

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): *Marshall Henningford, Ph.D.*

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.	\$ 85.00	\$ 170,000
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.	\$ 85.00	\$ 170,000
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.	\$ 85.00	\$ 42,500
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.	\$ 85.00	\$ 42,500
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 \$ *450,000*

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 <i>Hennington and Associates</i>	2. Telephone Number <i>(310) 205-5510</i>	2a. Fax Number <i>(310) 205-0513</i>
2b. Email Address <i>INFO@AJURYCONSULTING.COM</i>		
3. Address <i>9454 Wilshire Blvd #1105 Beverly Hills, CA 90212</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>95-4804047</i>	8. California Corporation No. <i>95-4804047</i>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	
11. Bidder's Name (Print) <i>Marshall Hennington, Ph.D.</i>	12. Title <i>President</i>	
13. Signature <i>Marshall Hennington</i>	14. Date <i>8/27/15</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"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, enter certification number: <i>my supplier # is: 1757972 cage# 452#7</i> <i>my vender # is: 16798901</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: _____		