

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONFIDENTIAL FRANKS

CONTRACTOR'S NAME (Please Print):

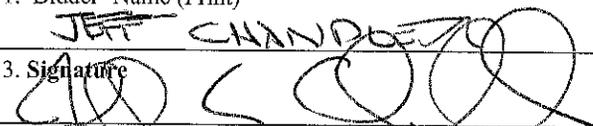
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL (Lump Sum)
1	1	Lump Sum	For Seed/cutting collection in accordance with Exhibit A, Scope of Work	\$ 181,360.22
2	1	Lump Sum	For Plant Propagation in accordance with Exhibit A, Scope of Work	\$ 181,360.22
3	1	Lump Sum	For Delivery of propagated plants in accordance with Exhibit A, Scope of Work	\$ 181,360.24
TOTAL THIS PROPOSAL				\$ 544,080.68

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 CORNFLOWER FARMS	2. Telephone Number (916) 689-1015	2a. Fax Number (916) 689-1968
2b. Email Address JEFF@CORNFLOWERFARMS.COM		
3. Address P.O. BOX 896 EUC GROVE, CA 95759		
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) 68-0216133	8. California Corporation No. C1663639	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number NURSE LICENSE C6616	10. PUC License Number CAL-T- BUSINESS LICENSE 227881	
11. Bidder's Name (Print) JEFF CHANDLER	12. Title SECRETARY	
13. Signature 	14. Date 2-8-16	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, enter certification number: 2000664	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: _____		