

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION  
**BID PROPOSAL**  
 ADM-1412 (REV.06/2002)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):					
ITEM NO.	DESCRIPTION	UNIT OF MEASURE	QUANTITY	PER UNIT PRICE (In Figures)	TOTAL (In Figures) QUANTITY X PER UNIT PRICE
1.	Rental and service of one (1) portable toilet with sink at location and intervals described in Exhibit A, Scope of Work. <b>Item 3. i and 6. 1)</b>	One (1) Unit, One (1) Service – each unit Per Week	104 (weeks)	\$ <u>142.35</u> / Week	\$ <u>14,804.40</u>
2.	ON CALL additional as needed Service of one (1) portable toilet with sink at location described in Exhibit A, Scope of Work. <b>Item 3. i and 6. 1)</b>	One (1) Unit, One (1) Service	48 (Services)	\$ <u>50</u> / Service	\$ <u>2,400</u>
2.	Dumping service for five (5) State owned portable toilets at the location and intervals described in Exhibit A, Scope of Work, <b>Item 3. ii and Item 6. 2).</b>	Five (5) Units Two (2) Services – each unit Per Week	104 (weeks)	\$ <u>100</u> / Week	\$ <u>52,000</u>
3.	Dumping service for five (5) State owned portable toilets at locations and intervals described in Exhibit A, Scope of Work. <b>Item 3. a) and 6. 3)</b>	Five (5) Units One (1) Service each unit Bi-Weekly	52 (weeks)	\$ <u>105</u> / Week	\$ <u>27,300</u>
4.	ON CALL as needed emptying 400 gallon septic tanks at locations described in Exhibit A, Scope of Work, <b>Item 3. b) and Item 6. 4).</b>	One (1) Unit One (1) Service	12 (services)	\$ <u>750</u> / Service	\$ <u>9,000</u>
(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.					<b>TOTAL THIS PROPOSAL</b> \$ <u>105,504.40</u>

- (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) ANY BID MAY BE REJECTED IF IT IS UNREASONABLE AS TO PRICE. UNREASONABLENESS OF PRICE INCLUDES NOT ONLY THE TOTAL PRICE OF THE BID, BUT PRICES FOR INDIVIDUAL LINE ITEMS AS WELL.
- (4) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS FOR BID REJECTION.
- (5) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

**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 <b>M Construction &amp; Design, Inc.</b>	2. Telephone Number <b>(510) 651-6981</b>	2a. Fax Number <b>(510) 651-6984</b>
2b. Email Address <b>jessica@mconservices.net</b>		
3. Address <b>43126 Osgood Rd. Fremont, CA 94539</b>		
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) <b>30-4527540</b>	8. California Corporation No. <b>2433595</b>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <b>832302</b>	10. PUC License Number CAL-T-	
11. Bidder's Name (Print) <b>Mark A. Martinez</b>	12. Title <b>President</b>	
13. Signature <b>MAA</b>	14. Date <b>8/6/15</b>	
15. 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: <b>58714</b>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter your service code below:		
<b>NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".</b>		
Date application was submitted to OSDS, if an application is pending: _____		