STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 2/2013)

ATTACHMENT 1

CONTRATOR'S NAME (Please Print):

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.	.05	500.00
1A	10,000	Square Foot	Emergency work for Item 1, as specified in Standard Agreement, Exhibit A, Scope of Work	.07	700.00
2	2	Acre	Abate weeds by "Tractor Mowing" for areas one acre or more in size.	200.00	400.00
2A	1	Acre	Emergency work for Item 2, as specified in Standard Agreement, Exhibit A, Scope of Work	280.00	280.00
3	100,000	Square Foot	Abate weeds by "Tractor Mowing" for areas less than one acre in size.	.03	3000.00
3A	40,000	Square Foot	Emergency work for Item 3, as specified in Standard Agreement, Exhibit A, Scope of Work	.07	2800.00
4	5	Acre	Abate weeds by "Tractor Mowing" for areas less than one acre or more in size.	200.00	1000.00
4A	50,000	Square Foot	Emergency work for Item 4, as specified in Standard Agreement, Exhibit A, Scope of Work	.06	3000.00
5	100,000	Square Foot	Abate weeds by "Hand Mowing".	.06	6000.00
5A	20,000	Square Foot	Emergency work for Item 5, as specified in Standard Agreement, Exhibit A, Scope of Work	.09	1800.00
6	700,000	Square Foot	Abate weed using "Weed Eater".	.04	2800.00
6A	100,000	Square Foot	Emergency work for Item 6, as specified in Standard Agreement, Exhibit A, Scope of Work	.07	7000.00
7	800	Hour	Remove weeds not included in Items 1 through 6. Hourly rate is for one worker with all required tools and equipment.	27.00	21600.00
7A	100	Hour	Emergency work for Item 7, as specified in Standard Agreement, Exhibit A, Scope of Work	50.00	5000.00
8	800	Hour	Hourly rate for additional worker to accomplish Item 7. Use of additional worker requires prior approval of Caltrans Contract Manager.	27.00	21600.00
8A	100	Hour	Emergency work for Item 8, as specified in Standard Agreement, Exhibit A, Scope of Work	60.00	6000.00
				TOTAL THIS SHEET	83,480.00

(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) 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	2. Telephone Number	2a. Fax Number
Golden West Arbor Services	909 623-8226	909 623-8227

2b. Email Address sales@goldenwestarborservices - ruth@goldenwestarborservices.com

3. Address
15568 E Grand Ave Pomona CA 91766

Indicate your organization type:

4. ☐ Sole Proprietorship	5. ☐ Partnership	6. ☑ Corporation

Indicate the applicable employee and/or corporation number:

7. Federal Employee ID No. (FEIN) 273943052	8. California Corporation No. 3327212

Indicate applicable license and/or certification information:

9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	11. Required
955608	N/A	N/A

12. Bidder' Name (Print)	13. Title
Jose J Orozco	President
14. **Signature**	15. Date
	7/3/15

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 ☑ No ☐
If yes, enter certification number: 1474640

b. Disabled Veteran Business Enterprise Yes ☐ No ☑
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 ☐ No ☑

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** N/A
(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?
N/A						

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