

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

**BID PROPOSAL**

ADM-1412 (REV. 08/03)

**ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

**SECTION A** Note to Bidder: Use the information provided below for bid calculations.

| <p>Contractor MUST pay their employees at least the minimum blended rates (as described herein) for Wages and Benefits. If Contractor is going to use employee(s) with a job title other than what is listed, please refer to the CalHR website to obtain the blended rates.</p> <p>The Department has elected to use the Blended Benefit Rates. If actual benefits are already being provided, Contractor is required to provide proof of each type of benefit, with the dollar value, at time of award. Wages and Benefits must meet the GC 19134 requirements as posted on the CalHR web-site: <a href="http://www.calhr.ca.gov/state-hr-professionals/Pages/current-rates-on-or-after-20030701.aspx">http://www.calhr.ca.gov/state-hr-professionals/Pages/current-rates-on-or-after-20030701.aspx</a>.</p> | A                                | B                            | C                        | D                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------|--------------------------|----------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employee Job Title               | Blended Hourly *Salary Rates | Blended **Benefits Rates | Employee Total Rates |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unarmed Uniformed Security Guard | \$10.87                      | \$8.75                   | \$19.62              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                              |                          |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                              |                          |                      |

**SECTION B** Note to Bidder: Use the calculations from Section A, as appropriate, to complete Section B.

| G<br>ITEM<br>NO. | H<br>UNIT OF<br>MEASURE | I<br>DESCRIPTION OF SERVICES                                                                                                                                                                | J<br>UNIT PRICE | K<br>ESTIMATED<br>QUANTITY | L<br>SUB-TOTAL<br>(Unit Price x Quantity) |
|------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------|-------------------------------------------|
| 1                | Hourly                  | Regular unarmed security guard service and supervision for Caltrans District 7, various locations throughout Los Angeles and Ventura counties, in accordance with Exhibit A, Scope of Work. | \$ 22.90        | 6,480                      | \$ 148,392.00                             |
| 2                | Hourly                  | Overtime in accordance with Exhibit A, Scope of Work, Section 11                                                                                                                            | \$ 31.27        | 528                        | \$ 16,510.56                              |
| 3                | Hourly                  | Utility/Golf Cart                                                                                                                                                                           | \$ 0.96         | 4,000                      | \$ 3,840.00                               |
| 4                | Hourly                  | Patrol Motor Vehicle                                                                                                                                                                        | \$ 1.50         | 4,000                      | \$ 6,000.00                               |

The Contractor shall perform all work under this Agreement for the sum of **(Grand Total) \$ 174,742.56**

- 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.
- IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

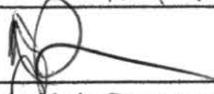
Per GC 19134, the rates are set at 85% of the State's salary and benefit cost for State employees.  
 \* "Salary" includes wages, retirement, Social Security, and Medicare  
 \*\* "Benefits" includes health, dental, vision, holidays, sick leave, and vacation.

**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<br><i>Servexo Protective Services</i>                                                                                                                                      | 2. Telephone Number<br><i>(323) 527 999-1</i>                                                                                                                           | 2a. Fax Number<br><i>(323) 521-5034</i>            |
| 2b. Email Address <i>jpalmer@servexo.com</i>                                                                                                                                               |                                                                                                                                                                         |                                                    |
| 3. Address <i>879 W. 190th Street, Suite 400<br/>Gardena CA 90248</i>                                                                                                                      |                                                                                                                                                                         |                                                    |
| 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) <i>47-1114839</i>                                                                                                                                        | 8. California Corporation No. <i>C2967349</i>                                                                                                                           |                                                    |
| Indicate applicable license and/or certification information:                                                                                                                              |                                                                                                                                                                         |                                                    |
| 9. Contractor's State Licensing Board Number<br><i>17828</i>                                                                                                                               | 10. PUC License Number<br>CAL-T-                                                                                                                                        |                                                    |
| 11. Bidder's Name (Print)<br><i>John H. Palmer</i>                                                                                                                                         | 12. Title<br><i>President/Operator</i>                                                                                                                                  |                                                    |
| 13. Signature<br>                                                                                       | 14. Date<br><i>June 15, 2015</i>                                                                                                                                        |                                                    |
| 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"/><br>If yes, enter certification number:<br><i>1787855</i>                                  | b. Disabled Veteran Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, enter your service code below:<br><i>1787855</i> |                                                    |
| <b>NOTE:</b> 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: _____                                                                                                                |                                                                                                                                                                         |                                                    |
| 16. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                                                                         |                                                    |
| If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.                                                                                                        |                                                                                                                                                                         |                                                    |

**BIDDER DECLARATION**

**1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):**

a. Identify current California certification(s) (MB, SB, SB/NVSA, DVBE): MB, SB, DVBE or None \_\_\_ (If "None", go to Item #2)

b. Will subcontractors be used for this contract? Yes \_\_\_ No X (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes \_\_\_ No X  
 (2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes \_\_\_ No \_\_\_ N/A \_\_\_

**2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):**

| Subcontractor Name, Contact Person, Phone Number & Fax Number | Subcontractor Address & Email Address | CA Certification (MB, SB, DVBE or None) | Work performed or goods provided for this contract | Corresponding % of bid price | Good Standing? | 51% Rental? |
|---------------------------------------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------------------|------------------------------|----------------|-------------|
|                                                               |                                       |                                         |                                                    |                              |                |             |
|                                                               |                                       |                                         |                                                    |                              |                |             |
|                                                               |                                       |                                         |                                                    |                              |                |             |

**CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.**