

**BID PROPOSAL**

ADM-1412 (Rev. 06/2002)

**REVISED ATTACHMENT 1**

CONTRACTOR'S NAME (Please Print):

*Alcorn Fence Company*

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	20,000	Per Linear Foot	Reconstruct Metal Beam Guardrail (MBGR) as described in Scope of Work (SOW) Exhibit A, Standard Agreement STD 213	\$ 38.00	\$ 760,000.00
2	10,000	Per Linear Foot	Reconstruct MGBR Barrier Double Hung Rail with Channel as described in SOW	\$ 56.00	\$ 560,000.00
3	4,000	Per Linear Foot	Reconstruct Thrie Beam as described in SOW	\$ 54.50	\$ 218,000.00
4	4,000	Per Linear Foot	Reconstruct Thrie Beam Barrier Double Hung Rail as described in SOW	\$ 65.00	\$ 260,000.00
5	500	Each	Replace 6" x 8" Wood Blocks Only as described in SOW	\$ 5.80	\$ 2,900.00
6	500	Each	Replace 8" x 8" Wood Blocks Only as described in SOW	\$ 8.50	\$ 4,250.00
7	100	Each	Replace 10" x 10" Wood Blocks Only as described in SOW	\$ 8.40	\$ 840.00
8	500	Each	Replace 6" x 8" Plastic Blocks as described in SOW	\$ 5.00	\$ 2,500.00
9	500	Each	Replace 8" x 8" Plastic Blocks as described in SOW	\$ 10.70	\$ 5,350.00
10	500	Each	Replace 6" x 8" x 6' Wood Post and Block as described in SOW	\$ 34.50	\$ 17,250.00
11	500	Each	Replace 8" x 8" x 6' Wood Post and Block as described in SOW	\$ 57.70	\$ 28,850.00
12	100	Each	Replace 10" x 10" x 6' Wood Post and Block as described in SOW	\$ 86.40	\$ 8,640.00
13	100	Each	Replace W6 x 9 Metal Post and Block as described in SOW	\$ 52.50	\$ 5,250.00
14	100	Each	Replace W6 x 15 Metal Post and Block as described in SOW	\$ 155.70	\$ 15,570.00
<b>Repair/Replace Cable Anchor Assemblies</b>					
15	10	Each	Terminal Anchor Assembly SFT (Type B) as described in SOW	\$ 640.00	\$ 6,400.00
16	10	Each	Type SRT (Complete System) as described in SOW	\$ 3,950.00	\$ 39,500.00
17	2	Each	Type ET (Complete System) as described in SOW	\$ 3,730.00	\$ 7,460.00
18	20	Each	Type CAT and Backup as described in SOW	\$ 5,350.00	\$ 107,000.00
19	20	Each	Type SKT Wood Post (Complete System) as described in SOW	\$ 4,446.00	\$ 88,920.00
20	20	Each	Type SKT Metal Post (Complete System) as described in SOW	\$ 4,598.00	\$ 91,960.00
21	20	Each	Type Fleat Wood Post (Complete System) as described in SOW	\$ 4,015.00	\$ 80,300.00
22	20	Each	Type Fleat Metal Post (Complete System) as described in SOW	\$ 4,100.00	\$ 82,000.00
TOTAL THIS SHEET					\$ 2,392,940.00

**BID PROPOSAL**

ADM-1412 (Rev. 06/2002)

**REVISED ATTACHMENT 1**

23	20	Each	Type X-Tension Wood Posts (Complete System) as described in SOW	\$ 7,370.00	\$ 147,400.00
24	20	Each	Type X-Tension Metal Posts (Complete System) as described in SOW	\$ 7,370.00	\$ 147,400.00
25	20	Each	Type X-Lite Wood Posts (Complete System) as described in SOW	\$ 4,832.00	\$ 96,640.00
26	5	Each	Type X-Lite Metal Posts (Complete System) as described in SOW	\$ 4,832.00	\$ 24,160.00
27	20	Per Liner Foot/Cubic Yard	Embankment Widening for End Treatments as described in SOW	\$ 100.00	\$ 2,000.00
28	1,000	Linear foot	Cable railing as described in SOW	\$ 20.00	\$ 20,000.00
<b>Provide End Treatment Connection To:</b>					
29	10	Each	Transitional Railing (Type STB) Standard Plans (A78J) as described in SOW	\$ 3,720.00	\$ 37,200.00
30	10	Each	(Type STB) Connection to Abutments and Walls as described in SOW	\$ 3,720.00	\$ 37,200.00
31	10	Each	Transitional Railing (Type WB) Standard Plans (A77J4) as described in SOW	\$ 3,720.00	\$ 37,200.00
32	10	Each	(Type WB) Connection to Abutments and Walls as described in SOW	\$ 3,720.00	\$ 37,200.00
33	10	Each	Transitional Railing (Type DTB) Standard Plans (A78K) as described in SOW	\$ 3,720.00	\$ 37,200.00
34	10	Each	(Type DTB) Connection to Concrete Barrier as described in SOW	\$ 3,720.00	\$ 37,200.00
<b>Repair/Replace Crash Cushion Attenuator Assemblies:</b>					
35	2	Each	Replace/Install Adiem-350 (Complete System) as described in SOW	\$ 19,215.00	\$ 38,430.00
36	2	Each	Replace/Install React 350 9 Cylinders Concrete Back-Up Structure (4 Redirect Cables) as described in SOW	\$ 41,445.00	\$ 82,890.00
37	2	Each	Replace/Install React 350 9 Cylinders Self-Contained Back-Up Structure (2 Redirect Cables) as described in SOW	\$ 42,010.00	\$ 84,020.00
38	2	Each	Replace/Install React 350 4 Cylinders Concrete Back-Up Structure (4 Redirect Cables) as described in SOW	\$ 32,936.00	\$ 65,872.00
39	2	Each	Replace/Install React 350 4 Cylinders Self-Contained Back-Up Structure (2 Redirect Cables) as described in SOW	\$ 32,400.00	\$ 64,800.00
<b>TOTAL THIS SHEET</b>					\$ 996,812.00

**BID PROPOSAL**

ADM-1412 (Rev. 06/2002)

**REVISED ATTACHMENT 1**

40	2	Each	Replace/Install SCI Smart Cushion (SCI 100GM Attenuator 24" Wide w/Asphalt Anchor Test Level 3) as described in SOW	\$ 29,650.00	\$ 59,300.00
41	2	Each	Replace/Install SCI Smart Cushion (9SCI 100GM Attenuator 24" Wide w/Asphalt Anchor Test Level 3) as described in SOW	\$ 30,085.00	\$ 60,170.00
42	2	Each	Replace/Install QuadGuard Crash Cushion 2' x 21' as described in SOW	\$ 23,930.00	\$ 47,860.00
43	2	Each	Replace/Install Quadgard Crash Cushion 4' x 24' as described in SOW	\$ 30,110.00	\$ 60,220.00
44	2	Each	Replace/Install QuadGuard Crash Cushion 6' x 24' as described in SOW	\$ 30,270.00	\$ 60,540.00
45	2	Each	Replace/Install QuadGuard Crash Cushion 8' x 30' as described in SOW	\$ 38,475.00	\$ 76,950.00
46	2	Each	Replace/Install TAU-II-R Crash Cushion 2' x 21' as described in SOW	\$ 35,466.00	\$ 70,932.00
47	2	Each	Replace/Install TAU-II-R Crash Cushion 4' x 24' as described in SOW	\$ 39,175.00	\$ 78,350.00
48	2	Each	Replace/Install TAU-II-R Crash Cushion 6' x 24' as described in SOW	\$ 48,425.00	\$ 96,850.00
49	2	Each	Replace/Install TAU-II-R Crash Cushion 8' x 30' as described in SOW	\$ 53,385.00	\$ 106,770.00
50	100	Cubic Yards	Concrete Pad under Attenuator as described in SOW	\$ 800.00	\$ 80,000.00
51	20	Cubic Yards	Remove Old Concrete Pad under Attenuator if Concrete is Unacceptable as described in SOW	\$ 500.00	\$ 10,000.00

**Provide Traffic Control**

52	2,000	Per Hour	Lane/Ramp/Shoulder	\$ 200.00	\$ 400,000.00
----	-------	----------	--------------------	-----------	---------------

**Material Reimbursement**

*NON BID ITEMS (Materials and Supplies)				\$50,000.00	
--	--	--	--	-------------	--

- (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) ALL ITEMS MUST BE BID ON. ANY OMISSIONS AND ALTERATIONS ON BID PROPOSAL SHALL BE DEEMED NON-RESPONSIVE.

TOTAL THIS SHEET	\$ 1,257,942.00
TOTAL THIS PROPOSAL	\$ 4,647,694.00

# ATTACHMENT 2

Contractor's Name TBD  
 Agreement Number 07A3999  
 Page 1 of 2

State of California Department of General Services, Procurement Division  
 GSPD 05 105 (REV 08/00)

## 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, NVSA, DVBE): \_\_\_\_\_ 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

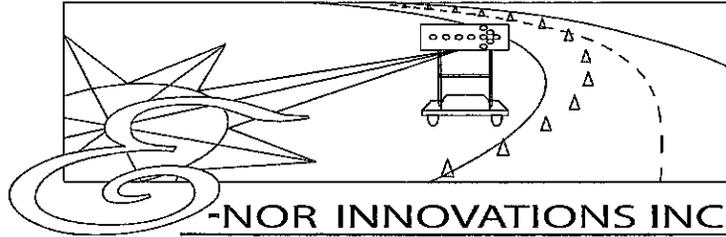
### 2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
E-Nor Innovations Kenny Jones (310) 513-6209 FAX (310) 513-6299	16213 Illinois Ave Paramount CA 90723 kenny@enortraffic.com	DVBE #37084	Traffic Control Item #52	10% #52 <1% of contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GEC Equipment Corp John Brawley (310) 515-6715 FAX (310) 515-5046	1875 W. Redondo Beach Blvd #102 Gardena, CA 90247 john@gandccorp.com	DVBE #5092	Materials - Cable Anchor Assemblies Item No.'s 15-26	#15-46% #16-30% #17-42% #18-54% #19-34% #20-36% #21-37% #22-32% #23-51% #24-57% #25-57% #26-45%	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Page \_\_\_\_\_ of \_\_\_\_\_

Total 8.5% of contract



**DVBE/SBE CERTIFIED CO. LIC. #931953**

DBA: E-nor Traffic Control

16213 Illinois Ave. Paramount, CA 90723  
 (310)513-6209 Ph 310-513-6299 Fax

DVBE/SBE# 37084  
 UDBE/DBE/MBE/SBE#37718  
 Public Works DIR#1000007079

Date: 6/28/16 To: Bidding Estimator  
 Project Number: 07-289204 (Caltrans)  
 Contractor: Bidding Estimator  
 Bid Date: 6/28/16 Bid Time: 2:00 PM

ITEM	DESCRIPTION	COST
ITEM NO 52	LANE CLOSURE/RAMP/SHOULDER	

MONDAY-FRIDAY				PER DAY
2	MEN/TRUCK	1-4 RAMPS/2 RAMPS	8HR HOURLY 8HRS	\$215
1	ATTENATOR TRUCK		HOURLY 8HRS	\$123

MINIMUM OF 4HRS WILL BE CHARGED. SEE CMS UNIT PRICE BELOW.  
 ANY WORK OVER 8HR SHIFT WILL BE BILLED AT OVERTIME AND  
 DOUBLETIME RATES.

MONDAY-FRIDAY				PER DAY
2MEN/1	LANES	-300 CONES, 2A/B, 12 AWS,		
PER DAY.....	1 LANES.....		8HR SHIFT	\$ 1,420
PER DAY.....			10HR SHIFT	\$ 1,852

AFTER 1 LANE ADD	PER DAY	\$	75
------------------	---------	----	----

MONDAY-FRIDAY				PER DAY
1MAN/PILOT CAR/TRUCK	EACH			
PER DAY.....			8HR SHIFT	\$ 880
PER DAY.....			10HRS SHIFT	\$1,096
PER DAY.....			12HRS SHIFT	\$1,312

MONDAY-FRIDAY				PER DAY
1MAN/ATTENUATOR TRUCK	EACH			
PER DAY.....			8HR SHIFT	\$ 980
PER DAY.....			10HRS SHIFT	\$1,196
PER DAY.....			12HRS SHIFT	\$1,412

ATTENUATOR TRUCK DAILY \$200EA, WEEKLY \$1,100EA, MONTHLY \$3,500EA.  
 .45 cent mileage charge.

CMS UNITS DAILY \$200EA, WEEKLY \$400 EA, MONTHLY \$1,000EA

ARROWBOARD DAILY \$40EA, WEEKLY \$200EA, MONTHLY \$ 400EA,

<b>DELIVERY</b>	<b>EACH</b>	<b>\$100</b>
<b>PICK UP</b>	<b>EACH</b>	<b>\$100</b>

ALL PROVISIONS: WILL BE ADDED AS PART OF CONTRACT BEFORE PROCEEDING.

- A. NO CONTRACT WILL BE SIGNED UNLESS ALL PROVISION ARE INCLUDED.
- B. ADDITIONAL HOURS LABOR:  
OT PER MAN, PER HOUR \$108  
DT PER MAN, PER HOUR \$125
- C. E-NOR INNOVATIONS INC. IS A UNION CONTRACTOR.
- D. PAYMENT IS DUE WITHIN 30 DAYS FROM INVOICE DATE 1.5% MONTHLY FINANCE CHARGE AFTER 30 DAYS.
- E. IF REQUIRED ADDITIONAL EQUIPMENT (I.E. CHANGEABLE MESSAGE SIGN, ATTENUATOR TRUCK) TO BE PROVIDED BY E-NOR INNOVATIONS INC AT ADDITIONAL CHARGES.
- F. PRIME CONTRACTOR IS RESPONSIBLE TO OBTAIN ALL PERMITS REQUIRED FROM CITIES INVOLVED.
- G. PRIME CONTRACTOR IS RESPONSIBLE TO COORDINATE AND PAY FOR HIGHWAY PATROL UNIT.
- H. ADDITIONAL 3 1/2 PERCENT INCREASE ADDED EVERY YEAR ON JUNE 30<sup>TH</sup>. THIS PROPOSAL WILL BECOME PART OF ANY CONTRACT.
- I. IF SPECIAL WORDING INSURANCE IS NEEDED THE AMOUNT TO BE PAID BY CONTRACTOR ALONG WITH WAIVERS OF SUBROGATION INSURANCE THE 3 % OF PAYROLL WILL BE CHARGED TO CONTRACTOR. IF NOTARY SERVICES ARE REQUIRED, PRIME CONTRACTOR IS RESPONSIBLE FOR THOSE CHARGES.
- K. EXCLUDES SPECIAL INSURANCE REQUIREMENTS. (I.E. INCREASED GENERAL LIABILITY FOR RAILROAD INSURANCE)
- L. IF EQUIPMENT IS RENTED FOR SET UP ONLY, CONTRACTOR IS RESPONSIBLE FOR CLOSURE UNTIL E-NOR INNOVATIONS INC. PICKS UP CLOSURE.
- M. ALL SIGN AND MARKER LOCATION / MARK-OUT TO BE DONE BY OTHERS AND MUST BE COMPLETED PRIOR TO E-NOR INNOVATIONS, INC. STARTING WORK. INC. IS NOT RESPONSIBLE FOR DAMAGE TO UNDERGROUND FACILITIES, NOT SHOWN ON PLANS OR, NOT MARKED OUT BY OTHER AGENCIES. (IE. CALTRANS)
- N. ALL CHANGE ORDER WORK MUST BE APPROVED BY AGENCY / OWNER PRIOR TO WORK BEING PERFORMED BY E-NOR INNOVATIONS INC.
- O. CONTRACTOR WILL BE CHARGED FOR ENOR INNOVATIONS INC. EMPLOYEES STAFF FOR ALL CLASSES/TRAINING FOR PROJECT.
- P. E-NOR INNOVATIONS INC. RESERVES RIGHT TO SUBCONTRACT WORK TO COMPLETE PROJECT.
- Q. NO WORK WILL BE PERFORMED UNTIL THIS PROPOSAL IS SIGNED AND FAXED/MAILED TO OUR LONG BEACH OFFICE.
- R. E-NOR INNOVATION CHARGES PORTAL TO PORTAL.
- S. E-NOR INNOVATIONS INC., IS A SUPPLIER OF NON-MANUFACTURED ITEMS
- T. K-RAIL, SALES OR RENTAL WITH INSTALLATION, IS AVAILABLE.

Should you have any questions, please contact me at (310) 513-6209. We look forward to working with you.

Sincerely,

David Frelow

**DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS**

STD. 843 (Rev. 5/2006)

**Instructions:** The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

**SECTION 1**

Name of certified DVBE: E-NOTE INNOVATIONS INC DVBE Ref. Number: 37084

Description (materials/supplies/services/equipment proposed): \_\_\_\_\_

Solicitation/Contract Number: \_\_\_\_\_ SCPRS Ref. Number: \_\_\_\_\_

(FOR STATE USE ONLY)

**SECTION 2**

**APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.**

I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.

Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

RONNIE JONES \_\_\_\_\_ [Signature] \_\_\_\_\_ 6/27/16  
(Printed Name of DV Owner/Manager) (Signature of DV Owner/ Manager) (Date Signed)

\_\_\_\_\_  
(Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: N/A  
(If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: N/A Address: N/A

**SECTION 3**

**APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.**

Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.

The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

RONNIE JONES \_\_\_\_\_ [Signature] \_\_\_\_\_ 6/27/16  
(Printed Name) (Signature) (Date Signed)

19618 GALWAY AVE, CARSON CA 90746 \_\_\_\_\_ 310-513-6209 22 3921054  
(Address of Owner) (Telephone) (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

\_\_\_\_\_  
(Printed Name of DV Manager) (Signature of DV Manager) (Date Signed)





G&C EQUIPMENT CORPORATION  
 1875 W. Redondo Beach Blvd, Ste 102  
 Gardena, CA 90247  
 Phone: (310)515-6715  
 Fax: (310)515-5046

# Quote

Project	Date	Estimate #
	6/24/2016	QO-21227

Name / Address
ESTIMATOR

Ship To
Cadot # 07-A3999 Los Angeles, Ca

Terms	Valid Until	Rep
Net 30	7/24/2016	JEB

Qty	U/M	Description	Item Descrip...	Cost Code/L...	Unit Price	Total
		PACKAGE # 1				
10	ea	TERMINAL ANCHOR ASSEMBLY 5FT	Bid Item # 15		299.25	2,992.50T
10	ea	TERMINAL SYSTEM 5RT	Bid Item # 16		1,207.50	12,075.00T
2	ea	TERMINAL SYSTEM ET	Bid Item # 17		1,575.00	3,150.00T
20	ea	TERMINAL SYSTEM CAT	Bid Item # 18		2,940.00	58,800.00T
20	ea	TERMINAL SYSTEM SKT (WOOD POST)	Bid Item # 19		1,555.05	31,101.00T
		1% California Lumber Assessment			1.00%	311.01
20	ea	TERMINAL SYSTEM SKT (STEEL POST)	Bid Item # 20		1,662.15	33,243.00T
20	ea	TERMINAL SYSTEM FLEAT (WOOD POST)	Bid Item # 21		1,298.85	25,977.00T
		1% California Lumber Assessment			1.00%	259.77
20	ea	TERMINAL SYSTEM FLEAT (STEEL POST)	Bid Item # 22		1,349.25	26,985.00T
20	ea	TERMINAL SYSTEM TYPE X-TENSION (WOOD POST)	Bid Item # 23		3,833.55	76,671.00T
		1% California Lumber Assessment			1.00%	766.71
20	ea	TERMINAL SYSTEM TYPE X-TENSION (STEEL POST)	Bid Item # 24		3,833.55	76,671.00T
20	ea	TERMINAL SYSTEM TYPE X-LITE (WOOD POST)	Bid Item # 25		1,828.05	36,561.00T
		1% California Lumber Assessment			1.00%	365.61
6	ea	TERMINAL SYSTEM TYPE X-LITE (STEEL POST)	Bid Item # 26		1,828.05	10,968.30T
				<b>Subtotal</b>		
				<b>Sales Tax (9.0%)</b>		
Signature				<b>Total</b>		



G&C EQUIPMENT CORPORATION  
 1875 W. Redondo Beach Blvd, Ste 102  
 Gardena, CA 90247  
 Phone: (310)515-6715  
 Fax: (310)515-5046

# Quote

Project	Date	Estimate #
	6/24/2016	QO-21227

Name / Address
ESTIMATOR

Ship To
Cadot # 07-A3999 Los Angeles, Ca

Terms	Valid Until	Rep
Net 30	7/24/2016	JEB

Qty	U/M	Description	Item Descrip...	Cost Code/L...	Unit Price	Total
		Certifications: DVBE #5092 Exp. 11-30-2016 SBE #5092 CUCP DEB #820 SDB #WA0001-0015745				
					<b>Subtotal</b>	\$396,897.90
					<b>Sales Tax (9.0%)</b>	\$35,567.53
					<b>Total</b>	\$432,465.43

Signature \_\_\_\_\_

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

**DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS**

STD. 843 (Rev. 5/2006)

**Instructions:** The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

**SECTION 1**

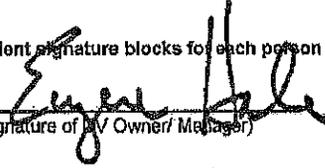
Name of certified DVBE: G&C Equipment Corporation DVBE Ref. Number: 5092  
Description (materials/supplies/services/equipment proposed): Construction Supply & Materials  
Solicitation/Contract Number: 07-A3999 SCPRS Ref. Number: \_\_\_\_\_  
(FOR STATE USE ONLY)

**SECTION 2**

**APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.**

- I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

<u>Eugene Hale</u> (Printed Name of DV Owner/Manager)	 (Signature of DV Owner/Manager)	<u>06/24/2016</u> (Date Signed)
_____ (Printed Name of DV Owner/Manager)	_____ (Signature of DV Owner/Manager)	_____ (Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent: \_\_\_\_\_  
(If more than one firm, list on extra sheets.) (Print or Type Name)

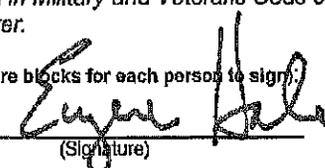
Firm/Principal Phone: 310-515-6715 Address: 1875 W. Redondo Beach Blvd., STE 102, Gardena, Ca. 90247

**SECTION 3**

**APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.**

- Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

<u>Eugene Hale</u> (Printed Name)	 (Signature)	<u>06/24/2016</u> (Date Signed)
<u>1875 W. Redondo Beach Blvd, STE 102, Gardena, Ca. 90247</u> (Address of Owner)	<u>310-515-6715</u> (Telephone)	<u>95-3610069</u> (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

_____ (Printed Name of DV Manager)	_____ (Signature of DV Manager)	_____ (Date Signed)
---------------------------------------	------------------------------------	------------------------



ATTACHMENT 7  
 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. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. 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.
- E. 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 <b>Alcorn Fence Company</b>	2. Telephone Number <b>(818) 983-0650</b>	2a. Fax Number <b>(818) 768-9719</b>
2b. Email Address <b>tom@alcornfence.com</b>		
3. Address <b>9901 Glenoaks Boulevard; Sun Valley, CA 91352</b>		
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) <b>95-1659211</b>	8. California Corporation No. <b>C0190878</b>	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number <b>100001986</b>		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number <b>122954</b>	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) <b>Tom Stack</b>	13. Title <b>President</b>	
14. Signature 	15. Date <b>06.27.16</b>	
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: _____	
<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: _____		
17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		