

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	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 ½ X the rate listed.	\$ 92.81 Per Hour	\$245,000
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				\$24,500
				TOTAL THIS PROPOSAL	\$269,500

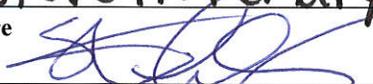
- (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.
- (2) IN CASE OF A DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.
- (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 McKendry Door Sales, Inc.	2. Telephone Number (415) 423-7087	2a. Fax Number 562 531-0278
2b. Email Address jerry @ mds bay area.com		
3. Address Local: PO. Box 5648 South San Francisco, CA 94083 corporate: 12930 Sunnyside Pl. Santa Fe Springs, CA 90670		
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) 203689130	8. California Corporation No. C2860500	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 873199	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Steve McKendry	12. Title President	
13. Signature 	14. Date	
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 If yes, enter certification number: _____ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	b. Disabled Veteran Business Enterprise If yes, enter your service code below: _____ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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: _____