



STATE OF CALIFORNIA
DEPARTMENT OF TRANSPORTATION

FORMS FOR BID

FOR BUILDING CONSTRUCTION IN FRESNO COUNTY IN FRESNO AT WEST
AVENUE MAINTENANCE STATION AT 1283 NORTH WEST AVENUE

In District 06 On Route 5725

Under

Notice to Bidders and Special Provisions dated September 15, 2025

Standard Specifications dated 2024

Project plans approved May 27, 2025

Standard Plans dated 2024

Applicable to

Electronic *Bid* book dated September 15, 2025

Identified by

Contract No. 06-0X4304

06-Fre-5725--

Project ID 0618000065

☐ Check here if all fleets used to perform work are not subject to 13 CCR § 2449 *et seq.* Submit the blank form as part of the bid.

[illegible]

Contract No. 06-0X4304

CERTIFIED DVBE SUMMARY

DOT DES-OE-0102.5 (REV 04/2025)

DISTRICT-COUNTY-ROUTE: _____ - _____ - _____

CONTRACT NO.: _____

TOTAL BID: _____

BID OPENING DATE: _____

BIDDER'S NAME: _____

DVBE PRIME CONTRACTOR CERTIFICATION ¹ _____

Bid Item Number	Description of Work to Be Subcontracted to DVBE or Materials to Be Supplied by DVBE ²	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.			Total Claimed Participation	\$ _____ %

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.

By providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

Signature of Bidder	Date	Telephone Number

Contact Person (Type or Print)

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

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
**CERTIFIED SMALL BUSINESS LISTING
FOR THE NON-SMALL BUSINESS PREFERENCE**
DOT OCR-0011 (REV 11/2024)

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (5 U.S.C. Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.) declares that the right to privacy is a personal and fundamental right protected by the California and United States Constitutions. Please be advised that this form requests personal information. The term "personal information" means any information that is maintained by an agency that identifies or describes an individual, including, but not limited to, the individual's name, social security number, physical description, home address, home telephone number, education, financial matters, and medical or employment history. It includes statements made by, or attributed to, the individual. (Civil Code, § 1798.3, subdivision (a).)

Information Collection and Access: California law requires the following information to be provided when collecting information from individuals. (See, for example, Civil Code, § 1798.17.)

Agency Name and Division Within the Agency Requesting the Information:

California Department of Transportation, Office of Civil Rights, Contract Evaluation Branch

Title of Official Responsible for Information Maintenance:

For more information, please contact the Contract Evaluation Branch Manager at (916) 324-1700, in writing at Contract Evaluation Branch, P.O. Box 942874, MS 79, Sacramento, CA 94274-0001, or by email at Contract.evaluation.unit@dot.ca.gov.

Maintenance of the Information Authorized By:

Government Code, Section 14838(b)

Consequences of Not Providing All or Any Part of the Requested Information:

The following is listed at the top of the form "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.

Principal Purpose(s) for Which the Information Will Be Used:

To determine bid ranking and to ensure the Non-Small Business Preference requirement is met.

Known Disclosures:

Contract Evaluation Branch specifically reviews this form. Office Engineer Contract Awards finalizes and awards contracts. The information will remain confidential but can be requested through a California Public Records Act (CPRA) request.

Right of Access to Records:

Individuals have the right to access information provided and may request a correction or deletion of records. Exceptions may include, but are not limited to, investigations and public transparency laws. Personal Information will only be disclosed as permitted by the Information Practices Act, Civil Code, §§ 1798–1798.83, or as otherwise required by law. To request access to, or to request correction or deletion of, information provided in this form you may contact the Official Responsible for Information Maintenance identified above.

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.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
**CERTIFIED SMALL BUSINESS LISTING
FOR THE NON-SMALL BUSINESS PREFERENCE**
DOT OCR-0011 (REV 11/2024)

BIDDER NAME _____ CONTRACT NO. _____ - _____

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

Total Claimed Participation for Non-Small Business Preference \$ _____

Total Claimed Participation for Non-Small Business Preference % _____

As an authorized representative of the bidder, if the bidder is awarded the contract, the bidder is committed to use the small business 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) compliant in accordance with the requirements in Government Code section 14837, subdivision(d)(4). I certify under the penalty of the perjury that the foregoing is true and correct.

I agree that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

Bidder's Authorized Representative (Please Type or Print) Bidder's Authorized Representative Signature Date

Email Address _____

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CONTRACT NUMBER	BID AMOUNT	BID OPENING DATE
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BIDDER NAME

SMALL BUSINESS BIDDER CERTIFICATION NUMBER ☐ Not Applicable

CONTRACT SBE PARTICIPATION GOAL REQUIREMENT	%	TOTAL NUMBER OF ALL SUBCONTRACTS	
SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT	%	TOTAL AMOUNT OF ALL SUBCONTRACTS	\$

SBE PARTICIPATION GOAL REQUIREMENT COMMITMENTS

Bid Item Number	Item of Work ^{1,2}	Percentage of Bid Amount	Amount ³ (\$)
	BID ITEM DESCRIPTION		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS		
	BID ITEM DESCRIPTION		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS		
	BID ITEM DESCRIPTION		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS		
	BID ITEM DESCRIPTION		
	SMALL BUSINESS NAME		
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS		
TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT \$			

¹ The 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.).

² If 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.

³ Attach 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.

CONTRACT NUMBER	BID AMOUNT	BID OPENING DATE
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BIDDER NAME

SMALL BUSINESS ENTERPRISE INFORMATION

SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME
	SMALL BUSINESS PHONE NUMBER
	SMALL BUSINESS EMAIL ADDRESS
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME
	SMALL BUSINESS PHONE NUMBER
	SMALL BUSINESS EMAIL ADDRESS
SMALL BUSINESS NAME	SMALL BUSINESS CERTIFICATION NUMBER
SMALL BUSINESS ADDRESS	SMALL BUSINESS REPRESENTATIVE NAME
	SMALL BUSINESS PHONE NUMBER
	SMALL BUSINESS EMAIL ADDRESS

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.

I agree that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE	BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME
DATE	CONTACT PERSON NAME
EMAIL ADDRESS CONTACT PERSON	PHONE NUMBER CONTACT PERSON

Attachments: Small Business Enterprise - Confirmation (DOT OCR-0005) form from each small business shown.

- ☐ Small Business Enterprise - Confirmation (DOT OCR-0005) form from each small business shown.
- ☐ Quote from each small business shown.

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GENERAL INFORMATION

This form is used by bidders to provide SBE commitment documentation based on SBE work, services, or materials. These SBE commitments are used for determining the percentage of SBE participation towards meeting the contract's SBE participation goal requirement.

FORM

- **CONTRACT NUMBER:** Enter the project contract number.
- **BID AMOUNT:** Enter the total amount bid on the contract.
- **BID OPENING DATE:** Enter the contract bid opening date.
- **BIDDER NAME:** Enter the name of the contractor bidding the contract.
- **SMALL BUSINESS BIDDER CERTIFICATION NUMBER:** If the bidder is a small business, enter the small business certification number issued by the Department of General Services, Office of Small Business and DVBE Services as either a small business or a small business for the purpose of public works. If the bidder is not a small business check the box for "Not Applicable."
- **CONTRACT SBE PARTICIPATION GOAL REQUIREMENT %:** Enter the contract's SBE participation goal requirement from the contract bid book.
- **SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT %:** Calculate the commitment for SBE participation by dividing the "TOTAL COMMITMENT AMOUNT FOR SBE PARTICIPATION GOAL REQUIREMENT" by the "CONTRACT BID AMOUNT" and enter the calculated percentage.
- **TOTAL NUMBER OF ALL SUBCONTRACTS:** Enter the total number of subcontracts including small business and non-small business.
- **TOTAL AMOUNT OF ALL SUBCONTRACTS:** Enter the total dollar amount of subcontracts including small business and non-small business.

SBE PARTICIPATION GOAL REQUIREMENT COMMITMENT

Show all small business firms being claimed for credit, regardless of tier. Attach written confirmation 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. For a certified small business prime contractor, identify the self-performed work. For each item of work on which the small business will participate, provide the following information:

- **BID ITEM NUMBER:** Enter the number of the bid item as shown on the contract.
- **BID ITEM DESCRIPTION:** Enter the bid item description as shown on the contract.
- **PERCENTAGE OF BID AMOUNT:** Enter the percentage of the bid amount that the small business will perform or furnish materials.
- **AMOUNT:** Enter the dollar amount of the work, services, or materials furnished by the small business.
- **SMALL BUSINESS NAME:** Enter the name of the small business performing work, services, or materials.
- **DESCRIPTION OF WORK, SERVICES, OR MATERIALS:** If 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.
- **TOTAL COMMITMENT FOR SBE PARTICIPATION GOAL REQUIREMENT:** Calculate the total dollar amount of work, services, or materials furnished by the committed small businesses.

SMALL BUSINESS ENTERPRISE INFORMATION

For each small business that will perform work, services, or materials provide the following information:

- **SMALL BUSINESS NAME:** Enter the name of the small business performing work, services, or materials.
- **SMALL BUSINESS CERTIFICATION NUMBER:** Enter the small business certification number issued by the Department of General Services, Office of Small Business and DVBE Services as either a small business or a small business for the purpose of public works.
- **SMALL BUSINESS ADDRESS:** Enter the business address of the small business.
- **SMALL BUSINESS REPRESENTATIVE NAME:** Enter the name of the small business representative.
- **SMALL BUSINESS PHONE NUMBER:** Enter the phone number of the small business representative.
- **SMALL BUSINESS EMAIL ADDRESS:** Enter email address for small business representative.

BIDDER'S SBE PARTICIPATION GOAL REQUIREMENT CERTIFICATION

- **BIDDER'S AUTHORIZED REPRESENTATIVE SIGNATURE:** Signature of bidder authorized representative.
- **BIDDER'S AUTHORIZED REPRESENTATIVE PRINTED NAME:** Printed name of bidder's authorized representative.
- **DATE:** Date bidder representative signed the form.
- **CONTACT PERSON NAME:** Print the name of the person that should be contacted for questions on the completed form.
- **EMAIL ADDRESS CONTACT PERSON:** Enter the email address of the contact person.
- **PHONE NUMBER CONTACT PERSON:** Enter the phone number of the contact person.
- **ATTACHMENTS:** Attach SMALL BUSINESS ENTERPRISE - Confirmation (DOT OCR-0005) form and price quote from each small business shown on this form. Failure to submit a signed Small Business Enterprise - Confirmation form and copy of the small business quote may result in disallowance of the small business's participation in meeting the contract's SBE participation goal requirement percentage.

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SMALL BUSINESS CONFIRMATION

DOT OCR-0005 (NEW 08/2024)

CONTRACT NUMBER		DATE
NAME OF SMALL BUSINESS	SMALL BUSINESS CERTIFICATION NUMBER	
NAME OF SMALL BUSINESS REPRESENTATIVE		
NAME OF BIDDER	NAME OF BIDDER REPRESENTATIVE	

SMALL BUSINESS ENTERPRISE CONFIRMATION

Bid Item Number	Item of Work ¹	Amount (\$)
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
	BID ITEM DESCRIPTION	
	DESCRIPTION OF WORK, SERVICES, OR MATERIALS TO BE PROVIDED	
TOTAL \$		

¹ If 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.

SMALL BUSINESS 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.

I agree that by providing my electronic signature for this form, I agree to conduct business transactions by electronic means and that my electronic signature is the legal binding equivalent to my handwritten signature. I hereby agree that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

SIGNATURE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE	PRINTED NAME OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE	
TITLE OF SMALL BUSINESS AUTHORIZED REPRESENTATIVE		DATE

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SMALL BUSINESS CONFIRMATION

DOT OCR-0005 (NEW 08/2024)

GENERAL INFORMATION

This form is to provide confirmation documentation that a small business has committed to performing work, services, or materials if the bidder is awarded the contract.

FORM

- **CONTRACT NUMBER:** Enter the project's contract number.
- **DATE:** Enter the date the form was completed.
- **NAME OF SMALL BUSINESS:** Enter the name of the small business.
- **SMALL BUSINESS CERTIFICATION NUMBER:** Enter the small business certification number issued by the Department of General Services, Office of Small Business and DVBE Services as either a small business or a small business for the purpose of public works.
- **NAME OF SMALL BUSINESS REPRESENTATIVE:** Enter the name of the small business representative.
- **NAME OF BIDDER:** Enter the name of the prime contractor that is bidding the contract.
- **NAME OF BIDDER REPRESENTATIVE:** Enter the name of the bidder representative that contacted the small business for a bid quote.

SMALL BUSINESS ENTERPRISE CONFIRMATION

For each item of work on which the small business will participate, provide the following information:

- **BID ITEM NUMBER:** Enter the number of the bid item as shown on the contract.
- **BID ITEM DESCRIPTION:** Enter the bid item description as shown on the contract.
- **AMOUNT:** Enter the dollar amount of the work, services, or the value of the materials furnished by the small business.
- **DESCRIPTION OF WORK, SERVICES OR MATERIALS TO BE PROVIDED:** If 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.
- **TOTAL:** Provide the total dollar amount of work, services, or materials to be furnished by the small business.

SMALL BUSINESS ENTERPRISE CERTIFICATION

- **SIGNATURE OF SBE AUTHORIZED REPRESENTATIVE:** Signature of small business authorized representative.
- **PRINTED NAME OF SBE AUTHORIZED REPRESENTATIVE:** Printed name of small business authorized representative.
- **DATE:** Date small business representative signed the form