

# Second Bidder

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

RECEIVED  
 CALTRANS

CONTRACT NO. 09-387704

BID AMOUNT \$ 766,666.00

2025 JAN 10 A 11:53

BID OPENING DATE 1-7-25

CONSTRUCTION  
 CONTRACT AWARDS

BIDDER'S NAME Danny C. Hubbs Const. Inc.

DBE GOAL FROM CONTRACT % 22

DBE PRIME CONTRACTOR CERTIFICATION\*

TOTAL NUMBER OF ALL SUBCONTRACTS  
 (DBE & NON-DBE) 3

TOTAL VALUE OF ALL SUBCONTRACTS  
 (DBE & NON-DBE) 182,425

BID ITEM NO.	ITEM OF WORK AND DESCRIPTION OF SERVICES TO BE SUBCONTRACTED OR MATERIALS TO BE PROVIDED*	NAICS AND/OR WORK CATEGORY CODES*	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 (\$)
4.	Traffic Control System	C1201	KRC Safety #000417 Visalia, CA	121,350
5.	Traffic Drum	C0685	559-732-0393 "	2,000
7.	Portable Changeable Message Sign	C0907/ C0612	"	7,800
14.	Bonded Fiber Matrix	11512/ 561730	JAM Land Restoration #032481 Parkerfield, CA 661-872-7039	18,200

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.

\*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.

\*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.

\*Use NAICS and/or Work Category Codes from the California Unified Certification Program database.

\*NAICS: North American Industry Classification System.

Total Claimed Participation

\$ 171,350

22.35%

The bidder acknowledges that it is committed to use the DBEs shown on this form to meet the contract goal (49 CFR 26.53).

Danny C. Hubbs  
 Signature of Bidder

1-9-25  
 Date

909-389-0531  
 (Area Code) Tel. No.

Danny Hubbs  
 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.

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

CONTRACT NO. 09-387704

NAME OF DBE BUSINESS  
J&M Land Restoration

NAME OF DBE REPRESENTATIVE  
Pam Juette

DBE CERTIFICATION NUMBER  
32481

NAME OF BIDDER

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR

DATE  
01/07/2025

Bid item number	Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup>	Amount (\$)
14	Bonded Fiber Matrix	\$16,590.00
1	move in / move out	1610.-

<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 18,200.-

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 Juette*  
 Signature of DBE's Authorized Representative

Pamela Juette  
 Printed Name of DBE's Authorized Representative

President  
 Title of DBE's Authorized Representative

1/8/25  
 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.  
 09-387704

NAME OF DBE BUSINESS  
 KBC Safety Company Inc.

NAME OF DBE REPRESENTATIVE  
 Michael Castro

DBE CERTIFICATION NUMBER  
 447

NAME OF BIDDER  
 Danny C. Hubbs Const. Inc.

NAME OF PRIME CONTRACTOR IF DIFFERENT FROM THE BIDDER  
 (blank)

NAME OF REPRESENTATIVE OF BIDDER OR CONTRACTOR  
 Danny C. Hubbs

DATE  
 1-8-25

Bid item number	Item of work and description of services to be subcontracted or materials to be provided <sup>1</sup>	Amount (\$)
4.	Traffic Control System	121,350.-
5.	Traffic Drum	24,000.-
7.	Portable Changeable Message Sign	7,800.-

<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 153,150.-

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.

*Gary E Castro*  
 Signature of DBE's Authorized Representative

GARY E CASTRO  
 Printed Name of DBE's Authorized Representative

PRESIDENT  
 Title of DBE's Authorized Representative

1-9-25  
 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.