

# Low Bidder

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

## DBE - COMMITMENT

OCR-0006 (REV 11/2020)

RECEIVED  
CALTRANS

CONTRACT NO.  
06-0Y1704

BID AMOUNT  
\$ 16,147,997

2025 JAN 14 P 1:57

BID OPENING DATE  
01/09/2025

CONSTRUCTION  
CONTRACT AWARDS

BIDDER'S NAME  
Papich Construction Company, Inc.

DBE GOAL FROM CONTRACT %  
18%

|   |  |   |
|---|--|---|
| DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> | TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) | TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) |
| N/A   | 11   | \$2,213,446                                     |

| BID ITEM NO. | ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup> | NAICS AND/OR WORK CATEGORY CODES <sup>3</sup> | 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 (\$) |
|--------------|---|---|---|-------------|
| 31           | QC - HMA Type A   | 541330  | Sequoia Consultants   | 110,875.00  |
| 32           | QC - Leveler  | 541330  | Sequoia Consultants   | 10,000.00   |
| 33           | QC - RHMA-G   | 541330  | Sequoia Consultants   | 46,845.00   |
| 21           | Treated Wood Waste - Guardrail  | 237310  | Ace Fence Company   | 9,000.00    |
| 72           | Fence (Type BW, Metal Post)   | 237310  | Ace Fence Company   | 5,600.00    |
| 73           | Remove Fence  | 237310  | Ace Fence Company   | 3,000.00    |
| 84           | Midwest Guardrail System  | 237310  | Ace Fence Company   | 34,300.00   |
| 86           | Transition Railing  | 237310  | Ace Fence Company   | 25,600.00   |
| 87           | Alt In-Line Terminal  | 237310  | Ace Fence Company   | 36,600.00   |
| 89           | Remove Guardrail  | 237310  | Ace Fence Company   | 8,140.00    |
| 99           | Mobilization - Guardrail  | 237310  | Ace Fence Company   | 5,800.00    |

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.

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

<sup>2</sup>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.

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

\* NAICS: North American Industry Classification System.

Total Claimed Participation \$ \_\_\_\_\_ %

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 \_\_\_\_\_

Date \_\_\_\_\_ (Area Code) Tel. No. \_\_\_\_\_

Person to Contact \_\_\_\_\_ (Please Type or Print)

**SEE NEXT PAGE**

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. **06-0Y1704**

BID AMOUNT  
 \$ **16,147,997**

BID OPENING DATE  
**01/09/2025**

BIDDER'S NAME  
**Papich Construction Company, Inc.**

DBE GOAL FROM CONTRACT %  
**18%**

|   |  |   |
|---|--|---|
| DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> | TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) | TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) |
| N/A   | 11   | \$2,213,446                                     |

| BID ITEM NO. | ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup> | NAICS AND/OR WORK CATEGORY CODES <sup>3</sup> | 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 (\$) |
|--------------|---|---|---|-------------|
| 33           | Profile Grind - RHMA-G  | 237310  | ABSL Construction   | 151,500.00  |
| 99           | Mobilization - Profile Grind  | 237310  | ABSL Construction   | 7,400.00    |
| 16           | Temp Hydraulic Mulch (BFM)  | 115112  | J&M Land Restoration, Inc   | 3,056.60    |
| 17           | Temp Fiber Roll   | 561730  | J&M Land Restoration, Inc   | 3,802.50    |
| 25           | Move-in/Move-out (Erosion Control)  | 561730  | J&M Land Restoration, Inc   | 1,940.00    |
| 26           | Dry Seed  | 115112  | J&M Land Restoration, Inc   | 5,363.00    |
| 27           | Fiber Rolls   | 561730  | J&M Land Restoration, Inc   | 7,047.90    |
| 28           | Compost   | 115112  | J&M Land Restoration, Inc   | 15,189.90   |
| 29           | Incorporate Materials   | 561730  | J&M Land Restoration, Inc   | 2,595.00    |
| 99           | Mobilization - Erosion Control  | 561730  | J&M Land Restoration, Inc   | 3,220.00    |

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.

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

<sup>2</sup>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.

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

\* NAICS: North American Industry Classification System.

|   |                        |
|---|------------------------|
| Total Claimed Participation   | \$                     |
|   | %                      |
| 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   |                        |
| Date  | (Area Code) Tel. No.   |
| Person to Contact   | (Please Type or Print) |

SEE NEXT PAGE

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

CONTRACT NO. 06-0Y1704

BID AMOUNT  
 \$ 16,147,997

BID OPENING DATE  
01/09/2025

BIDDER'S NAME  
Papich Construction Company, Inc.

DBE GOAL FROM CONTRACT %  
18%

|   |  |   |
|---|--|---|
| DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> | TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) | TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) |
| <u>N/A</u>                                      | <u>11</u>  | <u>\$2,213,446</u>                              |

| BID ITEM NO. | ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup> | NAICS AND/OR WORK CATEGORY CODES <sup>3</sup> | 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 (\$)       |
|--------------|---|---|---|-------------------|
| <u>8</u>     | <u>Temporary Barrier System</u>   | <u>237310</u>                                 | <u>KRC Safety Co., Inc.</u>   | <u>56,800.00</u>  |
| <u>10</u>    | <u>Temp Crash Cushion</u>   | <u>237310</u>                                 | <u>KRC Safety Co., Inc.</u>   | <u>10,000.00</u>  |
| <u>31</u>    | <u>Supply Asphalt Oil - HMA Type A</u>  | <u>424720</u>                                 | <u>Double E Transportation &amp; Services</u>   | <u>943,911.60</u> |
| <u>32</u>    | <u>Supply Asphalt Oil - Leveler</u>   | <u>424720</u>                                 | <u>Double E Transportation &amp; Services</u>   | <u>66,825.60</u>  |
| <u>33</u>    | <u>Supply Asphalt Oil - RHMA-G</u>  | <u>424720</u>                                 | <u>Double E Transportation &amp; Services</u>   | <u>492,838.80</u> |
| <u>24</u>    | <u>Transfers Trucking - Shoulder Backing</u>  | <u>484220</u>                                 | <u>Premier Valley Transport Inc</u>   | <u>79,200.00</u>  |
| <u>31</u>    | <u>Bottoms Trucking - HMA Type A</u>  | <u>484220</u>                                 | <u>Premier Valley Transport Inc</u>   | <u>438,000.00</u> |
| <u>31</u>    | <u>Transfers Trucking - HMA Type A</u>  | <u>484220</u>                                 | <u>Premier Valley Transport Inc</u>   | <u>56,100.00</u>  |
| <u>32</u>    | <u>Bottoms Trucking - Leveler</u>   | <u>484220</u>                                 | <u>Premier Valley Transport Inc</u>   | <u>33,600.00</u>  |
| <u>33</u>    | <u>Bottoms Trucking - RHMA-G</u>  | <u>484220</u>                                 | <u>Premier Valley Transport Inc</u>   | <u>204,000.00</u> |

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.

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

<sup>2</sup>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.

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

\* NAICS: North American Industry Classification System.

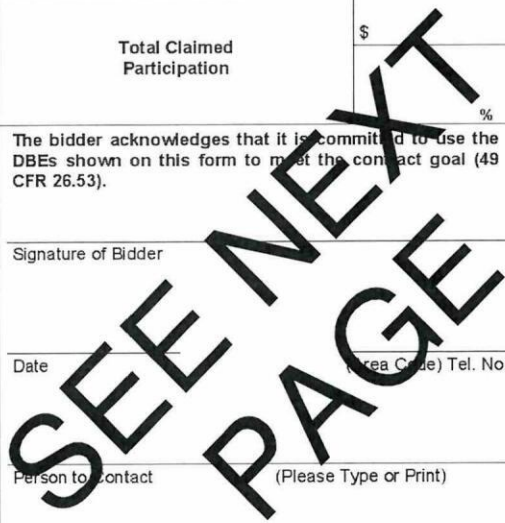
Total Claimed Participation \$ \_\_\_\_\_ %

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 \_\_\_\_\_

Date \_\_\_\_\_ (Area Code) Tel. No. \_\_\_\_\_

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.

CONTRACT NO. 06-0Y1704

BID AMOUNT  
 \$ 16,147,997

BID OPENING DATE  
01/09/2025

BIDDER'S NAME  
Papich Construction Company, Inc.

DBE GOAL FROM CONTRACT %  
18%

|   |  |   |
|---|--|---|
| DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> | TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) | TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) |
| N/A   | 11   | \$2,213,446                                     |

| BID ITEM NO. | ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED <sup>2</sup> | NAICS AND/OR WORK CATEGORY CODES <sup>3</sup> | 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 (\$) |
|--------------|---|---|---|-------------|
| 46           | Pipe Material - 24" Alt Pipe Culvert  | 423390  | Sams Equipment & Supplies   | 1,115.80    |
| 47           | Pipe Material - 30" Alt Pipe Culvert  | 423390  | Sams Equipment & Supplies   | 312.89      |
| 48           | Pipe Material - 12" Downdrain   | 423390  | Sams Equipment & Supplies   | 2,522.71    |
| 49           | Flume Material - Flume Downdrain  | 423390  | Sams Equipment & Supplies   | 21,785.15   |
| 50           | Pipe Material - 12" Entrance Taper  | 423390  | Sams Equipment & Supplies   | 900.61      |
| 51           | Pipe Material - Tapered Inlet   | 423390  | Sams Equipment & Supplies   | 19,722.78   |
| 52           | Pipe Material - 12" Anchor Assembly   | 423390  | Sams Equipment & Supplies   | 1,677.73    |
| 53           | Pipe Material - 12" Flared End Section  | 423390  | Sams Equipment & Supplies   | 67.28       |
| 54           | Pipe Material - 30" Flared End Section  | 423390  | Sams Equipment & Supplies   | 248.68      |
| 99           | Pipe Freight - Mobilization   | 423390  | Sams Equipment & Supplies   | 1,800.00    |

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.

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

<sup>2</sup>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.

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

\* NAICS: North American Industry Classification System.

|                             |                        |
|-----------------------------|------------------------|
| Total Claimed Participation | \$ <b>2,928,304.53</b> |
|                             | <b>18.1%</b>           |

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]*  
 Signature of Bidder

01/13/2025  
 Date

(805) 473-3016  
 (Area Code) Tel. No.

Jason Papich  
 Person to Contact (Please Type or Print)

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

CONTRACT NO. 06-0Y1704

NAME OF DBE BUSINESS Sequoia Consultants

NAME OF DBE REPRESENTATIVE Pri DeSilva

DBE CERTIFICATION NUMBER 35308

NAME OF BIDDER Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR Jason Papich

DATE 01/12/2025

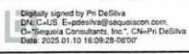
| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$) |
|-----------------|---|-------------|
| 31              | QC - HMA Type A   | 110,875.00  |
| 32              | QC - Leveler  | 10,000.00   |
| 33              | QC - RHMA-G   | 46,845.00   |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |

<sup>1</sup> 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.

|              |                   |
|--------------|-------------------|
| <b>Total</b> | <b>167,720.00</b> |
|--------------|-------------------|

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.

  
 Pri DeSilva  
Digitally signed by Pri DeSilva  
 DN: cn=Pri DeSilva, o=Sequoia Consultants, email=Pri.DeSilva@sequoiaconsultants.com, c=CA  
 Date: 2025.01.10 16:09:28 -0800

Signature of DBE's Authorized Representative  
 Pri DeSilva, PE

Printed Name of DBE's Authorized Representative  
 President

Title of DBE's Authorized Representative  
 01/10/25  
 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. 06-0Y1704

NAME OF DBE BUSINESS  
 Ace Fence Company

NAME OF DBE REPRESENTATIVE  
 AMY TSUI

DBE CERTIFICATION NUMBER  
 34153

NAME OF BIDDER  
 Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER  
 N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR  
 Jason Papich

DATE  
 01/12/2025

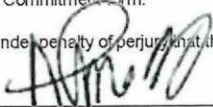
| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$) |
|-----------------|---|-------------|
| 21              | Treated Wood Waste - Guardrail  | 9,000.00    |
| 72              | Fence (Type BW, Metal Post)   | 5,600.00    |
| 73              | Remove Fence  | 3,000.00    |
| 84              | Midwest Guardrail System  | 34,300.00   |
| 86              | Transition Railing  | 25,600.00   |
| 87              | Alt In-Line Terminal  | 36,600.00   |
| 89              | Remove Guardrail  | 8,140.00    |
| 99              | Mobilization - Guardrail  | 5,800.00    |

<sup>1</sup> 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.

|              |                   |
|--------------|-------------------|
| <b>Total</b> | <b>128,040.00</b> |
|--------------|-------------------|

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

**Amy Tsui**  
 Printed Name of DBE's Authorized Representative

**President**  
 Title of DBE's Authorized Representative

1/10/2025  
 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. **06-0Y1704**

NAME OF DBE BUSINESS  
**ABSL Construction**

NAME OF DBE REPRESENTATIVE  
*Daryl Vorne*

DBE CERTIFICATION NUMBER  
**5270**

NAME OF BIDDER  
**Papich Construction Company, Inc.**

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER  
**N/A**

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR  
**Jason Papich**

DATE  
**01/12/2025**

| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$) |
|-----------------|---|-------------|
| 33              | Profile Grind - RHMA-G  | 151,500.00  |
| 99              | Mobilization - Profile Grind  | 7,400.00    |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |

|  |   |            |
|--|---|------------|
| <sup>1</sup> 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   | 158,900.00 |
|  | <p>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.</p> <p>I certify under penalty of perjury that the foregoing is true and correct.</p> <p><i>[Signature]</i></p> <p>Signature of DBE's Authorized Representative</p> <p><i>Daryl Vorne</i></p> <p>Printed Name of DBE's Authorized Representative</p> <p><i>Manager</i></p> <p>Title of DBE's Authorized Representative</p> <p><i>1/10/2024</i></p> <p>Date</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. 06-0Y1704

NAME OF DBE BUSINESS J&M Land Restoration, Inc

NAME OF DBE REPRESENTATIVE Pamela Jvette

DBE CERTIFICATION NUMBER 32481

NAME OF BIDDER Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR Jason Papich

DATE 01/12/2025

| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$)      |
|-----------------|---|------------------|
| 16              | Temp Hydraulic Mulch (BFM)  | 3,056.60         |
| 17              | Temp Fiber Roll   | 3,802.50         |
| 25              | Move-in/Move-out (Erosion Control)  | 1,940.00         |
| 26              | Dry Seed  | 5,363.00         |
| 27              | Fiber Rolls   | 7,047.90         |
| 28              | Compost   | 15,189.90        |
| 29              | Incorporate Materials   | 2,595.00         |
| 99              | Mobilization - Erosion Control  | 3,220.00         |
|                 |   | <b>Total</b>     |
|                 |   | <b>42,214.90</b> |

<sup>1</sup>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** 42,214.90

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.

Pamela Jvette  
 Signature of DBE's Authorized Representative

Pamela Jvette  
 Printed Name of DBE's Authorized Representative

President  
 Title of DBE's Authorized Representative

1/13/25  
 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](mailto:Forms.Management.Unit@dot.ca.gov).



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

CONTRACT NO.  
 06-0Y1704

NAME OF DBE BUSINESS  
 KRC Safety Co., Inc.

NAME OF DBE REPRESENTATIVE  
 MICHAEL CASTRO

DBE CERTIFICATION NUMBER  
 447

NAME OF BIDDER  
 Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER  
 N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR  
 Jason Papich


DATE  
 01/10/2025

| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$)            |
|-----------------|---|------------------------|
| 8               | Temporary Barrier System  | 56,800.00              |
| 10              | Temp Crash Cushion  | 10,000.00              |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   |                        |
|                 |   | <b>Total</b> 66,800.00 |

<sup>1</sup> 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

**MICHAEL CASTRO**

Printed Name of DBE's Authorized Representative

**ESTIMATOR**

Title of DBE's Authorized Representative

**1-10-25**

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. 06-0Y1704

NAME OF DBE BUSINESS  
Double E Transportation & Services

NAME OF DBE REPRESENTATIVE  
Erin Furrh

DBE CERTIFICATION NUMBER  
51034

NAME OF BIDDER  
Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER  
N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR  
Jason Papich

DATE  
01/12/2025

| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$)  |
|-----------------|---|--------------|
| 31              | Supply Asphalt Oil - HMA Type A   | 1,573,186.00 |
| 32              | Supply Asphalt Oil - Leveler  | 111,376.00   |
| 33              | Supply Asphalt Oil - RHMA-G   | 821,398.00   |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |
|                 |   |              |

<sup>1</sup> 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 **2,505,960.00**

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.

Erin Furrh  
 Signature of DBE's Authorized Representative  
Erin Furrh  
 Printed Name of DBE's Authorized Representative  
President  
 Title of DBE's Authorized Representative  
1.10.25  
 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. 06-0Y1704

NAME OF DBE BUSINESS Premier Valley Transport Inc

NAME OF DBE REPRESENTATIVE Natalie Elizalde

DBE CERTIFICATION NUMBER 46372

NAME OF BIDDER Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR Jason Papich

DATE 01/12/2025

| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$) |
|-----------------|---|-------------|
| 24              | Transfers Trucking - Shoulder Backing   | 79,200.00   |
| 31              | Bottoms Trucking - HMA Type A   | 438,000.00  |
| 31              | Transfers Trucking - HMA Type A   | 56,100.00   |
| 32              | Bottoms Trucking - Leveler  | 33,600.00   |
| 33              | Bottoms Trucking - RHMA-G   | 204,000.00  |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |
|                 |   |             |

<sup>1</sup> 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.

|              |                   |
|--------------|-------------------|
| <b>Total</b> | <b>810,900.00</b> |
|--------------|-------------------|

#24: 480 HRS x \$165/Hr = \$79,200.00

#31: 2,920 HRS x \$150/Hr = \$438,000.00

#31: 340 HRS x \$165/Hr = \$56,100.00

#32: 224 HRS x \$150.00/Hr = \$33,600.00

#33: 1,360 HRS x \$150.00/Hr = \$204,000.00

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  
**Natalie Elizalde**  
 Printed Name of DBE's Authorized Representative  
**General Manager**  
 Title of DBE's Authorized Representative  
01/10/2025  
 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. 06-0Y1704

NAME OF DBE BUSINESS Sams Equipment & Supplies

NAME OF DBE REPRESENTATIVE Sam Callison

DBE CERTIFICATION NUMBER 34479

NAME OF BIDDER Papich Construction Company, Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER N/A

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR Jason Papich

DATE 01/12/2025

| Bid item number | Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup> | Amount (\$)      |
|-----------------|---|------------------|
| 46              | Pipe Material - 24" Alt Pipe Culvert  | 1,859.67         |
| 47              | Pipe Material - 30" Alt Pipe Culvert  | 521.48           |
| 48              | Pipe Material - 12" Downdrain   | 4,204.51         |
| 49              | Flume Material - Flume Downdrain  | 36,308.58        |
| 50              | Pipe Material - 12" Entrance Taper  | 1,501.02         |
| 51              | Pipe Material - Tapered Inlet   | 32,871.30        |
| 52              | Pipe Material - 12" Anchor Assembly   | 2,796.22         |
| 53              | Pipe Material - 12" Flared End Section  | 112.14           |
| 54              | Pipe Material - 30" Flared End Section  | 414.46           |
| 99              | Pipe Freight - Mobilization   | 3,000.00         |
| <b>Total</b>    |   | <b>83,589.38</b> |

<sup>1</sup> 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.

Sam Callison  
 Signature of DBE's Authorized Representative

Jason  
 Printed Name of DBE's Authorized Representative

Jason  
 Title of DBE's Authorized Representative

1-13-25  
 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

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 |
|---|--|--|---|-------------|-------------------------|
| <b>See</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO                      |             |                         |
| <b>Attached</b>   | <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                      |             |                         |

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 |
|-----------------------|------------------------------|-----------------------|-----------------------------|
| <b>See Attached</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/<br>Specifications for Work Offered<br>Yes/No | Name of Selected Firm | DBE or<br>Non-DBE | Name of Rejected Firm | Quote<br>(\$) | Price Difference<br>(\$) |
|---------------------|--|-----------------------|-------------------|-----------------------|---------------|--------------------------|
| <b>See Attached</b> | <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     |                       |                   |                       |               |                          |

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 |
|-------------------------|-------|--------------------------|---------|
| <b>See Attached</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.

**See Attached**

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.

**See Attached**

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.

**See Attached**

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 Attached**

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

**See Attached**

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.