

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 (In Figures)	TOTAL (In Figures)
1	400	Per Hole	Vacuum excavation (Pothole) 1st six feet and within a 100 mile radius of Caltrans District 8, 464 West 4 th Street, San Bernardino, CA	\$410	\$164,000
2	100	Per Hole	Vacuum excavation (Pothole) 1st six feet and outside the 100 mile radius of Caltrans District 8, 464 West 4 th Street, San Bernardino, CA	\$430	\$43,000
3	200	Each Additional Linear Foot after 6 feet	Vacuum excavation (Pothole) each linear foot after six feet	\$46	\$9,200
4	10	Per Hole	Probing the horizontal and vertical location	\$36.75	\$367.50
5	10	Per Location	Electronic detection for determining the horizontal and vertical location	\$157.50	\$1,575
6	3	Per Day (day = 8 hours)	Licensed Survey work with required report	\$2,375	\$7,125
7	5	One inspection includes up to 350 Linear Feet	Closed Circuit Television Inspection-Robotic Controlled. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$1,750	\$8,750
8	1000	Each additional linear foot after 350 linear feet	Closed Circuit Television Inspection-Robotic Controlled. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$0.50	\$500
9	5	One inspection includes up to 350 Linear Feet	Closed Circuit Television Inspection-Float Devices. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$1,750	\$8,750
10	1000	Each additional linear foot after 350 linear feet	Closed Circuit Television Inspection-Float Devices. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$0.50	\$500
11	200	Per Hour	Designation (markout) of utility facilities in silver biodegradable paint shall include a minimum of 200 feet, set-up, takedown and traffic control for each designated assignment.	\$68	\$13,600

		TOTAL THIS SHEET	\$257,367.50
12	<p>* Special Provisions as defined in Exhibit A, Paragraph #16, the following will be reimbursed</p> <ul style="list-style-type: none"> • Railroad permit fees • Railroad insurance • Railroad Flagging • Traffic Control – sign board • Freeway Closure- one Lane • Freeway Closure – two Lanes • Police time • Backhoe • Backfilling with permanent paving verse high performance backfill (1 yr warranty). <p>* Contractor will be reimbursed for the actual cost of these specified items in performance of this Agreement</p> <ul style="list-style-type: none"> • (including applicable sales tax), without additional allowance for markup. 	Actual Costs	\$10,000.00
		TOTAL THIS SHEET	\$10,000
		TOTAL THIS PROPOSAL	\$267,367.50

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, up to the maximum amount provided.
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. All items must be bid on. All rates shall be valid for the life of the Agreement.
4. Bids will be compared based on the totals of all items and will be awarded to the lowest responsible bidder.
5. Each Caltrans Task Order assignment must include a written report depicting each positive location of the utility facility's dimension and depth from top of pipe to original ground. This report must be in 8.5" x11" page format and be submitted to Caltrans within one week (five work days) of positive location Task Order completion.
6. Prevailing Wage Rates are required. Contractor must pay prevailing wage rates; see Exhibit B, Section 11, State Prevailing Wage Rates.
7. Designation (markout) of utility facilities shall include a minimum of 200 feet, set-up, takedown and traffic control and all items included in Exhibit A. Each designating assignment shall be not less than four (4) hours per assignment.
8. Rates shall include labor, materials and equipment.

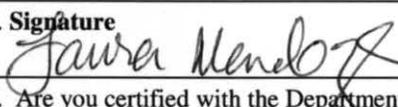
****Example:** If the prevailing wage is \$20.00 an hour then the one-half increment to be paid for overtime would be \$10.00 an hour.

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. 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 Wayne Perry, Inc.	2. Telephone Number 714 826-0352	2a. Fax Number 714 523-7880
2b. Email Address LMendoza@wpinc.com		
3. Address 8281 Commonwealth Avenue, Buena Park, CA 90621		
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) 95-2880827	8. California Corporation No. 0711682	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 300345	10. PUC License Number CAL-T- 0035371	11. Required
12. Bidder' Name (Print) Laura Mendoza	13. Title Vice President	
14. Signature 	15. Date 6/30/15	
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 type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: _____		
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 checked="" type="checkbox"/> No <input type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

ATTACHMENT 2

Agreement No. 08A2544

Page 1 of 2

State of California—Department of General Services, Procurement Division
GSPD-05-105 (EST 8/05)

Solicitation Number 08A2544

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): _____ 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?
Pacific Coast Locators Don Greenman (818) 679-2037	2702 Alabama Street La Crescenta, CA 91214 julie@pclocators.com	SB (Micro)	Closed circuit Television Inspection #4, 5, 7-10	7.6%	Y	N
AXL Group, Inc. John Bartholomew (760) 494-7296	424 Puebla St. Encinitas, CA 92024 john@axlco.com	SB (Micro) DVBE	Vacuum Excavation, Survey, Mark-out work #2, 6, 11	18.4%	Y	N

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



ATTACHMENT 9
Invitation for Bid No. 08A2544

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).



ATTACHMENT 1

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1	400	Per Hole	Vacuum excavation (Pothole) 1st six feet and within 100 mile radius of Caltrans District 8, 464 West 4 th Street, San Bernardino, CA	\$ 389.50	
2	100	Per Hole	Vacuum excavation (Pothole) 1st six feet and within 100 mile radius of Caltrans District 8, 464 West 4 th Street, San Bernardino, CA	\$ 408.50	
3	200	Each Additional Linear Foot after 6 feet	Vacuum excavation (Pothole) each linear foot after six feet	\$ 44	
4	10	Per Hole	Probing the horizontal and vertical location		
5	10	Per Location	Electronic detection for determining the horizontal and vertical location		
6	3	Per Day (day = 8 hours)	Licensed Survey work with required report	\$ 2256	
7	5	One inspection includes up to 350 Linear Feet	Closed Circuit Television Inspection-Robotic Controlled. Rate should include a minimum of 350 feet, set-up, take down and traffic control.		
8	1000	Each additional linear foot after 350 linear feet	Closed Circuit Television Inspection-Robotic Controlled. Rate should include a minimum of 350 feet, set-up, take down and traffic control.		
9	5	One inspection includes up to 350 Linear Feet	Closed Circuit Television Inspection-Float Devices. Rate should include a minimum of 350 feet, set-up, take down and traffic control.		
10	1000	Each additional linear foot after 350 linear feet	Closed Circuit Television Inspection-Float Devices. Rate should include a minimum of 350 feet, set-up, take down and traffic control.		
11	200	Per Hour	Designation (markout) of utility facilities in silver biodegradable paint shall include a minimum of 200 feet, set-up, takedown and traffic control for each designated assignment.	\$ 64.60	
				TOTAL THIS SHEET	

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ATTACHMENT 1

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		UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1	.00	Per Hole	Vacuum excavation (Pothole) 1st six feet and within 100 mile radius of Caltrans District 8, 484 West 4 th Street, San Bernardino, CA		
2	100	Per Hole	Vacuum excavation (Pothole) 1st six feet and within 100 mile radius of Caltrans District 8, 484 West 4 th Street, San Bernardino, CA		
3	200	Each Additional Linear Foot after 6 feet	Vacuum excavation (Pothole) each linear foot after six feet		
4	10	Per Hole	Probing the horizontal and vertical location	\$ 35.00	
5	10	Per Location	Electronic detection for determining the horizontal and vertical location	\$ 175.00	
6	3	Per Day (day = 8 hours)	Licensed Survey work with required report		
7	5	One inspection includes up to 350 Linear Feet	Closed Circuit Television Inspection-Robotic Controlled. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$ 1665.00	
8	1000	Each additional linear foot after 350 linear feet	Closed Circuit Television Inspection-Robotic Controlled. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$ 0.48	
9	5	One inspection includes up to 350 Linear Feet	Closed Circuit Television Inspection-Float Devices. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$ 1665.00	
10	1000	Each additional linear foot after 350 linear feet	Closed Circuit Television Inspection-Float Devices. Rate should include a minimum of 350 feet, set-up, take down and traffic control.	\$ 0.48	
11	200	Per Hour	Designation (markout) of utility facilities in silver biodegradable paint shall include a minimum of 200 feet, set-up, takedown and traffic control for each designated assignment.		
				TOTAL THIS SHEET	

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: <u>AXL Group Inc.</u>	DVBE Reference Number: <u>1734640</u>
Description (materials/supplies/services/equipment proposed): <u>Positive Location Services</u>	SCPRS Reference Number: _____
Solicitation/Contract Number: <u>08A2544</u>	(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>John Bartholomew</u> (Printed Name of DV Owner/Manager)	 (Signature of DV Owner/Manager)	<u>6/29/15</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: 760) 494-7256 Address: 424 Ardmore Encinitas, CA 92024

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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