV Ow	ner/Manager)	(Date Signed)		
Firm	n/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	n/Principal Phone: Address:		,,			
	SECTION 3					
APF	PLIES TO ALL DVBES THAT RENT EQUIPMENT AND DEC	LARE THE DVBE IS I	NOT A BROKER	l.		
V	Pursuant to Military and Veterans Code Section 999.2 (c), (d ownership of the DVBE, or a DV manager(s) of the DVBE. T accordance with Military and Veterans Code Section 999 et.	he DVBE maintains ce) the DV(s) with ertification requir	at least 51% ements in		
V	The undersigned owner(s) own(s) at least 51% of the quantite for use in the contract identified above. I (we), the DV owners agency my (our) personal federal tax return(s) at time of certifications (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	s of the equipment, havi fication and annually to disabled veteran equip defined in Military and	ve submitted to t hereafter as defi pment owner(s)	he administering ned in <i>Military and</i> to submit their		
Disa	bled Veteran Owner(s) of the DVBE (attach additional pages with	signature blocks for each	h person to sign):	, , , ,		
Bon	nie Heile	" Donne He	üle	5/30/24		
	(Printed Name)	(Signature)		(Date Signed)		
552	7 Truck Village Dr. Mount Shasta, CA 96057 (Address of Owner)	530.925.1408 (Telephone)	45-4466518 (Tax Identification	Number of Owner)		
Disa	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 N	Manager)	(Date Signed)		
	**************************************		9	()giisa/		

Page ____ of ____