

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):				CONTRACT NO. 22A0751
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL* (In Figures)
1	1	Lump Sum	Front Bar Countertop: Removal and disposal of existing front bar countertops and installation of new, solid-surface, Corian countertops per Exhibit A, Scope of Work.	\$ 6,742 ⁰⁰
2	1	Lump Sum	Back Bar Countertop: Removal and disposal of existing back bar countertops and installation of new, solid-surface, Corian countertops per Exhibit A, Scope of Work.	\$ 7,825 ⁰⁰
* TOTAL IS ALL-INCLUSIVE OF EXHIBIT A, SCOPE OF WORK, INCLUDING ALL LABOR, MATERIALS, SUPPLIES, TOOLS, EQUIPMENT, PARTS, TRAVEL, AND INCIDENTALS.				TOTAL THIS PROPOSAL \$ 14,567 ⁰⁰

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. 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 <i>Signature Surfaces</i>	2. Telephone Number <i>(916) 334-4400</i>	2a. Fax Number <i>916) 334-4405</i>
2b. Email Address <i>Service@signatureSURFACESINC.NET</i>		
3. Address <i>5445 Stationers way Sacramento, CA. 95842</i>		
Indicate your organization type:		
4. <input checked="" 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)	8. California Corporation No.	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number	10. PUC License Number <i>CAL-T-</i>	11. Required
12. Bidder' Name (Print) <i>BRYAN ORSO</i>	13. Title <i>Sales Manager</i>	
14. Signature <i>[Signature]</i>	15. Date <i>6-11-15</i>	
16. 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 type="checkbox"/> No <input checked="" type="checkbox"/>		b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, enter certification number: _____		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: _____		