

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	TOTAL
1	1	Each	Antioch Maintenance Station (1K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
2	1	Each	Calistoga Maintenance Station (1K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
3	1	Each	Cupertino Maintenance Station (4K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
4	1	Each	Dixon Maintenance Station (1K Convault) Per Exhibit A, Scope of Work	\$ 12,000
5	1	Each	Fairfield Maintenance Station (4K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
6	1	Each	Fort Ross Maintenance Station (2K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
7	1	Each	Foster City Maintenance Station (2K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
8	1	Each	Fremont Maintenance Station (1K Hoover) Per Exhibit A, Scope of Work	\$ 12,000
9	1	Each	Geyserville Maintenance Station (2K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
10	1	Each	Gilroy Maintenance Station (2K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
TOTAL THIS SHEET				\$ 120,000

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CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
11	1	Each	Half Moon Bay Maintenance Station (6K Modern) Per Exhibit A, Scope of Work	\$ 12,000
12	1	Each	Hercules Maintenance Station (4K Convault) Per Exhibit A, Scope of Work	\$ 12,000
13	1	Each	Livermore Maintenance Station (3K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
14	1	Each	Manzanita Maintenance Station (2K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
15	1	Each	Napa Maintenance Station (4K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
16	1	Each	Petaluma Maintenance Station (4K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
17	1	Each	Redwood City Maintenance Station (3K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
18	1	Each	Richmond/San Rafael Bridge Maintenance Station (1K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
19	1	Each	Rio Vista Maintenance Station (1K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
TOTAL THIS SHEET				\$ 108,000

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CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
20	1	Each	San Francisco (Rickard Street) Maintenance Station (4K Supervault) Per Exhibit A Scope of Work	\$ 12,000
21	1	Each	San Jose (Monterey) Maintenance Station (4K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
22	1	Each	San Jose (Queens) Maintenance Station (4K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
23	1	Each	San Leandro Maintenance Station (6K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
24	1	Each	San Mateo Bridge Toll Plaza (2K Modern) Per Exhibit A, Scope of Work	\$ 12,000
25	1	Each	Sebastopol Maintenance Station (1K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
26	1	Each	SFOBB (200 Burma) Maintenance Station (6K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
27	1	Each	SFOBB Toll Bridge Region (3K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
28	1	Each	Shop 4 - San Leandro (2K Hoover) Per Exhibit A, Scope of Work	\$ 12,000
TOTAL THIS SHEET				\$ 108,000

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CONTRACTOR'S NAME (Please Print): \_\_\_\_\_

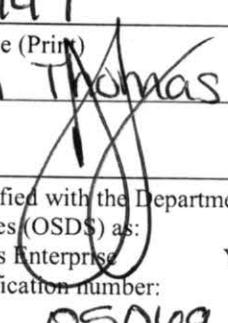
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
29	1	Each	Tri Bridge Maintenance Station (2.5K Fireguard) Per Exhibit A, Scope of Work	\$ 12,000
30	1	Each	Walnut Creek (West) Maintenance Station (4K Modern) Per Exhibit A, Scope of Work	\$ 12,000
31	1	Each	West Bay Paint Maintenance Station (3K Supervault) Per Exhibit A, Scope of Work	\$ 12,000
32	1	Each	Woodside Maintenance Station (2K Hoover) Per Exhibit A, Scope of Work	\$ 12,000
(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.				TOTAL THIS SHEET \$ 48,000
(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.				TOTAL THIS PROPOSAL (Pages 1 - 4) \$ 384,000

**ATTACHMENT 5**  
**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>Franzen Hill Corporation</b>	2. Telephone Number <b>559 488-2977</b>	2a. Fax Number <b>559 488-1467</b>
2b. Email Address <hr/>		
3. Address <b>1100 North 'J' Street, Tulare, CA 93274</b>		
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) <b>94-2153830</b> 8. California Corporation No. <b>C0637428</b>		
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number <b>304147</b>		
10. PUC License Number CAL-T- <b>N/A</b>		
11. Bidder's Name (Print) <b>Darren Thomas</b>		12. Title <b>Vice President</b>
13. Signature 		14. Date <b>6/17/15</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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: <b>05069</b>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below: _____		
<p><b>NOTE:</b> A copy of your Certification is required to be included if either of the above items is checked "Yes".</p> 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, 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.
- 
- 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, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
	<u>N/A</u>	<u>N/A</u>				

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



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: \_\_\_\_\_ DVBE Ref. Number: \_\_\_\_\_

Description (materials/supplies/services/equipment proposed): \_\_\_\_\_

Solicitation/Contract Number: \_\_\_\_\_ SCPRS Ref. 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)

\_\_\_\_\_  
(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)

Page \_\_\_\_ of \_\_\_\_



**ATTACHMENT 9**  
**Invitation for Bid Number 04A4733**

**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).

N/A