

ATTACHMENT 1

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
BID PROPOSAL

CONTRACTOR'S NAME (Please Print)					
GOT POWER INC DBA CD + POWER					
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	24	HOURS	Altaville Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
2	24	HOURS	Cabbage Patch Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
3	24	HOURS	Camp Connell Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
4	200	HOURS	Caples Lake Maintenance Station	\$ 129 ⁰⁰	\$ 25,800 ⁰⁰
5	24	HOURS	Coulterville Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
6	24	HOURS	Groveland Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
7	24	HOURS	Long Barn Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
8	24	HOURS	Lodi Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
9	24	HOURS	Merced Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
10	24	HOURS	Midpines Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
11	24	HOURS	Modesto Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
12	16	HOURS	Little Potato Slough bridge	\$ 129 ⁰⁰	\$ 2064 ⁰⁰
13	16	HOURS	Old River Bridge	\$ 129 ⁰⁰	\$ 2064 ⁰⁰
14	200	HOURS	Peddler Hill Maintenance Station	\$ 129 ⁰⁰	\$ 25,800 ⁰⁰
15	24	HOURS	Pine Grove Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
16	24	HOURS	Sonora Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
17	24	HOURS	Stockton Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
18	24	HOURS	West Point Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
19	24	HOURS	Woodfords Maintenance Station	\$ 129 ⁰⁰	\$ 3096 ⁰⁰
20	48	EACH	Annual Full Load Bank Test	\$ 555 ⁰⁰	\$ 26,640 ⁰⁰
21	48	EACH	Annual Checkouts and Adjustments	\$ 400 ⁰⁰	\$ 19,200 ⁰⁰
22	1	LUMP SUM	Materials & Supplies**	\$15,000.00	\$15,000.00
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.				TOTAL THIS PROPOSAL	\$ 163,008 ⁰⁰

ATTACHMENT 4

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 <u>GOT POWER, INC</u> <u>DBA CD & POWER</u>	2. Telephone Number <u>925 229-2700</u>	2a. Fax Number <u>925 229-2702</u>
2b. Email Address		
3. Address <u>150 NARDI LAUE, MARTINEZ, CA. 94553</u>		
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) <u>68-0424585</u>	8. California Corporation No. <u>C2128637</u>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <u>757162</u>	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) <u>KAREN STRAHON</u>	12. Title <u>BRANCH MAUAGER</u>	
13. Signature <u>Karen Straton</u>	14. Date <u>8-24-15</u>	
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"/>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, enter certification number: <u>2687</u>	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: _____		
16. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

ATTACHMENT 7

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 (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.
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- 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?

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

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Karen Stratton
KAREN STRATTON
BRANCH MGR

ATTACHMENT 10

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: N/A DVBE Ref. Number: _____

Description (materials/supplies/services/equipment proposed): _____

Solicitation/Contract Number: _____ SCPRS Ref. Number: _____

(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): _____

(Printed Name of DV Owner/Manager) (Signature of DV Owner/ Manager) (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: _____ Address: _____

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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