

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ATTACHMENT 1

ADM-1412 (REV.06/2002)

CONTRACTOR'S NAME (Please Print):					
<i>Gw Debris Services</i>					
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	32	Per pick up	(1) 40 CY dumpster 110 Rickard St. San Francisco CA 94114	\$ 475	\$ 15,200
2	12	Per pick up	(1) 30 CY dumpster 2003 Cabrillo Hwy. Half Moon Bay CA. 94019	\$ 475	\$ 5,700
3	10	Per pick up	(1) 30 CY dumpster 2501 E. Bayshore Rd. Redwood City CA. 94063	\$ 350	\$ 3,500
4	22	Per pick up	(1) 40 CY dumpster 380 Foster City Blvd. Foster City CA. 94404	\$ 400	\$ 8,800
5	14	Per pick up	(1) 30 CY dumpster 5055 Farmhill Blvd Woodside CA. 94062	\$ 400	\$ 5,600
6	34	Per pick up	(1) 20 CY dumpster 115 Dempsey Rd. Milpitas CA. 95035	\$ 212	\$ 7,208
7	36	Per pick up	(1) 40 CY dumpster 500 Queens Lane San Jose CA. 95112	\$ 210	\$ 7,560
8	20	Per pick up	(1) 40 CY dumpster 10130 Bubb Rd. Cupertino CA. 95014	\$ 300	\$ 6,000
9	36	Per pick up	(1) 40 CY dumpster 6010 Monterey Rd. San Jose CA. 95138	\$ 300	\$ 10,800
10	24	Per pick up	(1) 40 CY dumpster 11155 No Name Uno, Gilroy, CA. 95020	\$ 400	\$ 9,600
11	Disposal fees (Contractor will be reimbursed for the actual cost of disposal fees substantiated by a copy of the appropriately signed invoice verifying the actual cost and approved by the Caltrans Contract Manager)				\$150,000.00
(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 WILL BE GROUNDS FOR BID REJECTION. (4) EACH LINE MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.				TOTAL THIS PROPOSAL	\$ 229,968

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 GW Debris Services	2. Telephone Number 408 938-4945 ()	2a. Fax Number ()
2b. Email Address Sal.Sanfilippo@Greenwaste.com		
3. Address 1500 Berger Drive, San Jose CA 95112		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input checked="" type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN)	8. California Corporation No. C 1518631	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 741823	10. PUC License Number CAL-T- N/A	
11. Bidder's Name (Print) SAL Sanfilippo	12. Title General Manager	
13. Signature Sal Sanfilippo	14. Date 9-7-2015	
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 type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter certification number: _____		
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: _____		