

BID PROPOSAL

ADM-1412 (REV. 2/2013)

2ND REVISION ATTACHMENT 1

CONTRATOR'S NAME (Please Print):					
Natures Image					
ITEM NO	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1	10,000	Square Foot	Abate weeds by "Tractor Mowing" for areas less than one acre in size.	.111	\$1,110.00
1A	10,000	Square Foot	Emergency work for Item 1, as specified in Standard Agreement, Exhibit A, Scope of Work	.111	\$1,110.00
2	2	Acre	Abate weeds by "Tractor Mowing" for areas one acre or more in size.	\$1,667.00	\$3,334.00
2A	1	Acre	Emergency work for Item 2, as specified in Standard Agreement, Exhibit A, Scope of Work	\$1,837.00	\$1,837.00
3	100,000	Square Foot	Abate weeds by "Tractor Mowing" for areas less than one acre in size.	.061	\$6,100.00
3A	40,000	Square Foot	Emergency work for Item 3, as specified in Standard Agreement, Exhibit A, Scope of Work	.065	\$2,600.00
4	5	Acre	Abate weeds by "Tractor Mowing" for areas less than one acre or more in size.	\$2,089.00	\$10,445.00
4A	50,000	Square Foot	Emergency work for Item 4, as specified in Standard Agreement, Exhibit A, Scope of Work	.054	\$2,700.00
5	100,000	Square Foot	Abate weeds by "Hand Mowing".	.063	\$6,300.00
5A	20,000	Square Foot	Emergency work for Item 5, as specified in Standard Agreement, Exhibit A, Scope of Work	.065	\$1,300.00
6	800,000	Square Foot	Abate weed using "Weed Eater".	.062	\$49,600.00
6A	100,000	Square Foot	Emergency work for Item 6, as specified in Standard Agreement, Exhibit A, Scope of Work	.063	\$6,300.00
7	1,000	Hour	Remove weeds not included in Items 1 through 6. Hourly rate is for one worker with all required tools and equipment.	\$45.74	\$45,740.00
7A	100	Hour	Emergency work for Item 7, as specified in Standard Agreement, Exhibit A, Scope of Work	\$45.74	\$4,574.00
8	1,000	Hour	Hourly rate for additional worker to accomplish Item 7. Use of additional worker requires prior approval of Caltrans Contract Manager.	\$45.74	\$45,740.00
8A	100	Hour	Emergency work for Item 8, as specified in Standard Agreement, Exhibit A, Scope of Work	\$45.74	\$4,574.00
				TOTAL THIS SHEET	\$193,364.00

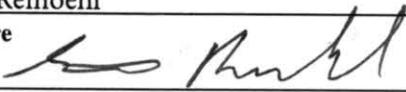
- (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.
- (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.
- (3) 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.
- (4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

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 Natures Image	2. Telephone Number (949) 680-4400	2a. Fax Number (949) 680-4450
2b. Email Address jwhall@naturesimage.net		
3. Address 20361 Hermana Circle, Lake Forest, CA 92630		
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) 33-0689073	8. California Corporation No. 1958982	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 720513	10. PUC License Number CAL-T-	11. Required
12. Bidder' Name (Print) Steven Reinoehl	13. Title Director	
14. Signature 	15. Date June 16, 2015	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, enter certification number: 15579	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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 (EST 8/05)

Solicitation Number _____

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 X (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?
No Subcontractors to be used						

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