

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 (Price Per Unit of Measure) | TOTAL (Unit Price X Estimated Quantity) |
|----------|---|------------------|--|--|---|
| 1 | 6 | Each | 4 ft high x up to 4 ft wide, 11 gauge, 2" - weave chain link Gate | \$ 1,212.00 | \$ 7,272.00 |
| 2 | 10 | Each | 6 ft high x up to 4 ft wide, 11 gauge, 2" - weave chain link Gate | \$ 1,351.00 | \$ 13,510.00 |
| 3 | 10,000 | Linear Feet (LF) | 6 ft x 11 gauge - 2" weave chain link Fence | \$ 38 | \$ 380,000.00 |
| 4 | 400 | LF | Up to 4 ft, 11 gauge chain link Fence | \$ 34 | \$ 13,600.00 |
| 5 | 400 | LF | 5 ft, 11 gauge chain link Fence | \$ 36 | \$ 14,400.00 |
| 6 | 300 | LF | 8 ft 9 gauge black vinyl coated 1" weave chain link Fence | \$ 94 | \$ 28,200.00 |
| 7 | 300 | LF | 6 ft 11 gauge black vinyl coated 1" weave chain link Fence installed | \$ 74 | \$ 22,200.00 |
| 8 | 3,000 | LF | Barbwire Fence installed (up to standard five (5) strands of wire) | \$ 22 | \$ 66,000.00 |
| 9 | Materials/ Hardware as-needed: Contractor shall be reimbursed for actual costs of parts or materials/hardware purchased (including sales tax) without additional allowance for mark-up. Costs for materials/hardware must be substantiated by a copy of the receipt and evidence of payment and shall not exceed 10% of the total Contract amount. | | | Calculate 10% of Item Numbers 1 thru 8 above and enter amount here | \$ 54,518.20 |
| | | | | TOTAL THIS PROPOSAL (Item Numbers 1 thru 9) | \$ 599,700.20 |

(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 7
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 <u>ACE FENCE COMPANY</u> | 2. Telephone Number <u>(626) 333 0727</u> | 2a. Fax Number <u>(626) 333 7843</u> |
| 2b. Email Address | | |
| 3. Address <u>727 N GLENDORA AVE LA PUENTE CA. 91744</u> | | |
| 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) <u>95-4882393</u> | 8. California Corporation No. | |
| Indicate applicable license and/or certification information: | | |
| 9. Contractor's State Licensing Board Number <u>996577</u> | 10. PUC License Number CAL-T- | |
| 11. Bidder's Name (Print) <u>AMERICA TANG</u> | 12. Title <u>PRESIDENT</u> | |
| 13. Signature  | 14. Date <u>12/2/15</u> | |
| 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"/> If yes, enter certification number: _____ | b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: _____ | | |
| 16. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid. | | |

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): _____ 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.

- 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? |
|---|---------------------------------------|---|--|------------------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

Sam's Equipment & Supplies
P.O. Box 7797
Fresno, California 93747-7797
Phone (559) 252-0354
Fax (559) 251-1119
S.B./D.V.B.E./D.B.E./U.D.B.E./M.B.E./S.D.V.O.S.B.C.



| | |
|-----------|---------|
| Date | Quote # |
| 12/2/2015 | 2004314 |

| |
|-------------------|
| Project |
| 11a2377 cal trans |

| Line item # | Qty | Description | Unit | Cost | Total |
|-------------|--------|---|------|---------|------------|
| 1 | 400 | 2 x 11ga 4' KK GAW C/L | FT | 1.42913 | 571.65T |
| 2 | 400 | 2 x 11ga 5' KK GAW C/L | FT | 1.79433 | 717.73T |
| 3 | 10,000 | 2 x 11ga 6' KK GAW C/L | FT | 2.10188 | 21,018.80T |
| | | TERMS 10TH PROX CONDITIONS: THIS IS NOT A CONTRACT. PRICES QUOTED ARE CURRENT. PRICES SUBJECT TO APPLICABLE SALES TAX, PRIOR SALES, AND/OR CHANGE WITHOUT NOTICE. PRICES QUOTED EXPIRE IN 30 DAYS AFTER BID OPENING FOR ACCEPTANCE. BID PRICES ARE FIRM FOR UP TO 120 DAYS TO TAKE DELIVERY. AGREEMENTS ARE CONTINGENT UPON STRIKES, ACCIDENTS AND OTHER CONDITIONS BEYOND OUR CONTROL. ACCEPTED BY: COMPANY _____ BY _____ PURCHASE ORDER NO. _____ DATE _____ | | 0.00 | 0.00T |

| | |
|--|-------------------------|
| THANK YOU FOR ALLOWING US TO BID ON THESE ITEMS FOR YOU. | Subtotal |
| | Sales Tax (9.0%) |
| | Total |

Quoted by

Sam's Equipment & Supplies
P.O. Box 7797
Fresno, California 93747-7797
Phone (559) 252-0354
Fax (559) 251-1119
S.B./D.V.B.E./D.B.E./U.D.B.E./M.B.E./S.D.V.O.S.B.C.



| | |
|-----------|---------|
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| |
|-------------------|
| Project |
| 11a2377 cal trans |

| Line item # | Qty | Description | Unit | Cost | Total |
|-------------|-----|---|------|------|-------|
| | | PRICE QUOTE ARE FIRM 30 DAYS SHIPPED IN FULL TRUCK LOAD QUANTITIES. UNLOADING IS BY OTHERS QUOTATION IS FOR SUPPLY ONLY. THE ABOVE QUANTITY IS ESTIMATED ONLY. INSTALLATION IS BY OTHERS. ADDITIONAL FREIGHT CHARGES MAY APPLY ON PARTIAL SHIPMENTS AND SUPPLEMENTAL ORDERS. IT IS THE CUSTOMER'S RESPONSIBILITY TO VERIFY THAT MATERIALS AND QUANTITIES MEET PLANS AND SPECIFICATIONS. | | 0.00 | 0.00T |

THANK YOU FOR ALLOWING US TO BID ON THESE ITEMS FOR YOU.

| | |
|-------------------------|-------------|
| Subtotal | \$22,308.18 |
| Sales Tax (9.0%) | \$2,007.74 |
| Total | \$24,315.92 |

Quoted by

ATTACHMENT 5

Invitation for Bid
IFB Number 11A2377
Page 1 of 1

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION
DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2008)

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: SAMS EQUIPMENT & SUPPLIES DVBE Reference Number: 27563

Description (materials/supplies/services/equipment proposed): SUPPLIES

Solicitation/Contract Number: _____ 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):

| | | |
|---|--|---------------------------------|
| <u>Sam Callison</u> (Printed Name of DV Owner/Manager) | <u>Sam Callison</u> (Signature of DV Owner/Manager) | <u>12-2-15</u> (Date Signed) |
| _____ (Printed Name of DV Owner/Manager) | _____ (Signature of DV Owner/Manager) | _____ (Date Signed) |

Firm/Principal for whom the DVBE is acting as a broker or agent: _____
(If more than one firm, list on extra sheets.) (Print or Type Name)

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) |
|---------------------------------------|------------------------------------|------------------------|