

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): David Cannon Consulting, Inc. (DBA Trial Innovations)				CONTRACT NO. 42B0643	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price per Unit of Measure)	TOTAL (Estimated Quantity x Unit Price)
1	2,000	1 Hour	Chief Jury Consultant: Hourly rate for all work set forth in Exhibit A, Scope of Work during normal business hours (Monday – Friday, 7:00 a.m. – 5:30 p.m., except State holidays). This rate is inclusive of all costs associated with performing the work.	\$ 225	\$ 450,000
2	2,000	1 Hour	Jury Consultant Staff: Hourly rate for all work set forth in Exhibit A, Scope of Work during normal business hours (Monday – Friday, 7:00 a.m. – 5:30 p.m., except State holidays). This rate is inclusive of all costs associated with performing the work.	\$ 100	\$ 200,000
3	500	1 Hour	Chief Jury Consultant: Hourly rate for all work set forth in Exhibit A, Scope of Work after normal business hours, on weekends, and/or State holidays. This rate is inclusive of all costs associated with performing the work.	\$ 225	\$ 112,500
4	500	1 Hour	Jury Consultant Staff: Hourly rate for all work set forth in Exhibit A, Scope of Work after normal business hours, on weekends, and/or State holidays. This rate is inclusive of all costs associated with performing the work.	\$ 100	\$ 50,000
5	Maximum Expenditure for Contractor travel reimbursement in accordance with Exhibit A, Scope of Work, Item 13.				\$ 25,000.00

- (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) 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 UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

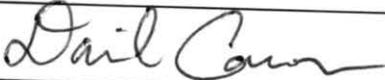
TOTAL THIS PROPOSAL \$ 837,500

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 Cannon Consulting, Inc (DBA Trial Innovations)		2. Telephone Number 310) 927-5879	2a. Fax Number (310) 861-8280
2b. Email Address david@trialinnovations.com			
3. Address 1440 Manhattan Ave, Hermosa Beach, CA 90254			
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) 27-4833475		8. California Corporation No. C3346850	
Indicate applicable license and/or certification information:			
9. Contractor's State Licensing Board Number NA		10. PUC License Number CAL-T- NA	
11. Bidder' Name (Print) David Cannon		12. Title President	
13. Signature 		14. Date 8/25/2015	
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: 1800400		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: _____