

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 (Per unit of Measure)	TOTAL (Estimated Qty x Unit Price = Total)
1	104	Weekly	Contractor shall supply all labor, tools, materials, equipment, disposal, transportation and incidentals necessary to provide Weekly Landscape Maintenance Services at the three (3) Caltrans Maintenance Stations in Los Angeles County, as described in Exhibit A, Scope of Work.	\$ 341 ⁵³	\$ 35,519 ¹²
				TOTAL THIS PROPOSAL	\$ 35,519 ¹²

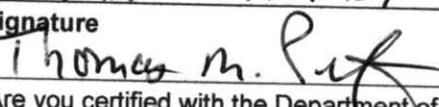
- (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.
- (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.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

**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 TOMCAT ENVIRONMENTAL SERVICES INC		2. Telephone Number (760) 964-2930	2a. Fax Number (760) 952-1099
3. Address 14834 SNAKE RIVER CT VICTORVILLE CA 92392			
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) 27-2315591		8. California Corporation No. C2866729	
Indicate applicable license and/or certification information:			
9. Contractor's State Licensing Board Number 973987		10. PUC License Number CAL-T- 1/A	11. Required C27 LANDSCAPE
12. Bidder Name (Print) THOMAS M PETREY		13. Title CEO/EXECUTIVE DIRECTOR	
14. Signature 		15. Date JULY 11, 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: 1272340		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: 1/A			

BIDDER DECLARATION

Page 5 of 9

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.
- _____
- 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?
Paving Net Contractor & Supply	11 S. Termino Suite #214 Long Beach, CA 90803 info@pavingnet.com	SBE & DVBE	Construction Supply with Inspection	5%	yes	no

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

Printed Name: THOMAS M PETREY Signature: Thomas M. Petrey Date Signed: July 11, 2015

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: **Paving Net Contractor & Supply** DVBE Ref. Number: **0016657**

Description (materials/supplies/services/equipment proposed): **Landscape Materials & Supplies**

Solicitation/Contract Number: **Weekly Landscape** SCPRS Ref. Number: _____
(FOR STATE USE ONLY)

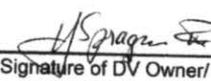
SECTION 2

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):

<u>Henry Sprague III</u> (Printed Name of DV Owner/Manager)	<u></u> (Signature of DV Owner/ Manager)	<u>07/11/2015</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: **See www.PavingNet.com**
(If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: **800-599-6996** Address: **11 S. Terminno Ave., Suite 214, Long Beach, CA 90803**

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)
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