

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
 ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): Wind River West Services - (DBA) Daniel R. Markwell (owner)

| ITEM NO. | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM | UNIT PRICE (Per unit of Measure) | TOTAL (Estimated Qty x Unit Price = Total) |
|--|--------------------|-----------------|--|----------------------------------|--|
| 1 | 104 | Per Trip | Contractor shall maintain 20 water barrels with 110 gallon capacity, and provide litter/debris removal and disposal at barrel locations, as described in Exhibit A, Scope of Work. | \$ 915.00 | \$ 95,160.00 |
| 2 | 104 | Per Trip | Contractor shall provide litter/debris removal and disposal In-Ko-Pah Brake Inspection area, as described in Exhibit A, Scope of Work. | \$ 65.00 | \$ 6,760.00 |
| 3 | 24 | Per Trip | On-call additional trips to maintain 20 water barrels with 110 gallon capacity, as described in Exhibit A, Scope of Work. | \$ 895.00 | \$ 21,480.00 |
| (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) 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 | | | | TOTAL THIS PROPOSAL | \$ 123,400.00 |

**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 <i>Wind River West Services</i> | 2. Telephone Number <i>(619) 415-3963</i> | 2a. Fax Number <i>_____</i> |
| 3. Address <i>24350 Sherilton Valley Rd, Descanso, CA . 91916</i> | | |
| Indicate your organization type: | | |
| 4. <input checked="" type="checkbox"/> Sole Proprietorship | 5. <input type="checkbox"/> Partnership | 6. <input type="checkbox"/> Corporation |
| Indicate the applicable employee and/or corporation number: | | |
| 7. Federal Employee ID No. (FEIN) <i>571.53.1791</i> | 8. California Corporation No. | |
| Indicate applicable license and/or certification information: | | |
| 9. Contractor's State Licensing Board Number <i>N/A</i> | 10. PUC License Number CAL-T- <i>CA 179307</i> | 11. Required <i>see attached info</i> |
| 12. Bidder Name (Print) <i>Daniel R. Markwell</i> | 13. Title <i>owner</i> | |
| 14. Signature <i>[Signature]</i> | 15. Date <i>7-14-15</i> | |
| 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"/> | | |
| If yes, enter certification number: <i>1751216</i> | | |
| b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input 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: _____