

Second Bidder

12-09-24A11:32 RCVD

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

CONTRACT NO.
05-1J8604

BID AMOUNT
\$ 32,094,058.88

BID OPENING DATE
12/05/2024

BIDDER'S NAME
CalPortland Construction

DBE GOAL FROM CONTRACT %
22%

DBE PRIME CONTRACTOR CERTIFICATION ¹	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE)	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE)
N/A	9	\$10,878,172.30

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 (\$)
83(P)	Oil Supply, Haul, and Freight for RHMA	C0624, F5170, 424720, 484110	LMS Transport #38327 8865 White Oak Ave Rancho Cucamonga, CA 92316 951-616-3828	\$1,051,380.00
6, 7(P), 8, 11, 13, 37(P), 40, 152-153, 155-164	Construction Area Signs, Traffic Control Partial Lane Closures, Roadside Signs, Channelizer Surface, Guard Rail Delineators	C1200, C1201, C1522, C5620	Avia Traffic Safety #38321 8365 El Camino Real Atascadero, CA 93422 805-461-1600	\$2,831,435.00
27-28, 39, 69, 71-77	Temp Erosion Control	A0710, C2021, C2030, C2066, 561730	J&M Land Restoration #32481 1640 James Road Bakersfield, CA 93308 661-872-7039	\$1,367,506.10
16, 20-21, 183, 202	Temporary & Mobile Barrier system, Temp Crush Cushion, Remove Concrete Barrier, Mobile Barrier Trailer	C0683, C8331, C8396, C1290	KRC Safety CO Inc # 447 7821 W. Sunnyview, Ave Visalia, CA 93290 559-732-0393	\$1,281,200.00
101, 106-110, 178-180 (P), 203(P)	Public Safety Plan, Form & Pour Concrete Barrier (Type 60MS & Type 86H), Bridge Deck Treatment	237310, 238110, 238990	Dees Burke Engineering Contractors, LLC #43430 237 W State Street Ontario, CA 91762 626-228-3670	\$981,812.00

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.).

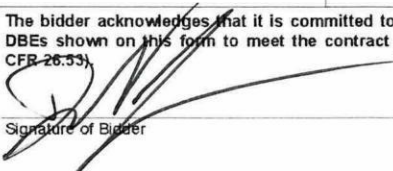
Failure to submit a signed DBE Confirmation form and submit copies of the DBE quotes will result in disallowance of the DBE's participation.

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	\$ 7,513,333.10
	23.41 %
<p>The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).</p>	
<p>Signature of Bidder</p> 	
<p>12/6/24</p> <p>Date</p>	<p>805-345-3581</p> <p>(Area Code) Tel. No.</p>
<p>David VanMuyden</p> <p>Person to Contact (Please Type or Print)</p>	

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.
05-1J8604

NAME OF DBE BUSINESS
Avila Traffic Safety

NAME OF DBE REPRESENTATIVE
Kellie Avila

DBE CERTIFICATION NUMBER
38321

NAME OF BIDDER
Calportland Construction

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
Same

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
David VanMuyden

DATE
12/5/24

Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
6	Construction Area Signs	\$42,000.00
7	+ Traffic Control System, Partial - Lane Closures	+ \$2,210,200.00
8	Traffic Control Supervisor	\$495,000.00
11	Type III Barricades	+ \$810.00
13	Channelizer Surface Mounted	\$31,280.00
37	Treated Wood Waste, Partial - Sign Scope Only	\$7,458.00
40	Temporary Boundary Post Sign	\$2,240.00
152	Reset Markers & Delineators	+ \$3,780.00
153	Guard Rail Delineators	+ \$2,660.00
155	Milepost Marker	\$4,140.00

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

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

Kellie Avila

Printed Name of DBE's Authorized Representative

President

Title of DBE's Authorized Representative

12/6/24

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.
05-1J8604

NAME OF DBE BUSINESS
Avila Traffic Safety

NAME OF DBE REPRESENTATIVE
Kellie Avila

DBE CERTIFICATION NUMBER
38321

NAME OF BIDDER
Calportland Construction

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
Same

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
David VanMuyden

DATE
12/5/24

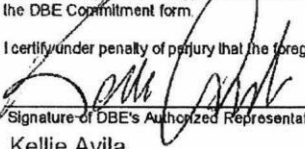
Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
156	Treatment BMP Marker	\$1,500.00
157	Object Marker Type P	\$4,160.00
158	Remove Roadside Sign	\$2,300.00
159	Furnish Sheet Aluminum Sign (0.063")	\$1,700.00
160	Furnish Sheet Aluminum Sign (0.08")	\$2,530.00
161	Furnish Sheet Aluminum Sign (0.063")	\$312.00
162	Roadside Sign One Post	\$8,265.00
163	Post Sleeve	\$5,900.00
164	Install Framed Sign Panel	\$5,200.00

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	\$2,831,435.00
--	-------	----------------

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
 Kellie Avila
 Printed Name of DBE's Authorized Representative
 Pres.
 Title of DBE's Authorized Representative
 12/5/24
 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-69, 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.
05-1J8604

NAME OF DBE BUSINESS
J&M Land Restoration Inc

NAME OF DBE REPRESENTATIVE
John Juette

DBE CERTIFICATION NUMBER
32481

NAME OF BIDDER
Calportland Construction

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
Same

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
David VanMuyden

DATE
12/5/24

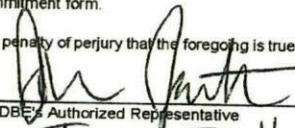
Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
27	Move in Move Out (Temp Erosion Control)	\$17,680.00
28	<input checked="" type="checkbox"/> Temporary Hydraulic Mulch (BFM)	<input checked="" type="checkbox"/> \$151,250.00
39	Temporary High Visibility Fence	\$29,280.20
69	Move In Move Out (Erosion Control)	<input checked="" type="checkbox"/> \$15,550.00
71	Dry Seed	\$3,612.50
72	Rolled Erosion Control Product Netting	\$11,043.00
73	Fiber Rolls	\$34,538.40
74	Straw	<input checked="" type="checkbox"/> \$6,069.00
75	Hydroseed	<input checked="" type="checkbox"/> \$74,040.00
76	Compost	\$984,273.00

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

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

John Juette
 Printed Name of DBE's Authorized Representative

Vice President
 Title of DBE's Authorized Representative

12/6/24
 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.

CONTRACT NO.
 05-1J8604

NAME OF DBE BUSINESS
 J&M Land Restoration Inc

NAME OF DBE REPRESENTATIVE
 John Juethe

DBE CERTIFICATION NUMBER
 32481

NAME OF BIDDER
 Calportland and Constuction

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
 Same

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
 David VanMyuden

DATE
 12/5/24

Item number	Item of work and description of services to be subcontracted or materials to be provided	Amount (\$)
77	Incorporate Materials	\$40,170.00
Total		\$1,367,506.10

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.

Signature of DBE's Authorized Representative

 Printed Name of DBE's Authorized Representative
 John Juethe
 Title of DBE's Authorized Representative
 Vice President
 Date
 12/6/24

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.
05-1J8604

NAME OF DBE BUSINESS
KRC Safety Co Inc

NAME OF DBE REPRESENTATIVE
Michael Castro

DBE CERTIFICATION NUMBER
000447

NAME OF BIDDER
Calportland Construction

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
Same

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR
David VanMuyden

DATE
12/5/24


Bid item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
16	Temporary Barrier System	\$742,500.00
20	Mobile Barrier System	\$139,500.00
21	Temporary Crash Cushion	\$172,000.00
183	Remove Concrete Barrier	\$27,200.00
202	Mobile Barrier Trailer	\$200,000.00

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 **\$1,281,200.00**

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

MICHAEL CASTRO
 Printed Name of DBE's Authorized Representative

ESTIMATOR
 Title of DBE's Authorized Representative

12-5-24
 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@dct.ca.gov.

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

CONTRACT NO. 05-1J8604
NAME OF DBE BUSINESS Dees Burke Engineering Const
NAME OF DBE REPRESENTATIVE Todd Wingo
DBE CERTIFICATION NUMBER 43430
NAME OF BIDDER CalPortland Construction
NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER
NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR David VanMuyden
DATE 12/5/2024

Bid Item number	Item of work and description of services to be subcontracted or materials to be provided ¹	Amount (\$)
101	Public Safety Plan	\$17,500
106	Prepare Concrete Bridge Deck Surface	\$46,384
107	Furnish Polyester Concrete Overlay	\$53,240
108	Place Polyester Concrete Overlay	\$53,251
109	Treat Bridge Deck	\$33,775
110	Furnish Bridge Deck Treatment Material	\$6,750
178	Concrete Barrier (Type 60MS) - Partial, form and pour barrier	\$215,760
179	Concrete Barrier (Type 86H) - Partial, form and pour barrier	\$243,432
180	Concrete Barrier Transition - Partial, form and pour barrier	\$288,720
203	Mobilization - Partial, Dees Burke related scope only	\$23,000
Total		\$981,812.00

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.

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

Title of DBE's Authorized Representative

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.

Second Bidder

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DBE GOOD FAITH EFFORTS DOCUMENTATION
 OCR-0008 (REV 10/2022)

Bidder's Name: CalPortland Construction
 Contract No.: 05-1J8604

- 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
See Attached Appendix 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	See Attached Appendix 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		
	<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		