

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 Chrisp Company	2. Telephone Number (510) 656-2840	2a. Fax Number (510) 656-2397
2b. Email Address dmdorris@chrispco.com		
3. Address PO Box 1368 Fremont CA 94538		
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) 94-2578099	8. California Corporation No. C0908398	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000000306		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 374600	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) David L. Morris	13. Title Vice Pres	
14. Signature David L. Morris	15. Date 8/29/14	

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 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: _____

17. 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.

REVISED 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	6,320	Each	Route 10 Riverside County Post Mile (PM) 0.0 to PM 8 Reflective Markers as described in Exhibit A, Scope Of Work (SOW)	\$ 2.50	\$ 15,800.00
2	15,440	Each	Route 10 Riverside County PM 0.0 to PM 8 Non-reflective Markers as described in Exhibit A, SOW	\$ 1.25	\$ 19,300.00
3	5,500	Each	Route 10 Riverside County PM 145 to PM 156 Reflective Markers as described in Exhibit A, SOW	\$ 2.50	\$ 13,750.00
4	10,680	Each	Route 10 Riverside County PM 145 to PM 156 Non-reflective Markers as described in Exhibit A, SOW	\$ 1.25	\$ 13,350.00
5	4,500	Each	Route 74 Riverside County PM 32.3 to 36.5 and 42.6 to 46.5 Reflective Markers as described in Exhibit A, SOW	\$ 2.50	\$ 11,250.00
6	4,000	Each	Route 74 Riverside County PM 32.3 to 36.5 and 42.6 to 46.5 Removal of old Markers as described in Exhibit A, SOW	\$ 1.00	\$ 4,000.00
7	1,500	Each	Route 71 Riverside County PM 00.0 to 3.0 Reflective Markers as described in Exhibit A, SOW	\$ 2.50	\$ 3,750.00
8	3,000	Each	Route 71 Riverside County PM 00.0 to 3.0 Non-reflective Markers as described in Exhibit A, SOW	\$ 1.25	\$ 3,750.00
9	4,120	Each	Route 71 San Bernardino County PM 0.0 to 8.5 Reflective Markers as described in Exhibit A, SOW	\$ 2.50	\$ 10,300.00
10	8,230	Each	Route 71 San Bernardino County PM 0.0 to 8.5 Non-reflective Markers as described in Exhibit A, SOW	\$ 1.25	\$ 10,287.50
11	14,800	Each	Route 40 San Bernardino County PM 78 to 119 Reflective Markers as described in Exhibit A, SOW	\$ 2.50	\$ 37,000.00

CRISP COMPANY
 P. O. BOX 1368
 FREMONT, CA. 94538-0136

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
ADM-1412 (REV. 06/06)

REVISED 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)
12	36,000	Each	Route 40 San Bernardino County PM 78 to 119 Non-reflective Markers as described in Exhibit A, SOW	\$ 125	\$ 4,500.00
13	3,300	Each	Route 215 San Bernardino County PM 10 to 16.5 Reflective Markers as described in Exhibit A, SOW	\$ 2,500	\$ 8,250.00
14	6,320	Each	Route 215 San Bernardino County PM 10 to 16.5 Non-reflective Markers as described in Exhibit A, SOW	\$ 125	\$ 790.00
15	114	Per Hour	Traffic Control including Portable Changeable Message signs and devices Route 10 as described in Exhibit A, SOW	\$ 190.00	\$ 21,660.00
16	24	Per Hour	Traffic Control including Portable Changeable Message signs and devices Route 74 as described in Exhibit A, SOW	\$ 190.00	\$ 4,560.00
17	18	Per Hour	Traffic Control including Portable Changeable Message signs and devices Route 71 as described in Exhibit A, SOW	\$ 190.00	\$ 3,420.00
18	32	Per Hour	Traffic Control including Portable Changeable Message signs and devices Route 40 as described in Exhibit A, SOW	\$ 190.00	\$ 6,080.00
19	10	Per Hour	Traffic Control including Portable Changeable Message signs and devices Route 215 as described in Exhibit A, SOW	\$ 190.00	\$ 1,900.00

(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.
Note: No additional payment will be made for travel time to and from the job site.

TOTAL THIS PROPOSAL
(Pages 1 and 2)

\$ 241,307.00

ATTACHMENT 2

State of California—Department of General Services, Procurement Division
GSPD-05-105 (REV 08/09)

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.
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- 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?
Eight Ave Enterprises	10326 Alta Loma Dr. Alta Loma CA 91737 dvbe-materials@gmail.com	17 DVBE 1744672	Material Supply	12.4%	<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.



Please accept this bid for the following items: 08A2704 -

30000	EA	Type G	0.92	\$27,600.00
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TOTAL MATERIAL	\$ 27,600.00
TAX Colton 8.00%	\$2346.00
TOTAL	\$ 29,946.00

Terms 50% Down on Order 50% due on receipt unless Credit terms approved

Credit cards are accepted with a 2 % processing labor service Fee

Kevin L Hoyt

EIGHTH AVENUE ENTERPRISE

10326 Alta Loma Drive/ Alta Loma, Ca. 91737 /DUNS 835892563 SDVO/SB/ CAGE 54Y89SAM Registered
Tax ID 90 0785704 /CA STATE CERTIFIED DVBE 1744672 www.govbussolutions.com

909 635 8774 FAX 909 980 9309

ATTACHMENT 5

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION
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: EIGHTH AVENUE ENTERPRISE DVBE Reference Number: 1744672
Description (materials/supplies/services/equipment proposed): MARKERS
Solicitation/Contract Number: 08 A 2704 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):

KEVIN L HOYT Kevin Hoyt 08/29/16
(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: 909 635 8774 Address: 10326 ALTA LOMA DRIVE ALTA LOMA CA 91737

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 sufficient signature blocks for each person to sign):

KEVIN L HOYT Kevin Hoyt 08/29/16
(Printed Name) (Signature) (Date Signed)
10326 ALTA LOMA DRIVE ALTA LOMA CA 91737 909 635 8774 90 0785704
(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)