

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):					
Bay Cities Refuse Service, Inc.					
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (In Figures)	TOTAL (In Figures)
1.	48	Per Pick Up	Petaluma Maintenance Station One 40 Cubic Yard (CY) roll off dumpster Replace on the 1 st and 15 th of each month. Per Exhibit A, Scope of Work	\$408.91	\$ 19,627.68
2.	48	Per Pick Up	Manzanita Maintenance Station One 40 CY roll off dumpster Replace on the 1 st and 15 th of each month. Per Exhibit A, Scope of Work	\$408.91	\$ \$19,627.68
3.	48	Per Pick Up	Sebastopol Maintenance Station One 40 CY roll off dumpster Replace on the 1 st and 15 th of each month. Per Exhibit A, Scope of Work	\$408.91	\$ \$19,627.68
4.	48	Per Pick Up	Santa Rosa Maintenance Station One 40 CY roll off dumpster Replace on the 1 st and 15 th of each month. Per Exhibit A, Scope of Work	\$408.91	\$ 19,627.68
5.	48	Per Pick up	Napa Maintenance Station One 20 CY roll off dumpster Replace on the 1 st and 15 th of each month. Per Exhibit A, Scope of Work	\$264.74	\$ 12,707.52
6.	208	Per Pick up	Dana Bower Vista Point Two 2 CY rolling dumpsters with tops Contractor shall replace both dumpsters every Monday and Friday. Per Exhibit A, Scope of Work	\$17.89	\$ 3,721.12
(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. (3) PLEASE DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE BID (4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.				TOTAL THIS PROPOSAL	\$94,939.36

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 <u>Bay Cities Refuse Svc, Inc.</u>	2. Telephone Number <u>(415) 332-3646</u>	2a. Fax Number <u>(510) 237-8078</u>
2b. Email Address <u>bcrsgreg@aol.com</u>		
3. Address <u>2525 Garden Tract Road</u> <u>Richmond, CA 94801</u>		
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) <u>94-1436005</u>	8. California Corporation No. <u>C0366868</u>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number <u>CAL-T-</u>	
11. Bidder' Name (Print) <u>Lewis Figone</u>	12. Title <u>President</u>	
13. Signature 	14. Date <u>6/9/2015</u>	
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 type="checkbox"/>		
If yes, enter certification number: <u>30478</u>		
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: _____		