

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION **SMALL BUSINESS ENTERPRISE - COMMITMENT** OCR-SBE 01 (REV 01/2024)

PAGE 1 OF 4

RECEIVED

CONTRACT NUMBER BID AMOUNT BID OPENI 06-1C0104 \$808,988.00 01/29/2				025		MO		
BIDDER NAM High Ligh	nt Electric Inc.					2025	FEB -3	A II: 34
SMALL BUSI	NESS BIDDER CERTIFICATION N	JMBER			×Ν	ot applicable	ONSTRUC	TION
CONTRACTS	SBE PARTICIPATION GOAL REQUI	REMENT	5 %	TOTAL NUMBER OF	ALL SUBCO	NTRACTS CO	NTRACT	WARDS
SBE PARTIC	PATION GOAL REQUIREMENT C	OMMITMENT	5.03%	TOTAL AMOUNT OF A	ALL SUBCON	NTRACTS	\$38,283.00	
	SBE PARTICIPAT	ION GOAL RE	QUIRE	MENT COMMIT	MENTS			
Bid Item Number	1	Item of Wo	rk ^{1,2}			Percentage of Bid Amount	Amount ³ (\$)	
	BID ITEM DESCRIPTION Traffic Control System SMALL BUSINESS NAME					0.30%	\$2,400.00	
	SMALL BUSINESS NAME First Vanguard Rentals	& Sales Inc						
3	DESCRIPTION OF WORK, SERVI	CES, OR MATERI	ALS					
	Rental/supply of messa	ige signs						
	BIDITEM DESCRIPTION Building Work					4.73%	\$38,283.00	
	Building Work							
10	Merz Bros. Construction DESCRIPTION OF WORK, SERV	N INC	PIAIS					
	Foundation for building							
	_							
	BIDITEM DESCRIPTION							
	SMALL BUSINESS NAME							
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS							
	BID ITEM DESCRIPTION							
	SMALL BUSINESS NAME							
	DESCRIPTION OF WORK, SERV	ICES, OR MATER	IALS					
TOTAL CO	MMITMENT FOR SBE PARTICI	PATION GOAL RE	EQUIRE	MENT \$		5.03%	\$40,683.00	

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

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

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

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - COMMITMENT

OCR-SBE 01 (REV 01/2024)

CONTRACT NUMBER 06-1C0104	\$808,988.00	BID OPENING DATE 01/29/2025					
BIDDER NAME	1-2						
High Light Electric Inc.							
SMALL BUSINESS ENTERPRISE INFORMATION							
SMALL BUSINESS NAME First Vanguard Rentals & Sales	nc.	SMALL BUSINESS CERTIFICATION NUMBER 1769627					
SMALL BUSINESS ADDRESS 1229 Western St. #2, Fairfield, C	Δ 94533	SMALL BUSINES REPRESENTATIVE NAME Kiley Olson					
17223 Western St. #2, 1 diriloid, S	7.04000	SMALL BUSINESS PHONE NUMBER (707) 330-8635					
		SMALL BUSINESS EMAIL ADDRESS kiley@1stvg.com					
SMALL BUSINESS NAME Merz Bros. Construction Inc		SMALL BUSINESS CERTIFICATION NUMBER					
SMALL BUSINESS ADDRESS 369 Third Street Unit B #506, Sa	n Rafael, CA	SMALL BUSINESS REPRESENTITAIVE NAME 2009105					
94901		SMALL BUSINESS PHONE NUMBER (415) 895-5416					
		SMALL BUSINESS EMAIL ADDRESS jake@merzbros.com					
SMALL BUSINESS NAME		SMALL BUSINESS CERTIFICATION NUMBER					
SMALL BUSINESS ADDRESS		SMALL BUSINESS REPRESENTIATIVE NAME					
*		SMALL BUSINESS PHONE NUMBER					
		SMALL BUSINESS EMAIL ADDRESS					
BIDDER'S SBE PARTICIP	BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION						
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 SBE participation goal requirement. The work to							

be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) compliant in accordance with the requirements in Government Code section 14837, subdivision (d)(4).

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

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME Alhelí Huerta			
DATE 01/30/2025	CONTACT PERSON NAME Erwin Mendoza			
EMAIL ADDRESS CONTACT PERSON estimating@hleincusa.com	PHONE NUMBER CONTACT PERSON (951) 352-9646 EXT. 804			

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

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

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 NStreet, MS-89, Sacramento, CA 95814

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION SMALL BUSINESS ENTERPRISE - CONFIRMATION

OCR-SBE 02 (REV01/2024)

ADA Notice

CONTRACT NUMBER 06-1C0104				DATE 01/2		DATE 01/29	9/2025	
NAME OF SI	MALL BUSINESS	2 Salas Inc			176962		CATION NUMBER	
NAME OF SMALL BUSINESS RESPRESENTATIVE								
NAME OF BI	Kiley O	lson		NAME OF BIDDER RE	PRESENTA	TIVE		
	t Electric Inc.			Erwin Mendoza	WIOSE WILLIAMS			
	SM	IALL BUSINESS ENTER	RPR	ISE CONFIRMATIO	N			
Bid Item Number		1 Iten	n of	Work ¹			Amount (\$)	
.,	BID ITEM DESCRIP						\$2,400.00	
_	DESCRIPTION OF V	I System Work, Services, or Mater	RIALS	S TO BE PROVIDED				
3	Rental/supply	of message signs						
	BID ITEM DESCRIP	PTION						
	DESCRIPTION OF V	VORK, SERVICES, OR MATER	ΙΔΙ	S TO BE PROVIDED				
	DESCRIPTION OF V	VOKK, GERVICES, OK WATER	U/LL	O DE I NOVIDED				
	BID ITEM DESCRIP	PTION	_					
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED							
						700 200 Maria (1970 - 1980)	40.100.00	
						TOTAL \$	\$2,400.00	
1f 100% of ar	item is not to be per	formed or furnished by the SBE,	desc	ribe the portion of the item	to be perfor	med or furnished		
		MALL BUSINESS ENTE						
As an authorized representative of a certified small business, I confirm that my business was 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. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) compliant in accordance with the requirements in Government Code section 14837, subdivision (d)(4).								
I certify unde	r penalty of perjury	that the foregoing is true and	d co	rrect.				
SIGNATURE OF	SMALL BUSINESS	AUTHORIZED REPRESENTATI	VE	PRINTED NAME OF SM	IALL BUSIN	ESS AUTHORIZED	REPRESENTATIVE	
Kiley Olson Kiley Olson								
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE Estimator DATE 1/30/202					25			

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

OCR-SBE 02 (REV01/2024)

CONTRACT NUMBER 06-1C0104				01/29/2025				
NAME OF SMALL BUSINESS				SMALL BUSINESS CERTIFICATION NUMBER				
NAME OF SMALL BUSINESS RESPRESENTATIVE 2009105								
	s. Construction	n Inc						
NAME OF BI High Ligh	t Electric Inc.		NAME OF BIDDER REPRESENTATIVE Erwin Mendoza					
SMALL BUSINESS ENTERPRISE CONFIRMATION								
Bid Item Number		ltem of	Work ¹			Amount (\$)		
	BIDITEM DESCRIP Building Work	PTION (\$38,283.00		
	DESCRIPTION OF V	VORK, SERVICES, OR MATERIALS	TO BE PROVIDED					
10	Foundation fo	r building and antenna						
	BID ITEM DESCRIP	PTION						
	DESCRIPTION OF V	VORK. SERVICES, OR MATERIALS	TO BE PROVIDED			(authorized and second		
	BESSIAN HONOI V	TOTAL OLIVIOLO, ON WATERIALO	TO BET NOVIBED					
		77.01						
	BID ITEM DESCRIP	PIION						
	DESCRIPTION OF W	VORK, SERVICES, OR MATERIALS	TO BE PROVIDED					
	TOTAL \$							
11f 100% of an item is not to be performed or furnished by the SBE, describe the portion of the item to be performed or furnished.								
			,					
	CN	IALL DUCINESS ENTERD	DISE SERVICIONE	ION				
SMALL BUSINESS ENTERPRISE CERTIFICATION As an authorized representative of a certified small business, I confirm that my business was 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. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) compliant in								
accordance with the requirements in Government Code section 14837, subdivision (d)(4).								
I certify under penalty of perjury that the foregoing is true and correct.								
SIGNATURE OF	. /	AUTHORIZED REPRESENTATIVE	PRINTED NAME OF SMA	ALL BUSINE				
john merz John Merz						erz		
TITLE OF SM.	Presiden	HORIZER PEPRESENTATIVE	DATE 1/30/25					

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

PRINT

CLEAR

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 perjury.

	SECTION 1				
Name of certified DVBE: Merz Bros.	ed DVBE: Merz Bros. Construction Inc. DVBE Ref. Number: 2009105				
Description (materials/supplies/services	CA DOT 06-1C0104	Concrete installation			
proposed): Solicitation/Contract Number:		SCPRS Ref. Number:			
		(FOR STATE USE ONLY)			
	SECTION 2				
APPLIES TO ALL DVBEs. Check only	one box in Section 2 a	nd provide original sig	natures.		
I (we) declare that the <u>DVBE is not a</u> materials, supplies, services or equi					
Pursuant to Military and Veterans Coprincipal(s) listed below or on an attack expended for equipment rented from credited toward the 3-percent DVBE	ached sheet(s). (Pursua n equipment brokers pur	ant to Military and Vetera	ans Code 999.	2 (e), State funds	
All DV owners and managers of the DVB	E (attach additional pages v	0		son to sign):	
John Merz		John K. W		1/28/25	
(Printed Name of DV Owner/Manager)		(Signature of DV Owne	r/ Mapager)	(Date Signed)	
(Printed Name of DV Owner/Manager)		(Signature of DV Owner	er/Manager)	(Date Signed)	
Firm/Principal for whom the DVBE is actin (If more than one firm, list on extra sheets.)	ng as a broker or agent:		rint or Type Name	e)	
Firm/Principal Phone: 4158955416	Address: 369 3rd st	. San Rafael CA 94901			
	SECTION 3				
APPLIES TO ALL DVBEs THAT RENT I	EQUIPMENT AND DEC	LARE THE DVBE IS NO	OT A BROKE	R.	
Pursuant to Military and Veterans Co ownership of the DVBE, or a DV man accordance with Military and Veteran	nager(s) of the DVBE. T	he DVBE maintains cert			
The undersigned owner(s) own(s) at for use in the contract identified above agency my (our) personal federal tax Veterans Code 999.2, subsections (opersonal federal tax return(s) to the action (c) and (g), will result in the DVBE be	ve. I (we), the DV owners return(s) at time of cert c) and (g). Failure by the administering agency as	s of the equipment, have ification and annually the disabled veteran equipr defined in Military and V	e submitted to ereafter as def ment owner(s)	the administering fined in <i>Military and</i> to submit their	
Disabled Veteran Owner(s) of the DVBE	(attach additional pages with	h signature blocks for each p	person to sign):		
(Printed Name)		(Signature)		(Date Signed)	
(Address of Owner)		(Telephone)	(Tax Identification	on Number of Owner)	
Disabled Veteran Manager(s) of the DVB	E (attach additional pages v	with sufficient signature bloc	ks for each pers	son to sign):	
(Printed Name of DV Manager)		(Signature of DV Ma	nager)	(Date Signed)	
				Page of	