



**DBE - COMMITMENT**

OCR-0006 (REV 11/2020)

CONTRACT NO.

**07-333604**

BID AMOUNT

\$ **55,478,000.00**

BID OPENING DATE

**06/27/2024**

BIDDER'S NAME

**Griffith Company**

DBE GOAL FROM CONTRACT %

**21%**

DBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup>	TOTAL NUMBER OF ALL SUBCONTRACTS (DBE & NON-DBE) <b>14</b>	TOTAL VALUE OF ALL SUBCONTRACTS (DBE & NON-DBE) <b>\$22,903,417.25</b>
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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 (\$)
22, 24, 28	Sweeping	C9609	1 Pass Sweeping	\$80,928.00
22, 24, 28	Water Truck	484220	Monzon & Sons	\$134,542.00
45, 46	Asphalt Oil Transport	484110	DPP	\$650,000.00

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.

<b>Total Claimed Participation</b>	<b>\$ 10,733,425.20</b>
	<b>19.35 %</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 of Bidder

**714-984-5500**

Date

(Area Code) Tel. No.

**Ky McLeod, Chief Estimator**

Person to Contact

(Please Type or Print)

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

CONTRACT NO.  
**07-333604**

NAME OF DBE BUSINESS  
**MB Professional Services**

NAME OF DBE REPRESENTATIVE  
**Brian Platt**

DBE CERTIFICATION NUMBER  
**Metro # 5292**

NAME OF BIDDER  
**Griffith Company**

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR  
**Ky McLeod, Chief Estimator**

DATE  
**July 1, 2024**

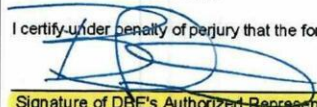
Bid item number	Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup>	Amount (\$)
38,39,40,45,46,50	Quality Control	\$486,698.00

<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** **\$486,698.00**

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

**Brian Platt**

Printed Name of DBE's Authorized Representative

**COO**

Title of DBE's Authorized Representative

**July 1, 2024**

Date

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**DBE CONFIRMATION**

OCR-0007 (REV 11/2020)

CONTRACT NO.

**07-333604**

NAME OF DBE BUSINESS

**3531 Trucking**

NAME OF DBE REPRESENTATIVE

**Miguel Miranda**

DBE CERTIFICATION NUMBER

**42097**

NAME OF BIDDER

**Griffith Company**

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR

**Ky McLeod, Chief Estimator**

DATE

**7/1/2024**

Bid item number	Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup>	Amount (\$)
22,24,28	Hourly trucking	\$315,792.00

<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 \$315,792.00**

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

**Miguel Miranda**  
 Printed Name of DBE's Authorized Representative

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

**7/1/2024**  
 Date









