STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

Cannon Pacific Services, Inc. dba Pacific Sweeping

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Per Unit of Measure)	TOTAL (Estimated Quantity x Unit Price)
1	48	EACH SWEEP	Two (2) scheduled sweeps per month, **Route 52,** as described in Exhibit A, Scope of Work	$ 610.65	$ 29,311.20
2	48	EACH SWEEP	Two (2) scheduled sweeps per month, **Route 15,** as described in Exhibit A, Scope of Work	$ 415.44	$ 19,941.12
3	12	EACH SWEEP	Unscheduled sweeps for **Route 52,** as described in Exhibit A, Scope of Work	$475.00	$ 5,700.00
4	12	EACH SWEEP	Unscheduled sweeps for **Route 15,** as described in Exhibit A, Scope of Work	$ 425.00	$ 5,100.00
				TOTAL THIS PROPOSAL	$ 60,052.32

Note: All Disposal costs are included in the line item bids.

(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 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. 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
Cannon Pacific Services, Inc. dba Pacific Sweeping	(760) 471-9003	(760) 471-9005

2b. Email Address Lmiller@cannonpacific.com

3. Address
285 Pawnee St. Suite A San Marcos, CA 92078

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) 20-0561434 | 8. California Corporation No. 3523068

Indicate applicable license and/or certification information:

9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	11. Required
884113	N/A	N/A

12. Bidder' Name (Print)	13. Title
Lee Miller	President & CEO
14. **Signature**	15. Date 10/27/15

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: 43402
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.

ATTACHMENT 2

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):** 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.

Cannon Pacific Services, Inc. dba Pacific Sweeping will perform all street sweeping and field services.

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?
Willkom Construction dba Willkom, Inc. Orville Willkom 619-660-0019Ofc./619-660-9836 Fax	105 W. 35th St. suite L National City, CA 91950 orville@willkom.net jsoffice@wilkom.net	DVBE	Annual Contract Sweeping Schedule	3%	X	N/A
					☐	☐
					☐	☐

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

ATTACHMENT 4
Invitation for Bid No. 11A2383

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).

Willkom Inc.
105 W 35th St. Suite L
National City, CA 91950
Phone: 619-660-0019
Fax: 619-660-9836
License #889329
Website: willkomconstruction.com

October 28, 2015

Pacific Sweeping
285 Pawnee St. #A
San Marcos, CA 92078

QUOTE

Here is our quote for Solicitation #11A2383

SOW: Perform annual sweeping schedule
for Route 15 & Route 52

Total: $1,477.57

Oryille Willkom-President

ATTACHMENT 5

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: Orville Willkom

DVBE Reference Number: SEE ATTACHED : DEPT OF VETERANS AFFAIR - LETTER

Description (materials/supplies/services/equipment proposed): Annual Sweeping Schedule

Solicitation/Contract Number: 11A2383

SCPRS Reference 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)
Orville D.B. Willkom	[signature] D.B.	10-29-15

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)

(Address of Owner)	(Telephone)	(Tax Identification Number of Owner)

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)