STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): Bob-Leon Plastics, Inc. DBA: Bob-Leon Countertops

CONTRACT NO. **22A0781**

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL* (In Figures)
1	1	Lump Sum	**Front Bar Countertop:** Removal and disposal of existing front bar countertops and installation of new, solid-surface, Corian countertops per **Exhibit A, Scope of Work**.	$ 9,377.00
2	1	Lump Sum	**Back Bar Countertop:** Removal and disposal of existing back bar countertops and installation of new, solid-surface, Corian countertops per **Exhibit A, Scope of Work**.	$ 7,521.00

* TOTAL IS ALL-INCLUSIVE OF EXHIBIT A, SCOPE OF WORK, INCLUIDNG ALL LABOR, MATERIALS, SUPPLIES, TOOLS, EQUIPMENT, PARTS, TRAVEL, AND INCIDENTALS.

TOTAL THIS PROPOSAL $ 16,898.00

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 Bob-Leon Plastics, Inc. DBA: Bob-Leon Countertops	2. Telephone Number (916) 452-4063	2a. Fax Number (916) 452-3759
2b. Email Address patti@bob-leon.com		
3. Address 5151 Franklin Blvd. Sacramento CA 95820		
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) 94-1657333	8. California Corporation No. D0534453	
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number # 251650 C-61/D-12	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Patti Crowder	12. Title CEO	
13. **Signature**	14. Date 8-31-15	

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 ☒ No ☐
If yes, enter certification number: 49685

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: _____