

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

**REVISED BID PROPOSAL**

ADM-1412 (REV. 06/06)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE** (In Figures)	TOTAL (In Figures)
1.	800	Per Hole	Vacuum excavation (Pothole) 1 <sup>st</sup> six feet – Including electronic detection for determining the horizontal and vertical locations	\$ 665	\$ 532,000
2.	800	Per Hole, Each Additional Linear Foot after 6 Feet	Vacuum excavation (Pothole) each linear foot after six feet	\$ 5	\$ 4,000
3.	20	Per Day (1 Day = 8 Hours)	License survey work with required reports	\$ 2,600	\$ 52,000
4.	25	One Inspection, Included up to 350 Linear Feet	Closed circuit television inspection-robotic controlled. <b>See note #4 below</b>	\$ 250	\$ 6,250
5.	3000	Each Additional Linear Foot after 350 Linear Feet	Closed circuit television inspection-robotic controlled. <b>See note #4 below</b>	\$ 1	\$ 3,000
6.	25	One Inspection, Included up to 350 Linear Feet	Closed circuit television – Float devices. <b>See note #4 below</b>	\$ 250	\$ 6,250
7.	3500	Each Additional Linear Foot after 350 Linear Feet	Closed circuit television – Float devices. <b>See note #4 below</b>	\$ 1	\$ 3,500
8.	800	Per Hour	Designation (markout) of utility facilities in silver biodegradable paint. <b>See note #3 below.</b>	\$ 75	\$ 60,000
9.	*Special Provisions as Defined in the Standard for of Agreement, <b>Exhibit A, Paragraph 16. Special Provisions</b> <ul style="list-style-type: none"> <li>• Railroad Permit Fees</li> <li>• Railroad Insurance</li> <li>• Railroad Flagging</li> <li>• Traffic Control – Sign Board</li> <li>• Freeway Closure – One Lane (Additional permit fee required)</li> <li>• Freeway Closure – Two Lanes (Additional permit fee required)</li> <li>• Local Street Lane Closure – One Lane (Additional permit fee required)</li> <li>• Local Street Lane Closure – Two Lanes (Additional permit fee required)</li> <li>• Police Time</li> <li>• Backhoe</li> <li>• Backfilling with Permanent Paving Instead of High Performance Backfill (1 year warranty)</li> </ul>			Actual Costs	\$10,000.00

\*Contractor will be reimbursed for the actual cost of these specified items in performance of this Agreement (including applicable sales tax), without additional allowance for markup. Prior approval by Caltrans Contract Manager is required and the original receipt for reimbursement must be submitted with the invoice.

\*\* Unit Price for each line item shall include labor, materials, parts, equipment, tools and incidentals needed to perform services under this Agreement.

**TOTAL THIS PROPOSAL**

\$ 677,000

- 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.) DESIGNATION (MARKOUT) OF UTILITY FACILITIES SHALL INCLUDE A MINIMUM OF 200 FEET, SET-UP, TAKEDOWN AND TRAFFIC CONTROL AND ALL ITEMS INCLUDED IN EXHIBIT A. EACH DESIGNATION ASSIGNMENT SHALL NOT BE LESS THAN FOUR (4) HOURS PER ASSIGNMENT.
- 4.) CLOSED CIRCUIT TELEVISION INSPECTION RATES SHALL INCLUDE A MINIMUM OF 350 FEET, SET-UP, TAKEDOWN AND TRAFFIC CONTROL.

**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 <b>EXARO Technologies Corporation</b>	2. Telephone Number <b>(650) 777-4324</b>	2a. Fax Number <b>(650) 777-4326</b>
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2b. Email Address **hd@exarotec.com**

3. Address  
**1831 Bayshore Hwy, Burlingame, CA 94010**

Indicate your organization type:

4.  Sole Proprietorship      5.  Partnership      6.  Corporation

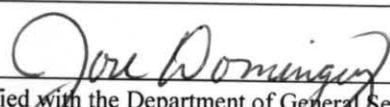
Indicate the applicable employee and/or corporation number:

7. Federal Employee ID No. (FEIN) **56-2505710**      8. California Corporation No. **25310202**

Indicate applicable license and/or certification information:

- |                                                               |                                                 |
|---------------------------------------------------------------|-------------------------------------------------|
| 9. Contractor's State Licensing Board Number<br><b>860376</b> | 10. PUC License Number<br><b>CAL-T-<br/>N/A</b> |
|---------------------------------------------------------------|-------------------------------------------------|

- |                                                   |                                    |
|---------------------------------------------------|------------------------------------|
| 11. Bidder' Name (Print)<br><b>Jose Dominguez</b> | 12. Title<br><b>Vice President</b> |
|---------------------------------------------------|------------------------------------|

- |                                                                                                      |                            |
|------------------------------------------------------------------------------------------------------|----------------------------|
| 13. Signature<br> | 14. Date<br><b>7/31/15</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"/><br>If yes, enter certification number: <b>42413</b> | b. Disabled Veteran Business Enterprise      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>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, DB 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.  
EXARO will perform all work except survey
  - 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?
CALVADA SURVEYING ARMANDO DUPONT 951 280 9960 951 280 9746	411 JENKS CIRCLE, STE 205 CORONA, CA 92880 ADUPONT@CALVADA.COM	DVBE # 1753779	SURVEY	7.68%	Y	N/A

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

**ATTACHMENT 11**  
**Invitation for Bid No. 07A3866**

**QUOTES FROM DVBE SUBCONTRACTORS**

Bidder shall attach copies of **DVBE SUBCONTRACTORS** quotes (on DVBE's letterhead) from any DVBE subcontractors listed in the form **GSPD-05-105**. Refer to instructions in **IFB Section D), Item 2 Paragraph A (2)**.

See Attached

# CAL VADA

SURVEYING INC

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July 30, 2015

Ms. Denise Salva  
EXARO Technologies Corporation

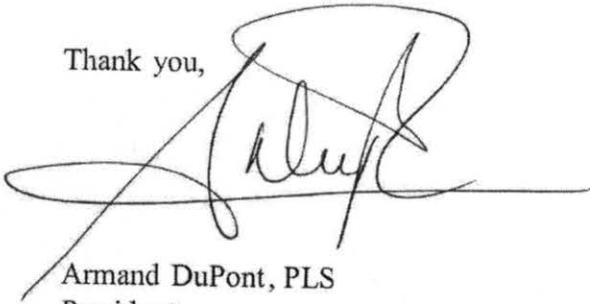
RE: Department of Transportation IFB # 07A3866  
On-Call Positive Location of Underground Utility Facilities  
(Potholing) Land Survey Services

Ms. Salva, we propose to provide Land Survey Services for the above referenced CALTRANS project #07A3866, our daily rate is as follows:

- \$2,600.00 per day / 8 Hrs. per day

Please let us know if you have any questions.

Thank you,



Armand DuPont, PLS  
President

**Los Angeles**

411 Jenks Circle, Suite 205, Corona, CA 92880

Phone (951) 280-9960

Fax (951) 280-9746

**Denver**

56 Inverness Drive East, Suite 101, Englewood, CO 80112

Phone (720) 488-1303

Fax (720) 488-1306

**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: Calvada Surveying, Inc. DVBE Reference Number: #1753779  
Description (materials/supplies/services/equipment proposed): Land Surveying Services  
Solicitation/Contract Number: 07A3866 SCPRS Reference 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):

Armando DuPont Armando DuPont 07/29/15  
(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: Armando DuPont  
(If more than one firm, list on extra sheets.) (Print or Type Name)  
Firm/Principal Phone: (951) 280-9960 Address: 411 Jenks Circle, Ste. 205, Corona, CA 92880

**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)

**ATTACHMENT 12**  
**Invitation for Bid No. 07A3866**

**QUOTES FROM SB SUBCONTRACTORS**

Bidder shall attach copies of **SB SUBCONTRACTORS** quotes (on SB's letterhead) from any DVBE subcontractors listed in the form **GSPD-05-105**. Refer to instructions in **IFB Section D), Items 1 Paragraph C**.

None