

STATE OF CALIFORNIA  
DEPARTMENT OF TRANSPORTATION  
**BID PROPOSAL**  
ADM-1412 (REV. 06/06)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):		CONTRACT NO. 06A2123
DECTA HABITAT LLC		
ITEM NO.	ITEM	TOTAL (In Figures)
1	2.0 Resource Credits as described in Exhibit A, Scope of Work.	\$ 7,600.00
TOTAL THIS PROPOSAL		\$ 7,600.00

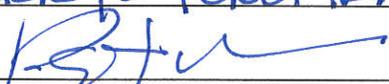
(1) PLEASE DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE BID.

**ATTACHMENT 3**  
**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 <b>DELTA HABITAT LLC</b>	2. Telephone Number <b>415 309 0046</b>	2a. Fax Number <b>915 924 1074</b>
2b. Email Address <b>DARRYL@DELTAHABITATLLC.COM</b>		
3. Address <b>578 RIVIERA CIRCLE LARKSPUR CA 94939</b>		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input checked="" type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) <b>32-0169348</b>	8. California Corporation No. <b>200530710058</b>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <b>CERT. USFWS.</b>	10. PUC License Number CAL-T- <b>_____</b>	
11. Bidder' Name (Print) <b>DARRYL FOREMAN</b>	12. Title <b>PRESIDENT.</b>	
13. Signature 	14. Date <b>9 NOV 2015</b>	
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 type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: _____		
If yes, enter your service code below: _____		
<b>NOTE:</b> 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: _____		