## STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## **CERTIFIED DVBE SUMMARY**

DES-OE-0102.5 (REV 3/2008)

| DISTRICT-COUNT | y-ROUTE: <u>04</u> - <u>AL</u> - <u>26</u><br>04-1Y3404 | 1_     | mar I I |
|----------------|---|--------|---------|
| TOTAL BID:     | \$7,873,333.83<br>re: 06/06/24                          | Second | Bidder  |
| BIDDER'S NAME: | Disney Construction Inc.                                |        |         |
| DVBE PRIME CON | ATRACTOR CERTIFICATION 1                                |        |         |

| Bid Item<br>Number   | Description of Work to Be<br>Subcontracted to DVBE or<br>Materials to Be Supplied by<br>DVBE <sup>2</sup>  | For Caltrans<br>Only | DVBE<br>(Name, Telephone<br>No., and<br>Certification No.) | \$ Amount  |
|--|--|----------------------|--|--|
| (partial)  | Traffic Control (partial) - Lane Closures only   |                      | Cal Vet Services<br>408-568-9362<br>2003968                | a) Lane Closures_Posey - 63 shi<br>x \$1,845 per shift = \$116,235<br>b) Lane Closures_Webster - 63 s<br>x \$1,965 per shift = \$123,795 |
| consistent with<br>Pub Cont Code §   | DVBE subcontractors and their item the names and items of work in the 4100 et seq.) submitted with the bid lower tier subcontractors on this fo  | Subcontractor List   | Total Claimed<br>Participation                             | \$ <u>\$240,030</u><br>  |
| partment of General Se<br>rticipation and need not<br>If 100% of an item is no | s must enter their DVBE reference number or their rvices (DVBE prime contractors are credited with 1 complete the above table).  performed or supplied by the DVBEs, describe the be performed, of item to be performed or supplied. | 00 percent DVBE      | Signature of Biddle  | 6/07/24<br>Date  |
| ubmit to:  |  |                      | (Area Code) Telephone Number                               |  |

MSC 43
OFFICE ENGINEER
DEPARTMENT OF TRANSPORTATION
1727 30TH STREET
SACRAMENTO, CA 95816-7005

Dyon Zaratian, Estimator

Contact Person (Type or Print)

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 GALIFORNIA - DEFARTIMENT OF GENERAL SERVICES PROGUNEWENT DIVISION DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

DGS PD 843 (Rev. 9/2019) Formerly STD, 843

| Instructions: The disabled veteran (DV) owner(s) and DV man (DVBE) must complete this declaration when a DVBE contracto or equipment [Military and Veterans Code Section 999.2]. Viola or fine and violators are liable for civil penalties. All signatures   | or subcontractor will provide mate   | erials, supplies, services   |
|---|--|--|
| or fine and violators are liable for civil penalties. All signatures a  | are made under penalty of perjury.   | . ,  |
| Name of certified DVBE:CAL-VET_SERVICES   | DVBF Ref. Num  | ber:1791297  |
| Description (materials/supplies/services/equipment proposed):   | Traffic Control  | Del1/9129/   |
| Solicitation/Contract Number: 04-1Y3404   |  |  |
|   | (FOR ST  | TATE USE ONLY)   |
| APPLIES TO ALL DVBEs. Check only one box in Section 2 a   | and provide original signatures  |  |
| <ul> <li>✓ I (we) declare that the <u>DVBE is not a broker or agent</u>, as dematerials, supplies, services or equipment listed above. Also pursuant to Military and Veterans Code Section 999.2 (f), I (<u>principal(s) listed below or on an attached sheet(s)</u>. (Pursue expended for equipment rented from equipment brokers pur credited toward the 3-percent DVBE participation goal.)</li> </ul>   | fined in Military and Veterans Code<br>so, complete Section 3 below if rer<br>(we) declare that the <u>DVBE is a broad to Military and Veterand Veterand</u>   | e Section 999.2 (b), of nting equipment.   |
| All DV owners and managers of the DVBE (attach additional pages of the DVBE)  (Printed Name of DV Owner/Manager)  | with sufficient signature blocks for each (Signature of DV Owner/ Manager)   | 6/10/2024  |
| (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.)   |  |  |
| Firm/Principal Phone: Address:  |  |  |
| APPLIES TO ALL DVPE THAT DENT FOUND 3   |  |  |
| 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.  The undersigned owner(s) own(s) at least 51% of the quantity 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. | ) and (g), I am (we are) the DV(s) of the DVBE maintains certification reseq.  y and value of each piece of equipes of the equipment, have submitted fication and annually thereafter as disabled veteran equipment owner defined in Military and Veterans Control of the DV(s). | with at least 51% equirements in ment that will be rented to the administering defined in Military and |
| Disabled Veteran Owner(s) of the DVBE (attach additional pages with   | signature blocks for each person to signature  | gn):   |
| (Printed Name)  | (Stronburg)  | (Date Signed)  |
| (Address of Owner)  | 4085689362 27-0  | 52 4 90 8  |
| Disabled Veteran Manager(s) of the DVBE (attach additional pages w  | rith sufficient signature blocks for each p  | cation Number of Owner) person to sign):   |
| (Printed Name of DV Manager)  | (Signature of DV Manager)  | (Date Signed)  |

Page \_\_1 of \_\_1