

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):		CONTRACT NO. 01A1583
Coast Range Wetlands, Inc.		
ITEM NO.	ITEM	TOTAL (In Figures)
1	3.2 Resource Credits as described in Exhibit A, Scope of Work	\$ 1,104,000.00
TOTAL THIS PROPOSAL		\$ 1,104,000.00

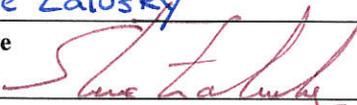
(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.
 (2) PLEASE DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL 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 <i>Coast Range Wetlands, Inc.</i>	2. Telephone Number <i>(707) 928-1985</i>	2a. Fax Number <i>() NA</i>
2b. Email Address <i>nwbio@mchsi.com</i>		
3. Address <i>Mailing: P.O. Box 1243, Cobb, CA 95426</i> <i>Physical: 15865 Rainbow Drive, Cobb, CA 95426</i>		
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) <i>27-0410737</i>	8. California Corporation No. <i>3109169</i>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <i>NA</i>	10. PUC License Number CAL-T- <i>NA</i>	
11. Bidder's Name (Print) <i>Steve Zalusky</i>	12. Title <i>President</i>	
13. Signature 	14. Date <i>11/2/2015</i>	
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: _____
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: _____		