

GENERAL ALTERATIONS AT MULLEN GYMNASIUM TAFT UNION HIGH SCHOOL 701 WILDCATE WAY TAFT, CA 93268



24-ATTACHMENT TO FORM NO. 09-A

Logistics Plan

LEGEND:

SITE ENTRANCE

AREA OF WORK

STAGING

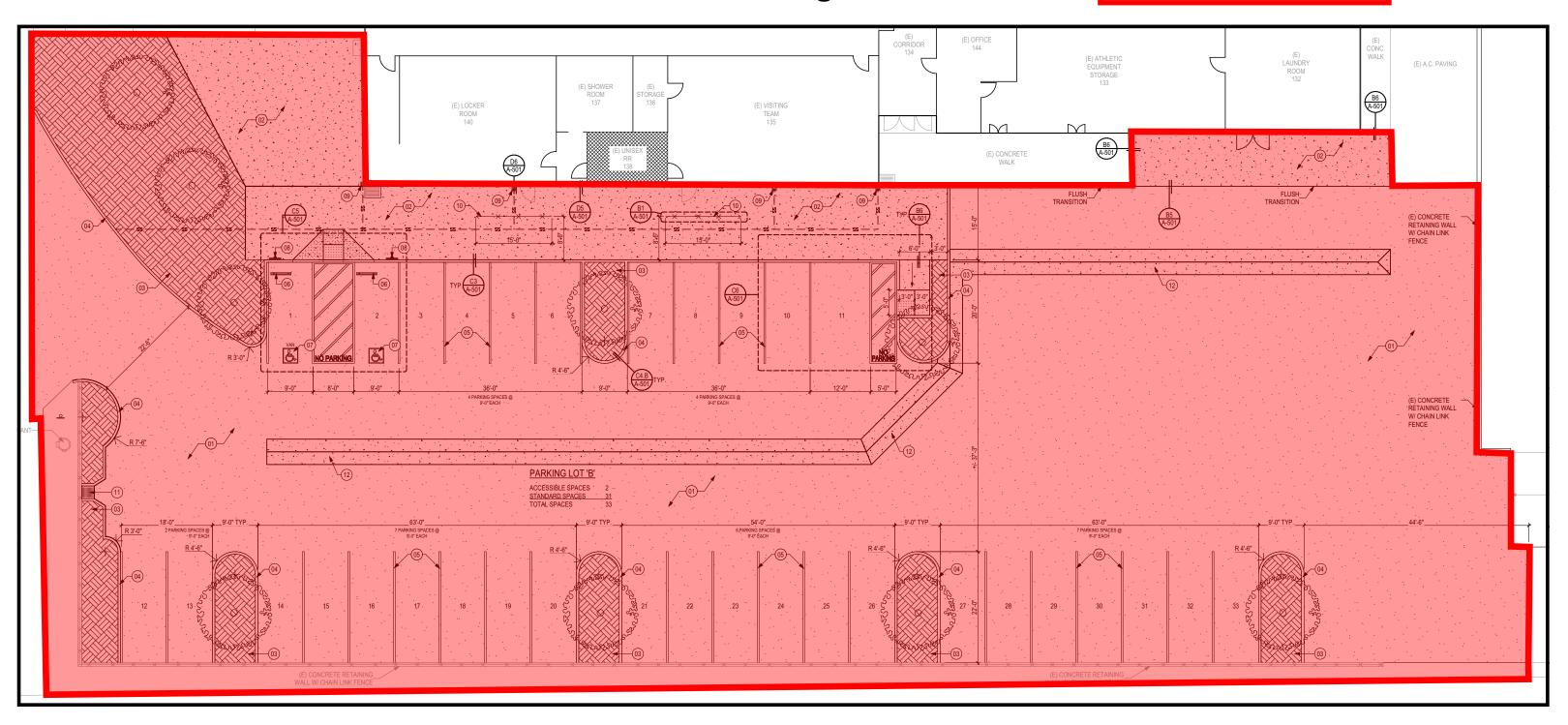
SAFETY FENCING



24-ATTACHMENT TO FORM NO. 09-B

Phasing Plan

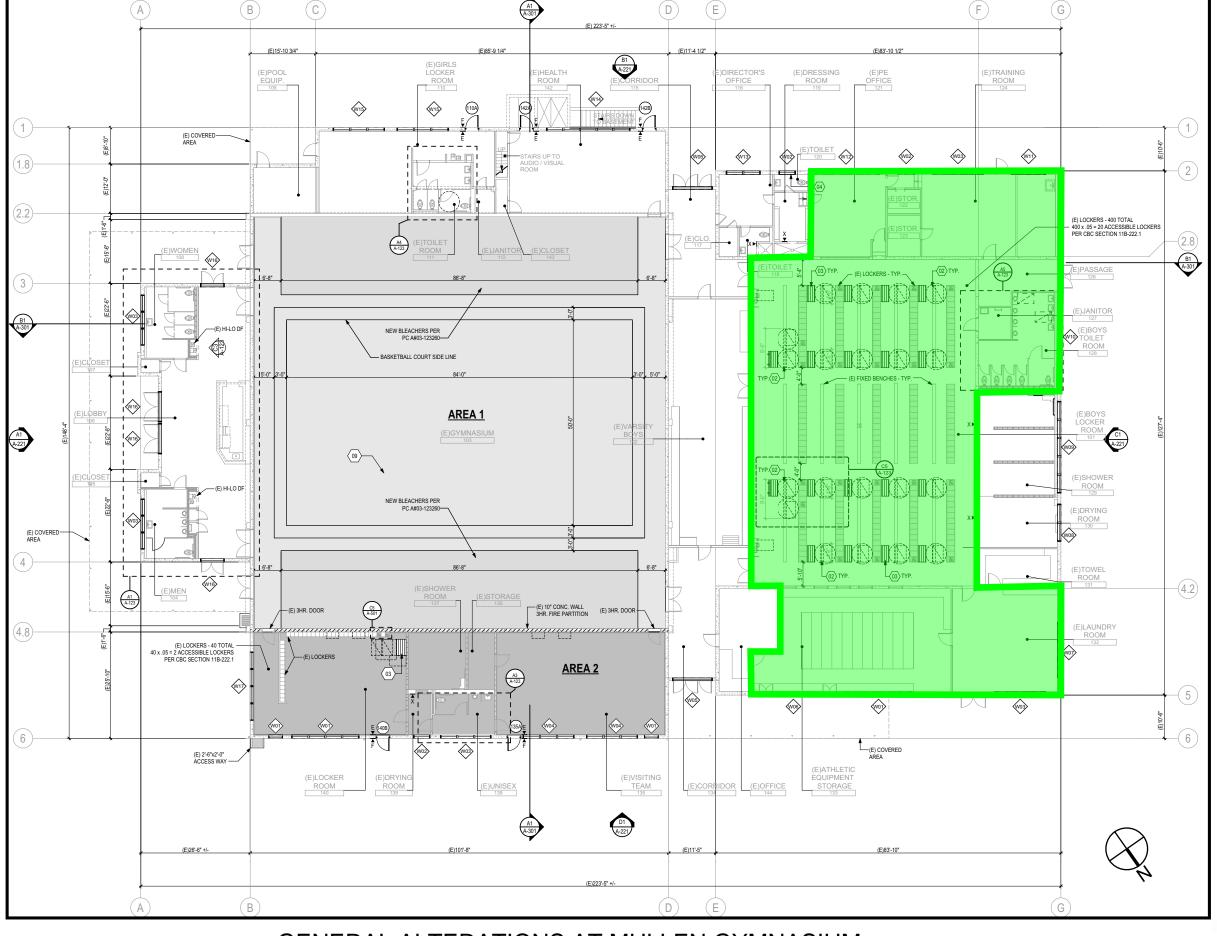
AREA OF WORK Start June 4th, 2026 Complete by July 17th, 2026



GENERAL ALTERATIONS AT MULLEN GYMNASIUM TAFT UNION HIGH SCHOOL 701 WILDCATE WAY TAFT, CA 93268







GENERAL ALTERATIONS AT MULLEN GYMNASIUM TAFT UNION HIGH SCHOOL 701 WILDCATE WAY TAFT, CA 93268 24-ATTACHMENT TO FORM NO. 09-C

Phasing Plan

AREA OF WORK Completed by July 13th, 2026



PRIME BIDDER CERTIFICATION OF DISABLED VETERAN BUSINESS ENTERPRISE PARTICIPATION

To be completed by the Prime Bidder

PAGE 1 OF 2

PART I – IDENTIFICATION INFORMATIO	N	
BIDDER'S NAME	BUSINESS ADDRESS	TELEPHONE NUMBER
SCHOOL DISTRICT	COUNTY	APPLICATION NO.

PART II – METHOD OF COMPLIANCE WITH DVBE PARTICIPATION GOALS – Include this form and any other applicable documents listed in this table with your bid/proposal. Read the three columns in the table below as sentences from left to right. Check the appropriate box to indicate your method of committing the contract dollar amount.

NOTE: Architectural, engineering, environmental, land surveying or construction management firms must indicate their method of compliance by marking the appropriate box A, B, C, or D after selection by the District and before the contract is signed.

YOUR BUSINESS ENTERPRISE	AND YOU	AND YOU
A. □ is Disabled Veteran owned and your forces, will perform at least 3 percent of this contract	will include a copy of your DVBE letter from the Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS).	
B. is Disabled Veteran owned but is unable to perform the 3 percent of this contract with your forces	will use DVBE subcontractors/ suppliers to bring the contract participation to at least 3 percent	will include a copy of each DVBE's letter from OSDS (including yours, if applicable).
C. □ is not Disabled Veteran owned	will use DVBE subcontractors/ suppliers for at least 3 percent of this contract	
D. □ is unable to meet the required participation goals	will complete a Good Faith Effort to obtain DVBE participation	will include the Prime Bidder's Good Faith Effort Worksheet.

Note: An Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) letter must be attached for each DVBE participating in the contract. The DVBE letter is obtained by application through the OSDS and must be provided at the time of bid opening. If the letter is not provided, the bid may be deemed nonresponsive and may be ineligible for award of the contract.

Continued on reverse side

PART III – DVBE DOLLAR PARTICIPATION OF BID/PROPOSAL – Architectural, engineering, environmental, land surveying or construction management firms complete this part after selection by the district and before the contract is signed.

E.

Show deductive alternate(s) in parenthesis. For more alternates/base bids, use a separate page to show items.

- A. If your business enterprise is a DVBE, list in the appropriate column the total dollar amount of your bid to be performed by your own participation.
- B. List all your DVBE subcontractors/suppliers. Enter in the appropriate column the dollar amount for each of your subcontractors/suppliers.
- C. Enter the total of Lines A and B for each column.

- D. Enter the dollar amount of the bid/proposal to be performed by **non**-DVBE firms. Note: This line is the sum of the prime and subcontractor(s) **non**-DVBE dollar participation.
 - Enter the sum of the column totals from Line C and Line D. Note: Please be aware that the final determination of DVBE compliance is made based on the contract amount resulting from the district's acceptance or rejection of alternates.

	BASE BID/PROPOSAL	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3 OR BASE BID B	ALTERNATE #4 OR BASE BID C	ALTERNATE #5 (Modernization or
A. Prime Bidder, if DVBE (own participation)	\$	\$	\$	\$	\$	Reconstruction Only) \$
B. DVBE Subcontractor or Supplier						
1.						
2.						
3.						
4.						
C. Subtotal (A & B)						
D. Non-DVBE						
E. Total Bid						

PRIME BIDDER GOOD FAITH EFFORT WORKSHEET

This worksheet is	to be used to assist the Prime Bidder in mee	ting the 3% DVBE particip	ation goal	PAGE 1 OF 2		
BIDDER'S NAME	BUSINESS ADDRESS		CONTACT PERSON COUNTY			
TELEPHONE NUMBER	OWNER					
provided for Parts I thro- qualifying based on a "Go PART I – CONTACTS	GENERAL INStance of the assist you in meeting the 3 bugh III, you do not meet the test good Faith Effort" you must include	percent DVBE partic of the "Good Faith this form with your bi	Effort" and cannot so d/proposal to the Owne	certify. If you are r.		
	tors/suppliers for participation in you that you contact several DVBE org		ect must be made with e	each of the following		
CATE	EGORY	TELEPHONE NUMBER	DATE CONTACTED	PERSON CONTACTED		
1. Owner						
locating DVBE's at	d Disabled Veteran Business). OSDS provides assistance pages/PublicSearch/suppliersearch.	(916) 375-4940				
3. DVBE Organizations (<i>List</i>):						

4. Write "recorded message" in this column, if applicable.

PART II – ADVERTISEMENTS You must make at least two (2) advertisements, one (1) in a paper that focuses on DVBE and one (1) in a trade paper. Advertisements should be published at least 14 days prior to bid/proposal opening; if you cannot advertise 14 days prior, advertise as soon as possible and provide an explanation. (Advertisements must be published in time to allow for a reasonable response). Advertisements must include that your firm is seeking DVBE participation, the project name and location, your firm's name, your firm's contact person, and phone number.

	Attach copies of advertisemen	us w m			** ***		
FOCUS/TRAI	DE PAPER NAME			CHEC ADE	K ONE FOCUS	DATE OF ADVER	TISEMENT
ART III – DVBE SOLICITATIONS La complete the remainder of this section DVBE solicitations, please use a sepa	(read the three columns as a senten						
IF THE DVBE	THEN			AN	ND		
Was selected to participate		in the "SELECTED" column, include e dollar amount in Part III of the Certification Include a copy of their DVBE letter from OSDS.				etter	
Was not selected to participate	Check "no" in the "SELECTED	CTED" column State why in the "REASON NOT SELECTED" column.					
Did not respond to your solicitation	Check the "NO RESPONSE" co	olumn					
			CTED				
					REASON NOT SELECTED		NO
DISABLED VETERANS BUSINESS F	ENTERPRISES CONTACTED	YES	NO	Th	is section	must be completed	RESPONSE
	IMPORTANT NO	TE:					<u> </u>
lease be aware that certification of toth sides of this form. A copy of this form	he "Good Faith Effort" may onl	y be m					I, and III
	CERTIFICATIO)N					
			I am tl	e hi	dder's Ch	ief Executive	
Officer and that I have made a diligent en is certification, I am aware of Section haking false claims.	ffort to ascertain the facts with reg	ard to th	e repre	esent	ations ma	ide herein. In mak	
IGNATURE OF CHIEF EXECUTIVE OFFICER	,				DAT	F	