

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL
 ADM-1412 (REV. 11/2015)

ATTACHMENT 1

Carmichael Overhead Door.

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	1320	Hour	Labor (includes all tools, equipment, incidentals and overhead necessary to provide service), as described in Exhibit A, Scope of Work. Any over-time will be at 1 1/2 X the rate listed.	\$ <u>133.00</u> Per Hour	<u>175,560.00</u>
2	Projected Parts/Materials/Supplies* (Contractor will be reimbursed for the actual cost without additional allowance for mark-up) *Include this amount in the TOTAL THIS PROPOSAL line Calculate 10% of Item Number 1 above and enter amount here				<u>17,556.00</u>
TOTAL THIS PROPOSAL					<u>193,116.00</u>

- (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 A DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.
- (3) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER SHALL BE GROUNDS FOR BID REJECTION.
- (4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.



**ATTACHMENT 4
 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 Carmichael Overhead Door	2. Telephone Number (916) 944-4455	2a. Fax Number (916) 944-4480
2b. Email Address Gordon@CarmichaelOverheadDoor.com		
3. Address 4045 California Ave ste. A. Carmichael CA 95608		
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) 800236112	8. California Corporation No. 3125755	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 932484	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Gordon Lukacs	12. Title Commercial Manager	
13. Signature 	14. Date 12-28-15	
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: 1140160	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: _____		



Tina Bell Beers

From: CertBounceBack@dgs.ca.gov
Sent: Monday, March 03, 2014 4:00 PM
To: codaccounting@pacbell.net
Subject: State of CA Notification Letter



Mar 3, 2014

Supplier #1140160
Carmichael Overhead Door, Inc
4045 California Ave. Suite A
CARMICHAEL CA 95608

Dear Business Person:

Congratulations on your Small Business (SB) certification with the State of California. Your business is entitled to compete in the State's goal to spend 25 percent of its annual contracting dollars with small businesses. Each certified SB receives a five percent bid preference on applicable solicitations. This certification also guarantees higher interest penalties for late payment of undisputed invoices. You may purchase a rubber stamp by completing the Prompt Payment Rubber Stamp Order form at www.documents.dgs.ca.gov/pd/smallbus/ppstampreq.pdf. For more information or to verify certification status, visit www.eprocure.dgs.ca.gov.

Certification Period

From Mar 3, 2014 to Mar 31, 2016

Business Types

- Construction
- Service
- Non-Manufacturer

Conflict of Interest for Current and Former State Employees

Prior to contract award, agencies will assure the vendor is in compliance with Public Contract Code 10410 et seq. addressing conflict of interest for State employees or former employees.

Annual Submission Requirement

Submit copies of the ENTIRE federal tax return to the Office of Small Business and DVBE Services



PROCUREMENT DIVISION

Office of Small Business and DVBE Services

707 Third Street, 1st Floor, Room 400 * PO Box 989052

West Sacramento, California 95798-9052 * (800) 559-5529

SB APP 20060727

July 27, 2006

REF# 0031575
CARMICHAEL OVERHEAD DOOR
4045 CALIFORNIA AVE STE A
CARMICHAEL CA 95608

Dear Business Person:

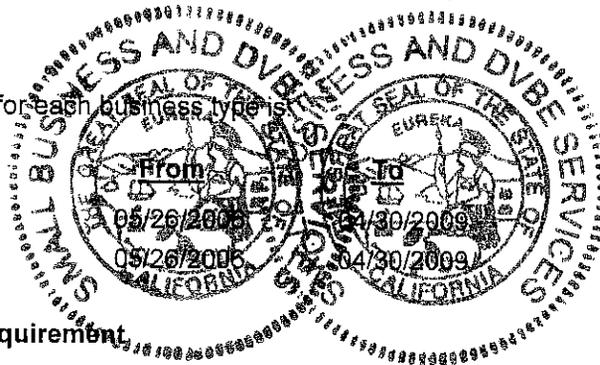
Congratulations on your certified small business status with the State of California. Your certification entitles you to benefits under the state's Small Business Participation Program within state contracting, including a five percent bidding preference and special provisions under the Prompt Payment Act.

Certification period

Your certification period for each business type is

Industry

CONSTRUCTION
SERVICE



Annual Submission Requirement

To maintain your certified status, you must annually submit to the Office of Small Business and DVBE Services (OSDS), proof of annual receipts and proof of employees for your firm and each of your affiliates (if any).

Proof of Annual Receipts

Submit to OSDS, a copy of your firm's and any affiliate firm's ENTIRE federal tax return each year following your certification. Include ALL accompanying schedules, forms, statements, and any other support documents filed with that specific tax return.

If you request a tax filing extension with the Internal Revenue Service, submit to our office a copy of the extension form. When your tax returns are filed, submit a copy of the entire federal tax return to our office.

Proof of Employees

If you have employees whose taxable wages are reported to the California Employment Development Department (EDD) on a quarterly basis, you must annually submit to our office along with your proof of annual receipts, proof of employees for your firm and any affiliates.

We will accept a copy of the EDD's "Quarterly Wage and Withholding Report" (Form DE6) or other format accepted by the EDD. Your employee documents must cover the same four quarters as the tax return you submit for your proof of annual receipts.

If you have out-of-state employees, submit the employee documentation comparable to EDD's "Quarterly Wage and Withholding Report" for the same four-quarter period.

Maintaining Your Online Certified Firm Profile