

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
BID PROPOSAL
 ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):

ITEM NO.	NO. UNITS OF EQUIP.	ITEM DESCRIPTION	ESTIMATED USE/UNIT	UNIT OF MEASURE	UNIT PRICE PER TRUCK	ESTIMATED MOVES/ UNIT*	UNIT PRICE/ MOVE ¹	TOTAL (Each line item total equals Unit Price/Equip + Unit Price / Move)
1	1	Aerial Truck with Personnel Bucket 38 feet minimum platform height	24 Months (Two Years)	Monthly	\$ 535.00 \$ 580.00	1	\$ 580.00	\$ 97,105.00
2	1	Aerial Truck with Personnel Bucket 38 feet minimum platform height	24 Months (Two Years)	Monthly	\$ 535.00 \$ 580.00	1	\$ 580.00	\$ 97,105.00

- 1) MOVE-IN PLUS ONE MOVE-OUT EQUALS ONE MOVE
- 2) TRUCKS WILL BE RENTED FOR 12 MONTHS PER YEAR AS NEEDED
- 3) 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
- 4) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL
- 5) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER MAY BE GROUNDS FOR REJECTION OF BID.
- 6) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL

\$ 194,210.00

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 <i>Doc Bailey Const Equip Inc</i>	2. Telephone Number <i>510-638-6243</i>	2a. Fax Number <i>519-638-9438</i>
2b. Email Address <i>doc@dbceca.com</i>		
3. Address <i>9131 San Leandro St #110 Oakland CA 94603</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>94-3215199</i>	8. California Corporation No. <i>1925811</i>	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number <i>N/A</i>	11. PUC License Number CAL-T- <i>N/A</i>	
12. Bidder's Name (Print) <i>Don Bailey</i>	13. Title <i>CEO / Pres.</i>	
14. Signature <i>[Signature]</i>	15. Date <i>5/31/16</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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: <i>28527</i>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" 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: _____		

