

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 06/06)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

Hummingbirds Inc.

| ITEM NO. | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM | UNIT PRICE (In Figures) | TOTAL (In Figures) |
|----------|--------------------|--|---|-------------------------|------------------------|
| 1 | 3 | Applications per 2015 season (August-October). | Aerial application of approximately 120 lbs. of mosquito larvicide (Vectomax FG) per month (or as directed by the Orange County Mosquito and Vector Control District and Caltrans Contract Manager) in the Huntington Beach area. | \$ 3800 ⁻ | \$ 11,400 ⁻ |
| 2 | 7 | Applications per 2016 season (April-October). | Aerial application of approximately 120 lbs. of mosquito larvicide (Vectomax FG) per month (or as directed by the Orange County Mosquito and Vector Control District and Caltrans Contract Manager) in the Huntington Beach area. | \$ 3990 | \$ 27,930 ⁻ |
| 3 | 7 | Applications per 2017 season (April-October). | Aerial application of approximately 120 lbs. of mosquito larvicide (Vectomax FG) per month (or as directed by the Orange County Mosquito and Vector Control District and Caltrans Contract Manager) in the Huntington Beach area. | \$ 4189 | \$ 29323 ⁻ |
| 4 | 7 | Applications per 2018 season (April-October). | Aerial application of approximately 120 lbs. of mosquito larvicide (Vectomax FG) per month (or as directed by the Orange County Mosquito and Vector Control District and Caltrans Contract Manager) in the Huntington Beach area. | \$ 4398 | \$ 30,786 ⁻ |

- (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.

TOTAL THIS PROPOSAL

\$ 99,439⁻

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 <u>Hummingbirds Inc.</u> | 2. Telephone Number <u>(760) 749 9162</u> | 2a. Fax Number <u>(760) 749 9002</u> |
|---|--|---|

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|--|
| 2b. Email Address <u>hummingbirds@att.net bobhoag@att.net</u> |
|--|

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|--|
| 3. Address <u>PO Box 26 Valley Center CA. 92082</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>95-3182729</u> | 8. California Corporation No. <u>856808</u> |
|---|---|

Indicate applicable license and/or certification information:

| | | |
|--|-------------------------------|--|
| 9. Contractor's State Licensing Board Number | 10. PUC License Number CAL-T- | 11. Required Pest Control Bus. Lic <u>31638</u> |
|--|-------------------------------|--|

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|---|----------------------------|
| 12. Bidder' Name (Print) <u>Robert Hoag</u> | 13. Title <u>President</u> |
|---|----------------------------|

| | |
|------------------------------|------------------------|
| 14. Signature <u>RO Hoag</u> | 15. Date <u>6-3-15</u> |
|------------------------------|------------------------|

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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: <u>1788899</u> | b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/> 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: _____

17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
 Yes No

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

State of California—Department of General Services, Procurement Division
GSPD-05-105 (EST 8/05)

Solicitation Number 12A1597

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): SB or None ___ (If "None", go to Item #2)

b. Will subcontractors be used for this contract? Yes ___ No (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 ___
(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? |
|---|---------------------------------------|---|--|------------------------------|----------------|-------------|
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CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.