STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): Griffith Company

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	6400	Ton	Hot Mix Asphalt (HMA) Paving as described in Exhibit A, Scope of Work	$ 87.40	$559,360.00
2	1	Lump Sum	Cold Plane Grinding as described in Exhibit A, Scope of Work		$ 106,104.00
3	1	Lump Sum	Minor Grading as described in Exhibit A, Scope of Work		$ 46,400.00
4	1	Lump Sum	Pavement Striping and Marking as described in Exhibit A, Scope of Work		$ 12,084.00

(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) PLEASE DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE BID.

(4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL $ 723,948

ATTACHMENT 7
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. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
D. 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.
E. 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
Griffith Company	(661) 392-6640	(661) 393-9525

2b. Email Address Wweishaar@griffithcompany.net

3. Address
1128 Carrier Parkway Avenue, Bakersfield, CA 93308

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) 95-0795590 | 8. California Corporation No. C0101416

Indicate applicable license and/or certification information:
9. Contractor's State Licensing Board Number 88 | 10. PUC License Number CAL-T-

11. Bidder' Name (Print) Walter E. Weishaar | 12. Title Regional Manager

13. **Signature** [signature] | 14. Date 4·4·16

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: _____
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: _____

16. 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.

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, NVSA, DVBE):** _____ **or None** [X] (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, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
Safety Striping Service, Inc. James Mallon (707) 451-0122 (707) 451-1118	P.O. Box 1020 Fairfield, Ca. 94527	143524	Striping, Markings	100%	[✓]	[ ]
Dependable Petroleum products Peter Mosher (707) 321-8824 (707) 451-9605	312 Essex Place Vacaville, Ca. 95687	41779	Haul asphalt oil, trailer rental	2%	[✓]	[ ]
					[ ]	[ ]

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

SAFETY STRIPING SERVICE, INC.
PO Box 1020
6868 Avenue 305
Goshen, CA 93227
TEL: (559) 651-1022
FAX: (559) 651-1118
Contractors License #308669

CALIFORNIA SMALL BUSINESS 14354

Signatory Contractors, Laborer's International, Northern & Southern California
DIR # 1000001574

SUBCONTRACTOR QUOTATION

PROJECT: Maintenance Facility Pavement Repair
Caltrans Minor # 06a2165, Bakersfield

DATE: April 12, 2016

QUOTE#: 15-278

Item #	Description	Unit	Est Qty	Unit $	Total $
4	Pavement Striping & Marking as Described in Exhibit A, Scope of Work	LS	1	$7,950.000	$7,950.00
	ADDITIONAL MOBILIZATION	LS	1	2500.00	2500.00
	Safety Striping Service is a certified California DVBE / SBE (#14354)				
	SEE PAGE 2 FOR CONDITIONS.			**TOTAL**	$7,950.00
					2500.00
					$10,450.00

PROJECT: 06a2165, Maintenance Facility Pavement Repair, Bakersfield
DATE: **04/12/16**

TERMS AND CONDITIONS

- Safety Striping Service, Inc is signatory to the Laborer's of Northern and Southern California.
- **Safety Striping Service, Inc is a certified California DVBE/SBE (Certification # 14354).**
- Safety Striping Service, Inc. requires IMMEDIATE notification upon being listed by the apparent low bidder, for purposes of scheduling and material management.
- Safety Striping Service, Inc. requires a written subcontract, purchase order or signed quote prior to mobilization for any work, or placing the order for job specific materials (i.e. signs, posts, etc).
- Safety Striping Service, Inc requires an invitation to pre-job meetings.
- Bonds are not included in this quote. If bonds are required, call for rate.
- This quote includes one (1) move-in, defined as a period of **consecutive** eight hour days of continuous work, not including weekends or holidays. Any deviances from this, other than those initiated by Safety Striping Service, Inc, will be considered additional move-ins and billed at $2,500.00 each.
- Prior to mobilization, Contractor must provide us with a set of the most current full size plans and specs available for construction.
- Bid **excludes** any and all items related to handling hazardous materials including, but not limited to: *removal, testing, containment, hauling and disposal.* If potentially hazardous material (i.e. yellow thermoplastic) is discovered on the job-site, we will stop work until it is determined (in writing) to be non-hazardous, or a change order is issued for proper handling.
- **A minimum of fifteen (15) working days advance notice is required for referencing and on each mobilization.**
- We require the job-site to be clean, dry and without obstacles prior to our arrival. We will do our best to work with the Prime Contractor on this issue, but delays caused by the prime or other subcontractors are subject to standby time computed as labor in section 9-1.03A of the Standard Specifications.
- This quotation is valid for a period of sixty (60) calendar days from the date of issue and may be extended at the sole discretion of Safety Striping Service, Inc.
- Safety Striping carries $1 million in GL ($2 million GA); $1 million in Auto; $1 million in Work Comp.

These terms and conditions shall supersede any bid request, advertisement or subcontract language. Should this quotation be accepted, the entire quotation (both pages) must be included in the subcontract agreement or purchase order.

Submitted by: *James Malloy, Operations Manager*

Date: 04 / 12 / 2016

I have read and understand the "Terms and Conditions" stated above and agree that this Quotation (including said terms and conditions) will become a part of the agreement between our company and Safety Striping Service, Inc.

General Contractor: _____

Signature: _____ **Title:** _____

Name (Print): _____ **Date:** _____

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: Safety Striping Service DVBE Reference Number: 14354

Description (materials/supplies/services/equipment proposed): Striping, markings

Solicitation/Contract Number: 06A2165 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):

David Preston, President — (Printed Name of DV Owner/Manager) — (Signature of DV Owner/Manager) — 04/12/16 (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)

Dependable Petroleum Products Inc.

To: Steve Devers

Company: Griffith Company

EFT Transmittal

FAX Number: 661-393-9525

ITEM 1 : 2%

Date: 04/11/16
No Pages: 1
From: Peter Mosher

HAUL ASPHALT OIL 340 TONE $23.00 TON = $ 7,820.00

TRAILER RENTAL 23 X 150 = $ 3,450.00

TOTAL = $ 11,270.00

Contract No. 06A2165
Project Name: Pavement Repair, City of Bakersfield
Bid Date: April 12, 2016

PRODUCT	US TONS		Refinery Location	Freight to Edmunston
PG70-10	+/- 340		Bakersfield	$ 23/ton
Trailer Rental tack				$150/day
Totals				$

Dependable Petroleum Products, Inc. (DPP, Inc) is a certified SB/DVBE/SDVOSB.
Certification Number: 61779 - Cage Code: 73KE6
Expiration Date: SB March 2018, DVBE March 2018

- Above price for freight of product is based on full loads (**minimum 25 tons**)
- This quote does NOT include sales/use tax or oil spill fund.
- Terms: Net 30 Days; subject to credit approval
- Diesel Fuel Surcharge (DFSC) is included in this quote. 10% increase in DFSC if diesel costs reach $5/gallon
- THESE PRICES ARE VALID FOR 15 DAYS FROM THE DATE OF THIS QUOTE
- THIS QUOTE DOES NOT GUARANTEE SUPPLY OR TRANSPORTATION UNTIL WE RECEIVE A SIGNED ACCEPTANCE TO CONFIRM THIS QUOTE. UPON ACCEPTANCE DPPINC GUARANTEES TRANSPORTATION.
- 100% of this quote may be applied to the DVBE goal

There shall be no obligation to have available or deliver any or all of the products included on the quote in the customary manner when such availability or deliveries are prevented or hindered by an Act of God, fire, strike, partial or total interruption or loss or shortage of transportation facilities, or by other like causes beyond the control of Dependable Petroleum Products, Inc.

SIGNED ACCEPTANCE _____ **DATE**_____

312 Essex Place Vacaville, CA95687Telephone: (707) 321-5524 Facsimile: (707) 451-9665
dppinc@comcast.net

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

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SECTION 1

Name of certified DVBE: DEPENDABLE PETROLEUM PRODUCTS, INC DVBE Reference Number: 61779

Description (materials/supplies/services/equipment proposed): FREIGHT FOR ASPHALT OIL

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.

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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)
PETER E. MOSHER	[signature]	4/11/16

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: 707.321-5524 Address: 312 ESSEX PL, VACAVILLE, CA 95687

SECTION 3

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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)