

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

**BID PROPOSAL**

ADM-1412 (REV. 06/06)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

*Anton's Service Inc.*

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price = Total)
1	1900	PER CREW HOUR	Pruning/Trimming Crew – four (4) person minimum, (Ground work), as described in Scope of Work, Exhibit A	\$ 160.00	\$ 304,000.00
2	1200	PER CREW HOUR	Pruning/Trimming Crew – three (3) person minimum, (Aerial work), as described in Scope of Work, Exhibit A	\$ 120.00	\$ 144,000.00
3	200	PER CREW HOUR	Stump Grinding/Removal Crew – two (2) person minimum, as described in Scope of Work, Exhibit A	\$ 50.00	\$ 10,000.00

- (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.
- (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 ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER SHALL BE GROUNDS FOR BID PROPOSAL REJECTION.
- (4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL

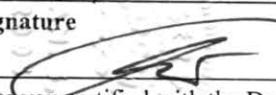
\$ 458,000.00

**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>Anton's Service Inc.</i>	2. Telephone Number <i>(619) 579-9000</i>	2a. Fax Number <i>(619) 749-5597</i>
2b. Email Address <i>anton@antonservice.com</i>		
3. Address <i>PO Box 455, Lakeside CA 92040</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>51-0534510</i>	8. California Corporation No. <i>2587454</i>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <i>861069</i>	10. PUC License Number CAL-T- <i>N/A</i>	<i>DIR# 100002533</i>
11. Bidder's Name (Print) <i>Anton Botter</i>	12. Title <i>President</i>	
13. Signature 	14. Date <i>7-14-2015</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"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: <i>42379</i>		
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.

ATTACHMENT 2

**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, NVSA, DVBE): 42379 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.

Full activities of tree service, we own all our own equipment

- 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, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Carolino Traffic Control - Alex Carolino - Inc 903 Highland Avenue National City, CA 91936 619-434-9200 Office 619-470-9141 Fax	903 Highland Avenue National City, CA 91930 alex.carolino@gmail.com C-31 943523 DIR \$1000018851	SB/DVBE 1750022	Traffic Control / Traffic Control Supplies / Rental	5%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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

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: CAROLINO TRAFFIC CONTROL DVBE Reference Number: 1750022

Description (materials/supplies/services/equipment proposed): MESSAGE BOARDS, TRAFFIC CONTROL LABORS

Solicitation/Contract Number: 11A2333 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):

ALEX CAROLINO \_\_\_\_\_ [Signature] 8/03/15  
(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: \_\_\_\_\_  
(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):

ALEX CAROLINO \_\_\_\_\_ [Signature] 8/03/15  
(Printed Name) (Signature) (Date Signed)

903 HIGHLAND AVE, NATIONAL CITY CA 91950 619-434-9200 90-0491726  
(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 4**  
**Invitation for Bid No. 11A2333**

**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).

*See Attached*



## CAROLINO TRAFFIC CONTROL, INC.

903 Highland Avenue  
 National City, CA 91950  
**DVBE/SBE #1259580 1750022**  
 Contractor's License #943523  
**Union Contractor Local 89**

Alex Carolino – (619) 434-9200  
[admin@carolinoconstruction.com](mailto:admin@carolinoconstruction.com)  
 Fax: (619) 470-9141

**DIR# 1000018851**

### TRAFFIC CONTROL SUB-QUOTE FOR YOUR DVBE/SBE GOALS

**OWNER:** CALTRANS  
**PROJECT:**  
**PROJECT #:** 11A2333  
**LOCATION:** SAN DIEGO COUNTY  
**BID DATE:** August 6, 2015

**ITEM: TRAFFIC CONTROL**

<b>FREEWAY MAINLINE CLOSURE (DAY)</b> .....	<b>\$1250.00/DAY</b>
CLOSURE FOR ONE LANE, ONE DIRECTION, ONE MILE ONLY, <b>TWO MAN CREW</b>	
INCLUDES 150 CONES, 1 ARROWBOARD, 3 AWS, 4 C30, 1 BEACON	
EACH ADDITIONAL LANE .....	\$100.00
EACH ADDITIONAL MILE .....	\$100.00
<b>FREEWAY MAINLINE CLOSURE (NIGHT)</b> .....	<b>\$1450.00/DAY</b>
CLOSURE FOR ONE LANE, ONE DIRECTION, ONE MILE ONLY, <b>TWO MAN CREW</b>	
INCLUDES 150 CONES, 1 ARROWBOARD, 3 AWS, 4 C30, 1 BEACON	
EACH ADDITIONAL LANE .....	\$100.00
EACH ADDITIONAL MILE .....	\$100.00
<b>RAMP CLOSURE (DAY)</b> .....	<b>\$1150.00/DAY</b>
1-4 RAMP PER LOCATION, <b>TWO MAN CREW</b>	
INCLUDES 150 CONES, 4C2, 18 PLAIN BARRICADES, 4 R3-2, 4-R3-1	
<b>RAMP CLOSURE (NIGHT)</b> .....	<b>\$1350.00/DAY</b>
1-4 RAMP PER LOCATION, <b>TWO MAN CREW</b>	
INCLUDES 150 CONES, 4C2, 18 PLAIN BARRICADES, 4 R3-2, 4-R3-1	
<b>CITY STREET LANE CLOSURE</b> .....	<b>\$1300.00/DAY</b>
INCLUDES 75 CONES, 3 AWS, 2 C30, 1 ARROWBOARD, <b>TWO MAN CREW</b>	
<b>FLAGGING OPERATION</b> .....	<b>\$1450.00/DAY</b>
ONE LANE, ONE DIRECTION, <b>TWO MAN CREW</b> , ONE MILE ONLY	
EACH ADDITIONAL LANE .....	\$100.00
EACH ADDITIONAL MILE .....	\$100.00
EACH ADDITIONAL LABORER .....	\$95.00/HOUR
<b>ATTENUATOR TRUCK W/O DRIVER</b> .....	<b>\$3200.00/MONTH</b>
	<b>\$1000.00/WEEK</b>
	<b>\$350.00/DAY</b>
	<b>+ \$0.30 PER MILE</b>
<b>ATTENUATOR TRUCK W/ DRIVER</b> .....	<b>\$920.00/8 HR SHIFT</b>
<b>ARROWBOARD RENTAL</b> .....	<b>\$50.00/DAY</b>
	<b>\$150.00/WEEK</b>
	<b>\$500.00/MONTH</b>

**CAROLINO TRAFFIC CONTROL, INC.**

PHONE: (619) 434-9200 – 903 HIGHLAND AVENUE, NATIONAL CITY, CA 91950 – FAX: (619) 470-9141

**BID CONDITIONS:**

1. 1 day is an 8 hour shift from Monday to Friday.
2. Any additional hours over 8 hours, add \$150.00 for each man per hour for overtime.
3. Any additional hours over 12 hours, add \$200.00 for each man per hour for double time.
4. Any Saturday work, multiply rates and overtime by 1.5.
5. Any Sunday or holiday work, multiply rates and overtime by 2.
6. Each traffic control truck move-in/move-out is \$1000.00.
7. Add \$30.00 per man per hour for any travel time to and from San Diego, CA to the project site at the start and end of each work week.
8. Add \$30.00 per man per hour for any travel time to and from hotel to project site if applies.
9. Contractor will provide attenuator truck as needed unless rented from Carolino Traffic Control, Inc.
10. Each equipment rented has a \$50.00 drop off and \$50.00 pick-up fee if delivered.
11. Any additional laborer requested by the contractor will be \$95.00 per man hour for 8 hours, \$150.00 per man hour over 8 hours, and \$200.00 per man hour over 12 hours.

**CONTRACT CONDITIONS:**

1. This quotation shall be added as addendum to any and all contracts as a result of this bid.
2. A 20 day notice must be given prior to any move in before and after signing of contract.
3. Shift begins at setting of advanced warning signs, and ends when signs are removed.
4. To be added as additional insured, additional premium applies.
5. All invoices are net 30 days, or interest will accrue and NO retention held on traffic control.
6. Certificate of insurance required.
7. All rental equipment subject to availability
8. Bid is good for 30 days.

Please do not hesitate to contact Alex at (619) 434-9200 if you have any questions.

Thank you for your consideration of this bid.



Alex C. Carolino, Sr.  
CEO / President

Please fax to (619) 470-9141 if sub-bid is accepted. Thank you!

<p><b><u>CONTRACTOR ACCEPTANCE:</u></b></p> <p>The above prices, specifications, and conditions are satisfactory and hereby accepted.</p> <p>CONTRACTOR: <u>Anton's Service Co</u></p> <p>SIGNATURE: <u>[Signature]</u></p> <p>DATE: <u>8-3-2015</u></p>	<p><b><u>SUBCONTRACTOR ACCEPTANCE:</u></b></p> <p>CAROLINO TRAFFIC CONTROL, INC.</p> <p>SIGNATURE: _____</p> <p>ESTIMATOR: _____</p> <p>DATE: _____</p>
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