

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

**BID PROPOSAL**

ADM-1412 (REV. 06/06)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1	500	1 Room/per night (Winter Season - November 1 through April 30)	Motel room Rentals as noted in Exhibit A, Scope of Work.	103 <sup>87</sup>	51,935 <sup>-</sup>
2	100	1 Room/per night (Summer Season - May 1 through October 31)	Motel room Rentals as noted in Exhibit A, SOW.	103 <sup>87</sup>	10,387 <sup>-</sup>

CONTRACT NO.

TOTAL BI  
PROPOSA

62,322

(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.

(3) ANY ALTERATIONS OR ERASURES ON THIS BID PROPOSAL SHALL BE DEEMED AS NON-RESPONSIVE.

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

**BID PROPOSAL**

ADM-1412 (REV. 06/06)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):			CONTRACT NO.	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)
1	500	1 Room/per night (Winter Season – November 1 through April 30)	Motel room Rentals as noted in Exhibit A, Scope of Work.	103 <sup>87</sup>
2	100	1 Room/per night (Summer Season – May 1 through October 31)	Motel room Rentals as noted in Exhibit A, SOW.	103 <sup>87</sup>

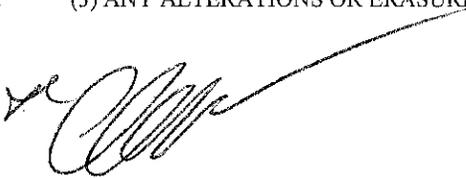
(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

(3) ANY ALTERATIONS OR ERASURES ON THIS BID PROPOSAL SHALL BE DEEMED AS NON-RESPONSIVE.

TOTAL TI  
PROPOSA

62322



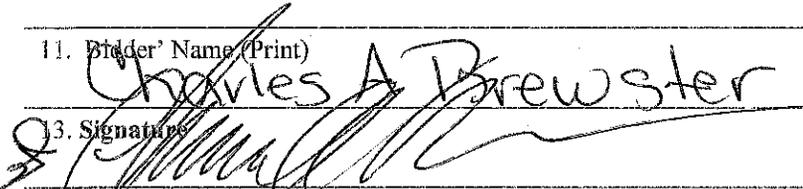
ATTACHMENT 3

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>Robinhood Inn, Inc</b>	2. Telephone Number <b>909 866-4643</b>	2a. Fax Number <b>909 866-4645</b>
2b. Email Address <b>manager@robinhoodresorts.com</b>		
3. Address <b>PO Box 1881 Big Bear Lake, CA 92315</b>		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation <b>S</b>
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) <b>33-0887145</b>	8. California Corporation No. <b>1972741</b>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number <b>CAL-T-</b>	
11. Bidder's Name (Print) <b>Charles A Brewster</b>	12. Title <b>Owner</b>	
13. Signature 	14. Date <b>Nov. 28, 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: A copy of your Certification is required to be included if either of the above items is checked "Yes".</b>		
Date application was submitted to OSDS, if an application is pending: _____		