

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

ALLIED WASTE SERVICES OF NORTH AMERICA, LLC dba REPUBLIC SERVICES OF SACRAMENTO

CONTRACTOR'S NAME (Please Print):

CONTRACT NO.

59A0930

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	THEORETICAL MARKET PRICE *	ESTIMATED GROSS RECEIPTS	BID PERCENTAGE OF GROSS RECEIPTS TO CALTRANS	TOTAL (Estimated Gross Receipts x Bid Percentage)
1 (Office of Geotechnical Services)	3	1 Ton	Scrap Steel/Iron	\$250.00	\$750.00	10 %	\$ 75.00
2 (Office of Materials Engineering & Testing Services)	31	1 Ton	Scrap Steel/Iron	\$250.00	\$7,750.00	10 %	\$ 775.00
3 (Office of Materials Engineering & Testing Services)	500	1 Pound	Scrap/Aluminum	\$1.00	\$500.00	10 %	\$ 50.00

- (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 BID PERCENTAGE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE BID PERCENTAGE SHALL PREVAIL.
 - (3) DO NOT ALTER, MODIFY, OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL RESULT IN THE REJECTION OF YOUR BID.
 - (4) EACH LINE ITEM MUST BE BID. DO NOT LEAVE ANY COLUMN BLANK OR THIS BID PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.
- * ACTUAL MARKET PRICE WILL BE SET BY THE AMERICAN METAL MARKET ASSOCIATION AT THE TIME OF ACTUAL TRANSACTION BY THE CONTRACTOR.

SUBTOTAL #1

\$

900.00

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4	4	1 Trip	Trip Fee: If the Contractor is called out, but unable to pick-up and haul away a minimum of two (2) containers <u>due to improper sorting</u> , the Contractor may charge Caltrans a trip fee per Exhibit A, Scope of Work, Item 7.C.5.	\$ 65.00	\$ 260.00

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- (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.
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SUBTOTAL #2

\$ 260.00

TOTAL THIS PROPOSAL
(Subtotal #1 - Subtotal #2)

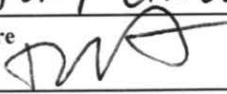
\$ 1160.00

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 ALLIED WASTE SERVICES OF NA, LLC dba REPUBLIC SERVICES OF SACRAMENTO		2. Telephone Number (916) 631-0600	2a. Fax Number (916) 669-6876
2b. Email Address RCASSITY@REPUBLICSERVICES.COM			
3. Address 3326 FITZGERALD RD RANCHO CORDOVA, CA 95742			
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) 20-1838910		8. California Corporation No.	
Indicate applicable license and/or certification information:			
9. Contractor's State Licensing Board Number NA		10. PUC License Number CAL-T-	
11. Bidder's Name (Print) TONY CINCOTTA		12. Title GENERAL MANAGER	
13. Signature 		14. Date 8/13/15	
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 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: _____			