

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): _____

ITEM NO.	UNIT OF MEASURE	ITEM	TOTAL THIS PROPOSAL
1	Lump Sum	Exterior Repair and Painting at the Kingvale Maintenance Station as described in Exhibit A, Scope of Work	\$ <u>147,700.00</u>
2	Lump Sum	Exterior Repair and Painting at the Truckee Maintenance Station as described in Exhibit A, Scope of Work	\$ <u>107,580.00</u>
3	Lump Sum	Lead Compliance Plan for the Kingvale and Truckee Maintenance Stations	\$ <u>2,500.00</u>
TOTAL THIS PROPOSAL			\$ <u>257,780.00</u>

* ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS FOR BID REJECTION

ATTACHMENT 7

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 <i>TPA CONSTRUCTION INC</i>	2. Telephone Number <i>916 9191624</i>	2a. Fax Number <i>916 6251361</i>
2b. Email Address <i>TPA construction@gmail.com</i>		
3. Address <i>2406 Clubhouse Dr Rocklin CA 95765</i>		

Indicate your organization type:

4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
---	---	--

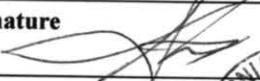
Indicate the applicable employee and/or corporation number:

7. Federal Employee ID No. (FEIN) <i>20-2210454</i>	8. California Corporation No. <i>2715124</i>
---	--

Indicate applicable license and/or certification information:

9. Contractor's State Licensing Board Number <i>782044</i>	10. PUC License Number CAL-T-
---	----------------------------------

11. Bidder's Name (Print) <i>Pavel Tynnyayev</i>	12. Title <i>President</i>
---	-------------------------------

13. Signature 	14. Date <i>08/8/15</i>
--	----------------------------

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: <i>21641</i>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below:
--	---



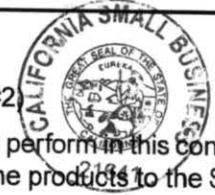
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".

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 No

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

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.
- 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?
West Coast Environmental 916 852 4200 916 852-1811	3181 Fitzgerald Rd Rancho Cordova CA 95742		Lead Paint Removal	10%	Yes	
Peter Del Ponte Construction 916 421 7769 916 392 6436	4329 Idlewild St Sacramento CA 95831	DVBE	Concrete Repair	4%	Yes	

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

ATTACHMENT 3
Invitation for Bid No. 03A2340

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).

PROPOSAL

FROM:

PETER DEL PONTE CONSTRUCTION
LICENSE #396366 B, C-33.
7329 IDLEWILD ST
SACRAMENTO CA 95831
T 916-421-7769
FAX 916 392-6436

DVBE, SB #33034

PROPOSAL SUBMITTED TO:

TPA CONSTRUCTION INC

ATTN: PASHA

PHONE:

PAGE NO. 1 OF 1 PAGES

DATE: 08/17/15

JOB NAME: BUILDING REPAIR AND MAINTENANCE

ADDRESS: KINGVALE/TRUCKEE MAINTENANCE STATIONS

CITY/STATE/ZIP: TRUCKEE/KINGVALE CA

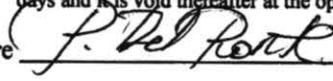
We hereby submit specifications and estimate for:

STRUCTURAL AND MINOR BUILDING REPAIRS. (CONCRETE REPAIR) \$12,000.00

We hereby propose to furnish labor and materials—complete in accordance with the above specifications, for the sum of TWELVE THOUSAND 00/100 Dollars (\$12,000.00) with payments to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accident or delays beyond our control. This proposal subject to acceptance within _____ days and is void thereafter at the option of the undersigned.

Authorized Signature



ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

ACCEPTED:

Signature _____

DATE _____

Signature _____

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (REV. 11/2005)

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 1Name of certified DVBE: P Del Ponte Construction DVBE Ref. Number: 33034PO/Contract Description (materials/supplies/services/equipment): SERVICESSolicitation/Contract Number: 03A2340 SCPRS Ref. Number: _____

(FOR STATE USE ONLY)

SECTION 2APPLIES 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):

Peter Del Ponte

(Printed Name of DV Owner/Manager)

Peter Del Ponte

(Signature of DV Owner/Manager)

08/8/15

(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 Number of Owner)

(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)

Page ___ of ___