STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):				CONTRACT NO. 09A0625	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	58	1 Hour	Routine maintenance and repair services for the HVAC systems, per Exhibit A, Scope of Work.	$ 110.00	$ 6,380.00
2	5	1 Hour	Emergency maintenance and repair services for the HVAC systems, per Exhibit A, Scope of Work.	$ 165.00	$ 825.00
3	4	Annual diagnostic service	Annual diagnostic services for Carrier Chiller units, per Exhibit A, Scope of Work.	$ 4,878.47	$ 19,513.88
4	Maximum Expenditure for Materials, Parts and Supplies, per Exhibit A.				$1,000.00
				TOTAL THIS PROPOSAL	$ 26,718.88

(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.

ATTACHMENT 5
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. 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.
D. 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
DEANS Plumbing And HEATING, INC	760 873 3774	760 873 3782

2b. Email Address deansphgenc@yahoo.com

3. Address
192 EAST Line STREET, BISHOP CA 93514

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) 77-0558619 | 8. California Corporation No. C2325004

Indicate applicable license and/or certification information:
9. Contractor's State Licensing Board Number C36, C20 | 10. PUC License Number CAL-T-

11. Bidder' Name (Print) MIKE DEAN | 12. Title President

13. **Signature** [signature] | 14. Date 10/26/15

15. 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: 390
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: _____

16. 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 General Services, Procurement Division
GSPD-05-105 (REV 08/09)

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):** 3901 **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?
Carrier Commercial Service Dan Marquez C - 818-652-2365 P - 860-998-7888	Carrier Corp 3050 Enterprise St Brea, CA 92821 dan.marquez@carrier.utc.com		2 - annual diagnostic and service for the East and West Chillers	80%	☒	N/A
					☐	☐
					☐	☐

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

ATTACHMENT 7
Invitation for Bid No. 09A0625

QUOTES FROM SB OR DVBE SUBCONTRACTORS

Bidder shall attach copies of **SB OR DVBE SUBCONTRACTORS** quotes (on SB or DVBE's letterhead) from any SB or DVBE subcontractors listed in the form GSPD-05-105. Refer to instructions in IFB Section D), Items 1 C and 2 A 2).

N/A