

# Low Bidder

12-09-24P12:00 RCVD

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## CERTIFIED DVBE SUMMARY

DES-OE-0102.5 (REV 3/2008)

DISTRICT-COUNTY-ROUTE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_

TOTAL BID: \_\_\_\_\_

BID OPENING DATE: \_\_\_\_\_

BIDDER'S NAME: \_\_\_\_\_

DVBE PRIME CONTRACTOR CERTIFICATION <sup>1</sup> \_\_\_\_\_

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE <sup>2</sup>	For Caltrans Only	DVBE (Name, Telephone No., and Certification No.)	\$ Amount

Names of first tier DVBE subcontractors and their items of work listed must be consistent with the names and items of work in the Subcontractor List (Pub Cont Code § 4100 et seq.) submitted with the bid. Identify second and lower tier subcontractors on this form.

<b>Total Claimed Participation</b>	\$ _____
	_____ %

1. DVBE prime contractors must enter their DVBE reference number or their DBA name as listed with Department of General Services (DVBE prime contractors are credited with 100 percent DVBE participation and need not complete the above table).

2. If 100% of an item is not performed or supplied by the DVBEs, describe the exact part, including the planned location of work to be performed, of item to be performed or supplied by DVBE.

\_\_\_\_\_  
Signature of Bidder Date

Submit to:

MSC 43  
OFFICE ENGINEER  
DEPARTMENT OF TRANSPORTATION  
1727 30TH STREET  
SACRAMENTO, CA 95816-7005

\_\_\_\_\_  
(Area Code) Telephone Number

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

**ADA Notice** For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 654-6410, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

# Low Bidder

12-09-24P12:00 RCVD

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## CERTIFIED SMALL BUSINESS LISTING FOR THE NON-SMALL BUSINESS PREFERENCE

DOT OCR-0011 (REV 01/2024)

BIDDER NAME RAL Investment Corporation dba Silverstand Construction

CONTRACT NO. 11 430364

List the description of work, name, telephone number, certification number, and dollar amount of each certified small business who will be used for non-small business preference on this project. Failure to submit a completed Certified Small Business Listing for the Non-Small Business Preference form by 4 p.m. on the 4th business day after bid opening will result in a nonresponsive bid. Attach additional sheets if necessary.

Submit to:  
MS 43  
OFFICE ENGINEER  
DEPARTMENT OF TRANSPORTATION 1727 30TH STREET  
SACRAMENTO, CA 95816-7005

Bid Item Number	Description of Work, Service, or Materials	Certified Small Business (Name, Telephone No., and Certification No.)	\$ Amount <b>NONE</b>
<b>Total Claimed Participation for Non-Small Business Preference \$</b>			<b>NONE</b>
<b>Total Claimed Participation for Non-Small Business Preference %</b>			<b>NONE</b>
<b>Non-Small Business Preference-Certification</b>			
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 non-small business preference. The work to be performed in fulfillment of the contract requirements will be Commercially Useful Function (CUF) complaint in accordance with the requirements in Government Code section 14837, subdivision(d)(4). I certify under penalty of the perjury that the foregoing is true and correct.			

Keith Adamek, President            12/5/24  
Bidder's Authorized Representative (Please Type or Print)      Bidder's Authorized Representative Signature      DATE  
Name  
keith@sscbuild.com  
Email Address

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.