

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

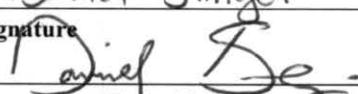
CONTRACTOR'S NAME (Please Print):				CONTRACT NO.	
Natures Image, Inc.				11A2355	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price per Unit of Measure)	TOTAL (Estimated Quantity x Unit Price)
1	14,400	1 Hour	Laborer (crew member) for maintenance services per Exhibit A, Scope of Work.	\$ 26.50	\$ 381,600.00
2	1,500	1 Hour	Lead Worker for maintenance services per Exhibit A, Scope of Work.	\$ 39.15	\$ 58,725.00
3	750	1 Hour	Field Supervisor for maintenance services per Exhibit A, Scope of Work.	\$ 50.00	\$ 37,500.00
4	150	1 Gallon	Glyphosate Concentrate Herbicide	\$ 27.80	\$ 4,170.00
5	1	1 Gallon	Triclopyr Concentrate Herbicide	\$ 111.00	\$ 111.00
6	20	1 Acre	Seed (Type 1): Purchase and install seed per Exhibit A, Scope of Work, Section 10.B.	\$ 1,649.00	\$ 32,980.00
7	5	1 Acre	Seed (Type 2): Purchase and install seed per Exhibit A, Scope of Work, Section 10.B.	\$ 1,179.00	\$ 5,895.00
8	Water: Maximum expenditure and estimated costs for water usage. Actual costs will be reimbursed based on submitted original receipts and/or invoices as described in Exhibit A, Section 10.C.5 and Exhibit B. Water rates are set by the Oceanside Water Utilities Department.				\$ 140,000.00
9	Electricity: Maximum expenditure and estimated costs for electricity usage. Actual costs will be reimbursed based on submitted original receipts and/or invoices as described in Exhibit A, Section 10.D and Exhibit B. Electricity rates are set by San Diego Gas & Electric.				\$ 22,000.00
				SUBTOTAL	\$ 682,981.00
10	Irrigation System Parts and/or Supplies: Maximum expenditure and estimated costs for miscellaneous parts and/or supplies, per Exhibit A, Section 10.C.4 and Exhibit B, Item 5 , not included in Items Numbers 1-9, above. Actual costs will be reimbursed based on submitted original receipts and/or invoices. *THIS AMOUNT SHALL BE 10% OF THE ACTUAL SUBTOTAL AMOUNT (0.10 x Subtotal).				\$ 68,298.10
(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.				TOTAL THIS PROPOSAL	\$ 751,279.10

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 Natures Image, Inc.	2. Telephone Number (949)680-4400	2a. Fax Number (949)680-4450
2b. Email Address office@naturesimage.net		
3. Address 20361 Hermana Circle, Lake Forest, CA 92630		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 33-0689073	8. California Corporation No. C1958932	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 720513	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Daniel Slinger	12. Title Estimator	
13. Signature 	14. Date 10/21/2015	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, enter certification number: 0015579		
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: _____		