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	55	55,000
P02	**Technician	Hour	1000	5	5,000
P03	**Operator / Driver (without equipment)	Hour	1000	65	65,000
P04	**Teamster/ Driver (as specified in Exhibit A, Section 7 (b)(4))	Hour	500	65	32,500
P05	**Laborer (as specified in Exhibit A, Section 7 (b)(5))	Hour	1000	1	1,000

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	1	1,000
E02	Bobtail Truck	Hour	40	1	40
E03	40 drum gear truck with lift gate	Hour	700	1	700
E04	Tractor and Trailer minimum 40ft. With lift gate	Hour	500	40	20,000
E05	Single bin transport truck	Hour	100	1	100
E06	Dual bin transport truck	Hour	1000	40	40,000
E07	Water Truck (min. 1,000 gal capacity)	Hour	40	1	40
E08	Pressure Washer (500-3,000 psi)	Hour	40	1	40
E09	Vacuum Truck (110-130 barrel capacity) (Refer to Exhibit A, Section 7 (B)(4))	Hour	500	40	20,000
E10	Vacuum Truck (10-100 barrel capacity), (Refer to Exhibit A, Section 7 (B)(4))	Hour	40	1	40
E11	Positive Displacement Unit truck (i.e. Vactor truck - Refer to Exhibit A, Section 7 (B)(4))	Hour	100	1	100
			A+B = Subtotal Cost (Column F, Page 1)		240,560

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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	35	17,500
M02	Metal drum 85 gallons overpac	Each	30	30	900
M03	Tri-wall containers	Each	30	1	30
M04	Poly drums, 5 gallons	Each	75	15	1,125
M05	Poly drums, 30 gallons	Each	75	1	75
M06	Poly drums, 55 gallons	Each	75	1	75
M07	Stericycle 1 Qrt Sharps Containers (mail back)	Each	50	0	0
M08	Stericycle 1 Gal Sharps Containers (mail back)	Each	20	0	0
M09	20 Cubic Yard Bins (covered)	Per Month (for 30 bins)	24	150	3,600
M10	40 Cubic Yard Bins (covered)	Per Month (for 5 bins)	24	.50	12
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)		429,317
			TOTAL COST (A - D Subtotals)		669,877

*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.

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
Environmental Logistics Inc.	(510) 670-9901	(510) 670-9904

3. Address
3200 Depot Road, Hayward, CA, 94545

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) 20-4546206 | 8. California Corporation No. C-2857306

Indicate applicable license and/or certification information:

9. Contractor's State Licensing Board Number	10. PUC License Number	11. Required Waste Hauler Registration #5508
A-HAZ 927360	CAL-T- N/A	

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' Name (Print)	13. Title
Marcial Barragan	General Manager
14. **Signature** Marcial Barragan	15. Date 9/1/2015

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:
#50832

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.

State of California—Department of General Services, Procurement Division
GSPD–05–105 (EST 8/05)

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** X (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.

Environmental Logistics Inc. will perform the full scope of services under IFB #04A4768, District #4-Hazardous Waste Cleanup and Disposal. Evironmental Logistics owns and maintains it's own transportation fleet.

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?

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