ATTACHMENT 1
Bid Proposal for Hazardous Waste Agreement

Column A	Column B	Column C	Column D	Column E	Column F
Item Number	**Item Description**	**Unit of Measure**	**Estimated Quantity**	**Unit Cost**	**Total Amount** (unit cost multiplied by estimated quantity)
A. Personnel Contractor shall ascertain the appropriate DIR craft/classification prevailing wage rates (if applicable). Worker Classifications, as listed below, are used in this Agreement to entitle a specific type of service and/or function and to cross-reference line items on this Attachment 1, Bid Proposal. These classifications are not reflective of Prevailing Wage Classifications and shall **not** be used for determining prevailing wage hourly rates. Also refer to this Agreement's Exhibit A, Scope of Work. **					
P01	**Lead Technician / Supervisor	Hour	1000	40.00	40,000.00
P02	**Technician	Hour	1000	~~0~~	~~0~~
P03	**Operator / Driver (without equipment)	Hour	1000	99.00	99,000.00
P04	**Teamster/ Driver (as specified in Exhibit A, Section 7 (b)(4))	Hour	500	99.00	49,500.00
P05	**Laborer (as specified in Exhibit A, Section 7 (b)(5))	Hour	1000	45.00	45,000.00

The following items shall be **inclusive of the Hourly Rates** as applicable:

1. The cost of employer payments to or on behalf of employees, travel, compensation insurance premiums, unemployment contributions, social security taxes, Agreement bond premiums, and any other taxes or assessments INCLUDING SALES AND USE TAXES required by law or otherwise shall be included in the Agreement rates and no additional allowance will be made thereof, unless separate payment provision should specifically so provide.
2. All costs associated with materials/supplies as described in Exhibit A, Scope of Work, shall be included in Contractor's personnel rates.
3. Rates include all personal protective equipment (PPE) (level C and D), completion of quarterly reports, chain of custody, and incidentals required to test, identify, reduce contamination, and neutralize waste. Incidental materials include labels, manifests, packing absorbents, drum liners, and incidental testing materials. Tools and small testing equipment includes all incidental hazcat equipment, hand tools, hand truck, "Hudson style" compression sprayer, and forklift) to remove, transport and legally dispose of waste substances and other materials generated at Caltrans maintenance facilities or sites otherwise designated by Contract Manager.

B. Equipment (Hourly Costs cover Non-Operated Equipment as Noted)					
E01	1 ton truck or less	Hour	1000	~~0~~	~~0~~
E02	Bobtail Truck	Hour	40	1	40.00
E03	40 drum gear truck with lift gate	Hour	700	1	700.00
E04	Tractor and Trailer minimum 40ft. With lift gate	Hour	500	1	500.00 (MK)
E05	Single bin transport truck	Hour	100	1	100.00
E06	Dual bin transport truck	Hour	1000	1	1000.00
E07	Water Truck (min. 1,000 gal capacity)	Hour	40	~~0~~	~~0~~
E08	Pressure Washer (500-3,000 psi)	Hour	40	~~0~~	~~0~~
E09	Vacuum Truck (110-130 barrel capacity) (Refer to Exhibit A, Section 7 (B)(4))	Hour	500	1	500.00
E10	Vacuum Truck (10-100 barrel capacity), (Refer to Exhibit A, Section 7 (B)(4))	Hour	40	1	40.00
E11	Positive Displacement Unit truck (i.e. Vactor truck - Refer to Exhibit A, Section 7 (B)(4))	Hour	100	1	100.00
				A+B = Subtotal Cost (Column F, Page 1)	236480.00

DILLARD ENVIRONMENTAL SERVICES

ATTACHMENT 1
Bid Proposal for Hazardous Waste Agreement

Column A	Column B	Column C	Column D	Column E	Column F
Item Number	**Item Description**	**Unit of Measure**	**Est. Quantity**	**Unit Cost** Cost is per unit of measure)	**Total Amount** (unit cost multiplied by estimated quantity)
C. Materials					
M01	Metal drum 55 gallons (new or reconditioned)	Each	500	45.00	22500.00
M02	Metal drum 85 gallons overpac	Each	30	1	30.00
M03	Tri-wall containers	Each	30	1	30.00
M04	Poly drums, 5 gallons	Each	75	20.00	1500.00
M05	Poly drums, 30 gallons	Each	75	1	75.00
M06	Poly drums, 55 gallons	Each	75	1	75.00
M07	Stericycle 1 Qrt Sharps Containers (mail back)	Each	50	Ø	Ø
M08	Stericycle 1 Gal Sharps Containers (mail back)	Each	20	Ø	Ø
M09	20 Cubic Yard Bins (covered)	Per Month (for 30 bins)	24	Ø	Ø
M10	40 Cubic Yard Bins (covered)	Per Month (for 5 bins)	24	Ø	Ø
D. Incidentals*					
I01	Disposal Fee			actual costs	$400,000.00
I02	Per Diem			actual costs	$3,000.00
I03	Lab and incidental (per Exhibit B, Section 6) Costs			actual costs	$3,000.00
				C+D = Subtotal Cost (Column F, Page 2)	430,210.00
				TOTAL COST (A - D Subtotals)	666,690.00

*Contractor will be reimbursed for the actual costs as noted in I01-I03 (including applicable sales tax) without additional allowance for markup. These costs are to be substantiated by a copy of the appropriately signed invoice verifying the actual costs.

(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) All line items must include a bid price.
(4) Any bid may be rejected if it is unreasonable as to price. Unreasonable of Price includes not only the total price of the Bid, but prices for individual line items as well.

DILLARD ENVIRONMENTAL SERVICES

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. 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	2. Telephone Number	2a. Fax Number
DILLARD ENVIRONMENTAL SERVICES	(925) 634-6852	(925) 634-6858

3. Address: PO BOX 574, BYRON, CA 94514

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) 943082975 8. California Corporation No. C1627101

Indicate applicable license and/or certification information:

9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	11. Required
624665 A HAZ	225 DMV	

11(a) Are the vehicles being used for this Agreement subject to DMV/CHP Motor Carrier Permit laws?
☒ Yes No ☐ If yes (If required by law), the lowest responsive responsible bidder must provide evidence, before contract award.

12. Bidder's Name (Print)	13. Title
MELISSA ROACH	VICE President
14. Signature: Melissa Roach	15. Date 8-25-15

16. 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 ☒ No ☐ If yes, enter certification number: 21212
b. Disabled Veteran Business Enterprise Yes ☐ No ☒ 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: _____

17. 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.

DILLARD ENVIRONMENTAL SERVICES

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, SB/NVSA, DVBE):** SB **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.

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?
none						

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

Millina Roach

ATTACHMENT 7

QUOTES FROM SB OR DVBE SUBCONTRACTORS

Bidder shall attach copies of **SB OR DVBE SUBCONTRACTORS** quotes from any SB or DVBE subcontractors listed in the form GSPD-05-105. Refer to instructions in RFP/IFB Section D, Items 1A and 2C.

N/a

ATTACHMENT 6

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: _____ DVBE Reference Number: _____

Description (materials/supplies/services/equipment proposed): _____

Solicitation/Contract Number: _____ 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):**

(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: _____ (Print or Type Name)
(If more than one firm, list on extra sheets.)

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):**

(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)