STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

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	$ 3,675
2	1	Lump Sum	For Plant Propagation in accordance with Exhibit A, Scope of Work	$ 453,446
3	1	Lump Sum	For Delivery of propagated plants in accordance with Exhibit A, Scope of Work	$ 3,000
			TOTAL THIS PROPOSAL	$ 460,121

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 Hedgerow Farms, Inc	2. Telephone Number 530 662-6847	2a. Fax Number 530 662-2753
2b. Email Address EAllen@hedgerowfarms.com		
3. Address 21905 County Rd 88, Winters, CA 95694		
Indicate your organization type: 4. ☐ Sole Proprietorship	5. ☐ Partnership	6. ☑ Corporation
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN) 46-3059430	8. California Corporation No. 3579334	
Indicate applicable license and/or certification information: 9. Contractor's State Licensing Board Number	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Emily Allen	12. Title Sales Manager	
13. **Signature** E. Allen	14. Date 2/9/16	

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 ☐ 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: _____