

ATTACHMENT 5  
 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 <i>New Vision Const.</i>	2. Telephone Number <i>(559) 707 2555</i>	2a. Fax Number ( )
2b. Email Address <i>dave.newvisioncon@att.net</i>		
3. Address <i>23527 Summerglow Valencia Ca 91354</i>		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input checked="" type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) <i>743179890</i>	8. California Corporation No.	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number <i>10000 25906</i>		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number <i>885000</i>	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) <i>David Bader</i>	13. Title <i>Owner</i>	
14. Signature <i>[Signature]</i>	15. Date <i>8.11.16</i>	
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: <i>1755167</i>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If yes, enter your service code below: _____		
<b>NOTE:</b> 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 <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION  
**BID PROPOSAL**  
ADM-1412 (REV. 11/2015)

**REVISED- ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

CONTRACT NO.

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM
1	1	Lump Sum	Fabricate and install one (1) Awning System to include integrated rain gutter and downspout system, on Modular Office Building, as described in SOW in Exhibit A.

37,120

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.

TOTAL THIS PROPOSAL

37,120

\* COSTS INVOLVED WITH DISPOSING OF MATERIALS SHOULD BE INCLUDED.  
*thirty seven thousand, one hundred twenty.*

# DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2008)

**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: JB Wholesale Roofing & Building Supplies, Inc. DVBE Ref. Number: 21259

Description (materials/supplies/services/equipment proposed): Roofing & Building Materials

Solicitation/Contract Number: 07A3993 SCPRS Ref. Number: \_\_\_\_\_

ROOF MATERIALS FOR DOT

(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):

William Keith Jones (owner)

(Printed Name of DV Owner/Manager)

Steven Cook (Manager)

(Printed Name of DV Owner/Manager)

(Signature of DV Owner/ Manager)

Steven Cook

(Signature of DV Owner/Manager)

(Date Signed)

8-1-10

(Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: \_\_\_\_\_  
(If more than one firm, list on extra sheets.)

(Print or Type Name)

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):

William Keith Jones

(Printed Name)

(Signature)

(Date Signed)

P.O. Box 5289, Chatsworth, CA 91313

(Address of Owner)

(818) 998-0440

(Telephone)

95-3683651

(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Steven Cook

(Printed Name of DV Manager)

(Signature of DV Manager)

Steven Cook

8-1-10

(Date Signed)





J B WHOLESALE - CHATSWORTH  
 21524 NORDHOFF STREET  
 CHATSWORTH, CA 91311-  
 Phone: (818)-998-0440

**QUOTE**  
**CHAT00290439**

**Account:** 12710 0001  
**Branch:** 001  
**Phone:** (805)-382-8758  
**Fax:**

**CUSTOMER: NEW VISION CONSTRUCTION**

**DATE:** 8/12/16

**ADDRESS:**

**CITY/ZIP:** Los Angeles, Ca. 90021

**PHONE:** 213-533-1101

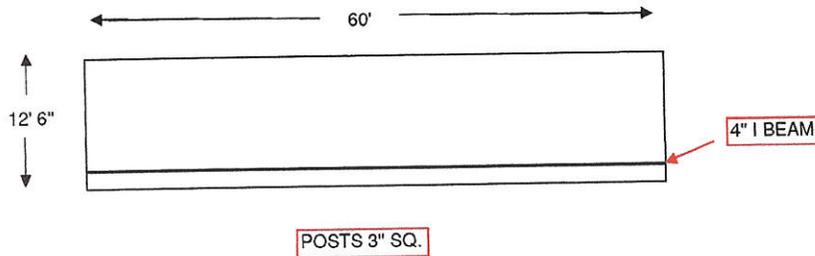
**E-MAIL:** DAVE.NEWVISIONCONSTRUC

**ATTENTION:** DAVID

Van Nuys Awning Co., Inc., proposes to furnish all materials and perform all labor necessary to complete the following at: **WILL DELIVER**

**JOB DESCRIPTION:**

**WILL CALL DELIVERY 60' X 12.5 ALUMINUM COVER 24 GAUGE WITH BUILT IN DRAINAGE SYSTEM.**



**MATERIAL: TBD**

All of the above work to be completed in a substantial and workmanlike manner. Installation to start approximately **4-5 WEEKS** and completion of installation approximately **1-DAY**

Respectfully submitted by: Carla Trzaska X \_\_\_\_\_  
 Interest at 10% Per Annum will be charged on 30 Day past due accounts. COST: \$5,396.35  
 Accepted by: ~~X~~ \_\_\_\_\_ TAX: \$485.67  
 Print Name: ~~X~~ \_\_\_\_\_ LABOR: \_\_\_\_\_  
 Date: \_\_\_\_\_ 50% DEPOSIT REQUIRED TOTAL: \$5,882.02  
 Credit Card #: \_\_\_\_\_ DEPOSIT REQUIRED: \_\_\_\_\_  
 Security Code #: \_\_\_\_\_ BALANCE DUE UPON COMPLETION: \_\_\_\_\_  
 Credit Card address if other than above. ADDRESS: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Balance on credit card: Yes \_\_\_\_\_ No \_\_\_\_\_