ATTACHMENT 7
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
B. All required attachments are included with this certification sheet.
C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name	2. Telephone Number	2a. Fax Number
The Professional Tree Care Co	(510) 549-3954	(510) 548-0214

2b. Email Address charlese@professionaltreecare.com

3. Address
2825 8TH ST. Berkeley, CA 94710

Indicate your organization type:
4. ☐ Sole Proprietorship 5. ☐ Partnership 6. ☒ Corporation

Indicate the applicable employee and/or corporation number:
7. Federal Employee ID No. (FEIN) 94-3226896 8. California Corporation No. C-1764835

Indicate the Department of Industrial Relations information:
9. Contractor Registration Number 1000000343

Indicate applicable license and/or certification information:

10. Contractor's State Licensing Board Number	11. PUC License Number CAL-T-
676952	
12. Bidder' Name (Print) Charles Slesinger	13. Title Bid Coordinator
14. **Signature**	15. Date 3/17/17

16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:

a. Small Business Enterprise Yes ☒ No ☐
If yes, enter certification number: 19519

b. Disabled Veteran Business Enterprise Yes ☐ No ☒
If yes, enter your service code below: _____

NOTE: A copy of your Certification is required to be included if either of the above items is checked **"Yes"**.

Date application was submitted to OSDS, if an application is pending: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
Yes ☐ No ☐

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

ITEM NO.	UNIT OF MEASURE	ITEM	ESTIMATED QUANITY	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	Per Tree	Tree Trimming/Thinning: 1 foot to 25 feet tall	300	$ 30	$ 9,000
2	Per Tree	Tree Trimming/Thinning: 26 feet to 50 feet tall	325	$ 175	$ 56,875
3	Per Tree	Tree Trimming/Thinning: 51 feet to 100 feet tall	325	$ 300	$ 97,500
4	Per Tree	Tree Trimming/Thinning: Above 100 feet	152	$ 800	$ 121,600
5	Per Tree	Tree Removal: Up to 12" in diameter	153	$ 50	$ 7,650
6	Per Tree	Tree Removal: 13" to 24" in diameter and up to 75 feet tall	195	$ 800	$ 156,000
7	Per Tree	Tree Removal: 25" in diameter and above 100 feet tall	100	$ 1600	$ 160,000
8	Per Stump	Stump Removal: Up to 12" in diameter	25	$ 25	$ 625
9	Per Stump	Stump Removal: 13" to 24" in diameter	25	$ 25	$ 625
10	Per Stump	Stump Removal: Over 24" in diameter	25	$ 25	$ 625
				TOTAL THIS PROPSAL	$ 610,500

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

(3) DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE BID.

(4) EACH LINE MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

BIDDER DECLARATION

1. Prime bidder information **(Review attached Bidder Declaration Instructions prior to completion of this form)**:

a. Identify current California certification(s) **(MB, SB, NVSA, DVBE):** SB **or None** ☐ (If "None", go to Item #2)

b. Will subcontractors be used for this contract? **Yes** ☒ **No** ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

c. If you are a California certified DVBE:
(1) Are you a broker or agent? **Yes** ☐ **No** ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** ☐ **No** ☐ **N/A** ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
SDV Services Vic Rollandi 510-521-8170 510-521-8172	2236 Mariner Sq Dr Alameda, CA 94501 vic@sdvservices inc.com	43809 DVBE	Fuel Provider	6.5%	☒	☐
					☐	☐
					☐	☐

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

SDV Services, Inc.
A Service Disabled Veteran Owned Business

2236 Mariner Square Drive, Suite 101
Alameda, California 94501
Telephone: 510-521-8170/ Fax: 510-521-8172
California DGS Disabled Veteran Business Enterprise 43809
E-mail: info@sdvservicesinc.com
Website: www.sdvservicesinc.com

March 8, 2017

Mr. Charles Slesinger
The Professional Tree Care Company
2828-8th Street
Berkeley, California 94710

Subject: Caltrans IFB 04A5136
On-Site Diesel Fuel Service

Dear Mr. Slesinger:

SDV Services, Inc., a certified Disabled Veteran Business Enterprise, is pleased to submit herewith our quotation for fuel service.

Based upon your anticipated fuel requirements, our estimated fuel quantity at today's pricing should approximate $40,000.

We look forward to being of service to The Professional Tree Care Company on this project. If you require further information, please do not hesitate to contact us.

Very truly yours,

Victor L. Rollandi
President & CEO

SDVOSB
CVE

ATTACHMENT 4

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: SDV Services, Inc. DVBE Ref. Number: 43809

Description (materials/supplies/services/equipment proposed): On-site diesel fuel delivery service.

Solicitation/Contract Number: 04A5136 SCPRS Ref. Number: _____ (FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

☑ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.

☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). *(Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)*

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Owner/Manager)	(Signature of DV Owner/ Manager)	(Date Signed)
Victor L. Rollandi		3/8/2017

Firm/Principal for whom the DVBE is acting as a broker or agent: _____ (Print or Type Name)
(If more than one firm, list on extra sheets.)

Firm/Principal Phone: _____ Address: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

☑ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.

☑ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2*, subsections (c) and (g). *Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

(Printed Name)	(Signature)	(Date Signed)
Victor L. Rollandi		3/8/2017

(Address of Owner)	(Telephone)	(Tax Identification Number of Owner)
2236 Mariner Square Drive, Suite 101, Alameda, CA 94501	(510) 521-8170	14-1931818

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)

PRINT CLEAR