

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

J. Mack Enterprises, Inc.

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE	TOTAL (Unit Price x 12)
1	1	Each	Rental of one (1) Cold Pavement Milling Machine, for up to 12 months (6 months per year), as described in Exhibit A, Scope of Work	\$ <u>27,000</u> per month	\$ <u>324,000</u>
2	1	Each	Rental of one (1) Truck/Trailer Combination to transport Cold Pavement Milling Machine, for up to 12 months (6 months per year), as described in Exhibit A, Scope of Work	\$ <u>1,000</u> per month	\$ <u>12,000</u>
3	2	Move	Move (move in/out is one (1) move)	\$ <u>500</u> per move	\$ <u>1,000</u>
4	Replacement Teeth and/or Unforeseen Repairs, as described in Exhibit A, Scope of Work* (Contractor will be reimbursed for the actual cost without additional allowance for mark-up) *include this amount in the TOTAL THIS PROPOSAL line. Calculate 10% of the total sum of Item Numbers 1 through 3 above and enter amount here				\$ <u>33,700</u>
NOTE: LIST THE NAME OF YOUR COMPANY IN THE BOX ENTITLED "CONTRACTOR'S NAME"					TOTAL THIS PROPOSAL \$ <u>370,700</u>

- 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. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPEITION FOR CONTRACT AWARD.

ADDENDUM ONE + TWO ACKNOWLEDGED: *J @*

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 <u>J. Mack Enterprises, Inc.</u>	2. Telephone Number <u>(559) 622-9911</u>	2a. Fax Number <u>(559) 622-9939</u>
2b. Email Address <u>Jesse@jmackenterprises.com</u>		
3. Address <u>P.O. Box 7600, Visalia, CA 93290-7600</u>		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input checked="" type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) <u>20-4748573</u>	8. California Corporation No. <u>2858035</u>	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number <u>100000 4036</u>		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number <u>877657</u>	11. PUC License Number CAL-T- <u>-</u>	
12. Bidder's Name (Print) <u>JESS MCEIRRE</u>	13. Title <u>CEO</u>	
14. Signature	15. Date <u>4/1/16</u>	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, enter certification number: <u>1731864</u>		
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: _____		