

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. 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 <b>Alcorn Fence Company</b>	2. Telephone Number (323) 875-1342	2a. Fax Number (818) 768-9719
2b. Email Address tom@alcornfence.com		
3. Address 9901 Glenoaks Boulevard, Sun Valley, CA 91352		
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) 95-1659211		8. California Corporation No.
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number		1000001986
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 122954		11. PUC License Number CAL-T-
12. Bidder's Name (Print) Thomas Stack		13. Title President
14. Signature 		15. Date 08.23.2016
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 type="checkbox"/> No <input checked="" type="checkbox"/>		b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, enter certification number: _____		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 checked="" type="checkbox"/> No <input type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	8500	Linear Foot	Reconstruct Metal Beam Guardrail (MBGR) without Channel as described in Exhibit A, Scope of Work (SOW), Standard Agreement STD 213	32.50	\$ 276,250.00
2	5000	Linear Foot	Reconstruct MBGR Barrier Double Blocked with Channel as described in Exhibit A, SOW	59.75	\$ 298,750.00
3	1500	Linear Foot	Reconstruct Three Beam Barrier as described in Exhibit A, SOW	40.00	\$ 60,000.00
4	2500	Linear Foot	Reconstruct Three Beam Barrier Double Blocked as described in Exhibit A, SOW	53.15	\$ 132,875.00
5	1000	Each	Replace Metal/Wood/ Rubber Block only as described in Exhibit A, SOW	5.50	\$ 5,500.00
6	750	Each	Add metal/wood Post and Block as described in Exhibit A, SOW	45.25	\$ 33,937.50
7	8	Each	Cable Anchor Assemblies (Type B) as described in Exhibit A, SOW	750.00	\$ 6,000.00
8	15	Each	Cable Anchor Assemblies (Type ET 2000) as described in Exhibit A, SOW	3,550.00	\$ 53,250.00
9	15	Each	Cable Anchor Assemblies (Types SRT 350 and CAT 350) as described in Exhibit A, SOW	7,215.00	\$ 108,225.00
10	3	Cubic Yard	Embankment widening and materials as described in Exhibit A, SOW	200.00	\$ 600.00
11	1000	Linear Foot	Cable Railing as described in Exhibit A, SOW	33.00	\$ 33,000.00
12	Material Expenses with prior Caltrans approval (Contractor will be reimbursed for the actual cost without addition allowance for mark-up)*			Calculate 10% of Item Numbers 1 through 11 above and enter amount here	\$ 100,838.75
13	750	Per Hour	Traffic Control as described in Exhibit A, SOW	220.00	\$ 165,000.00
TOTAL THIS PROPOSAL					\$ 1,274,226.25

\*Must be supported by original signed receipts.

**BIDDER DECLARATION**

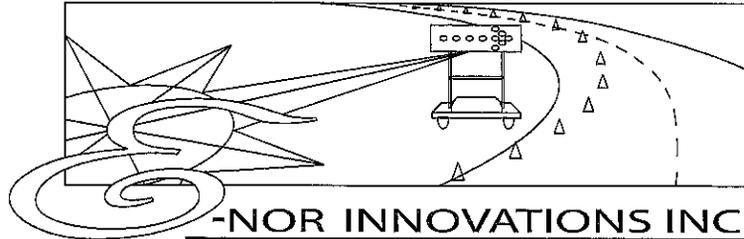
1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):
  - a. Identify current California certification(s) (MB, SB, NVSA, DVBE): \_\_\_\_\_ or None \_\_\_\_\_ (If "None," go to Item #2)
  - b. Will subcontractors be used for this contract? Yes  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?
E-Nor Innovations Inc. Kenny Jones T.(310) 513-6209 F.(310) 513-6299	16213 Illinois Avenue Paramount, CA 90723	37084	Partial Traffic Control	6%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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



**DVBE/SBE CERTIFIED CO. LIC. #931953**

DBA: E-nor Traffic Control

**16213 Illinois Ave. Paramount, CA 90723**  
**(310)513-6209 Ph 310-513-6299 Fax**

**DVBE/SBE# 37084**  
**UDBE/DBE/MBE/SBE#37718**  
**Public Works DIR#1000007079**

**Date: 8/22/16**

**To: Bidding Estimator**

**PROJECT NUMBER: 12-A1637**

**Bid Date: 8/25/16**

**BID TIME: 2:15PM**

<b>ITEM</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>MONDAY-FRIDAY</b>		<b>COST</b>
ITEM #13 INCLUDES	2 MEN VARIOUS TRAFFIC CONTROL HOURLY RATE 300 CONES, 1-2 ARROWBOARDS, 1 CMS UNIT 1 TRUCK, SIGNS	\$198
ITEM #13 INCLUDES	3 MEN VARIOUS TRAFFIC CONTROL HOURLY RATE 300 CONES, 1 TRUCK, 1-2 ARROWBOARDS, 1 ATTENUATOR TRUCK, VARIOUS SIGNS, 2 BEACONS	\$297

MINIMUM OF 4HR WILL APPLY FOR ALL CALL OUTS. ADDITIONAL HOURS WILL BE BILLED AT \$99 PER HOUR PER MAN ST, AFTER 8HR SHIFT \$108 PER MAN, PER HOUR. FOR OT, AFTER 12HR SHIFT \$125 PER HOUR PER MAN FOR DT.

CMS RENTAL: DAILY \$200EA, WEEKLY \$400EA, MONTHLY \$1,000EA

DELIVERY	EACH	\$ 100
PICKUP	EACH	\$ 100

CONSTRUCTION AREA SIGNS, TRAFFIC HANDLING, MOTORIST SIGN INSTALL. TO BE HANDLE BY OTHERS.

ALL PROVISIONS: WILL BE ADDED AS PART OF CONTRACT BEFORE PROCEEDING.

- A. NO CONTRACT WILL BE SIGNED UNLESS ALL PROVISION ARE INCLUDED.
- B. ADDITIONAL HOURS LABOR:  
OT PER MAN, PER HOUR \$108  
DT PER MAN, PER HOUR \$125
- C. E-NOR INNOVATIONSINC. IS A UNION CONTRACTOR.
- D. PAYMENT IS DUE WITHIN 30 DAYS FROM INVOICE DATE 1.5% MONTHLY FINANCE CHARGE AFTER 30 DAYS.
- E. IF REQUIRED ADDITIONAL EQUIPMENT (I.E. CHANGEABLE MESSAE SIGN, ATENUATOR TRUCK) TO BE PROVIDED BY E-NOR INNOVATIONS INC AT ADDITIONAL CHARGES.
- F. PRIME CONTRACTOR IS RESPONSIBLE TO OBTAIN ALL PERMITS RQUIRED FROM CITIES INVOLVED.
- G. PRIME CONTRACTOR IS RESPONSIBLE TO COORDINATE AND PAY FOR HIGHWAY

- PATROL UNIT.
- H. ADDITIONAL 31/2 PERCENT INCREASE ADDED EVERY YEAR ON JUNE 30<sup>TH</sup>. THIS PROPOSAL WILL BECOME PART OF ANY CONTRACT.
  - I. IF SPECIAL WORDING INSURANCE IS NEEDED THE AMOUNT TO BE PAID BY CONTRACTOR ALONG WITH WAIVERS OF SUBROGATION INSURANCE THE 3 % OF PAYROLL WILL BE CHARGED TO CONTRACTOR. IF NOTARY SERVICES ARE REQUIRED, PRIME CONTRACTOR IS RESPONSIBLE FOR THOSE CHARGES.
  - K. EXCLUDES SPECIAL INSURANCE REQUIREMENTS. (I.E. INCREASED GENERAL LIABILITY FOR RAILROAD INSURANCE)
  - L. IF EQUIPMENT IS RENTED FOR SET UP ONLY, CONTRACTOR IS RESPONSIBLE FOR CLOSURE UNTIL E-NOR INNOVATIONS INC. PICKS UP CLOSURE.
  - M. ALL SIGN AND MARKER LOCATION / MARK-OUT TO BE DONE BY OTHERS AND MUST BE COMPLETED PRIOR TO E-NOR INNOVATIONS, INC. STARTING WORK. INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNDERGROUND FACILITIES, NOT SHOWN ON PLANS OR, NOT MARKED OUT BY OTHER AGENCIES. (IE. CALTRANS)
  - N. ALL CHANGE ORDER WORK MUST BE APPROVED BY AGENCY / OWNER PRIOR TO WORK BEING PERFORMED BY E-NOR INNOVATIONS INC.
  - O. CONTRACTOR WILL BE CHARGED FOR ENOR INNOVATIONS INC. EMPLOYEES STAFF FOR ALL CLASSES/TRAINING FOR PROJECT.
  - P. E-NOR INNOVATIONS INC. RESERVES RIGHT TO SUBCONTRACT WORK TO COMPLETE PROJECT.
  - Q. NO WORK WILL BE PERFORMED UNTIL THIS PROPOSAL IS SIGNED AND FAXED/MAILED TO OUR LONG BEACH OFFICE.
  - R. E-NOR INNOVATION CHARGES PORTAL TO PORTAL.
  - S. E-NOR INNOVATIONS INC., IS A SUPPLIER OF NON-MANUFACTURED ITEMS
  - T. K-RAIL, SALES OR RENTAL WITH INSTALLATION, IS AVAILABLE.

Should you have any questions, please contact me at (310) 513-6209. We look forward to working with you.

Sincerely,

Kenny Jones

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD 843 (Rev. 5/2005)

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: E-DR Innovations Inc., DVBE Ref. Number: 37084

Description (materials/supplies/services/equipment proposed): LABOR, CONES, TRUCKS, TRAFFIC SIGNS,

Solicitation/Contract Number: 12-A1637 SCPRS Ref. 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).

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Kenneth Jones (Printed Name of DV Owner/Manager) Signature of DV Owner/ Manager (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 (If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: n/a Address: n/a

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.

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

Kenneth Jones (Printed Name) Signature of DV Owner/ Manager (Date Signed)

16213 ILLINOIS AVE, PARAMOUNT CA 90723 310-513-6200 22-3921054 (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)