

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION
PRICE QUOTE PROPOSAL
ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): LLTD INC				CONTRACT NO:	
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	1600	1 hour	The Contractor shall furnish all labor, materials, parts and equipment necessary to provide emergency and/or routine plumbing services to Caltrans-owned residential and commercial properties. Services shall be provided on an as-needed basis, as requested by the Caltrans Contract Manger (included his/her authorized designee) within the designated service area per the Standard Agreement, Exhibit A.	224.71	24,493 ⁸⁹
2	200	1 hour	Overtime hours	337.06	11,797 ¹⁰
3	100	1 hour	Double overtime hours	449.42	6,741 ⁴⁰
SUBTOTAL					46,424 ¹⁹
4	<p>Reimbursement for these extraordinary materials and incidentals shall not exceed the maximum allocation established in the Bid Proposal, Attachment 1, line 4. Contractor shall provide to the Caltrans Contract Manager with its billings, written receipts, invoices and the approved task orders for the purchase of these preapproved extraordinary materials and equipment or special disposal fees, on a monthly basis, or as requested. The Contractor shall provide these documents to the Caltrans Contract Manager or designee via email, facsimile, or letter.</p> <p>Plumbing Services Parts and/or Supplies: Maximum expenditure and estimated costs for miscellaneous parts and/or supplies, per Exhibit A, Section 9 and Exhibit B, Item 5, not included in Items Numbers 1-3, above. Actual costs will be reimbursed based on submitted original receipts and/or invoices. *THIS AMOUNT SHALL BE 10% OF THE ACTUAL SUBTOTAL AMOUNT (0.10 x Subtotal).</p>				11,606 ⁰⁰
<p>(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF QUOTES. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.</p> <p>(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.</p>					<p>TOTAL THIS PROPOSAL</p> <p>58,030²³</p>

ATTACHMENT 5
 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>LLTD INC</i>	2. Telephone Number <i>(209) 833-3841</i>	2a. Fax Number <i>(209) 833-6411</i>
2b. Email Address <i>mstrouter@sbccglobal.net</i>		
3. Address <i>8451 Feliz way Tracy, Ca. 95304</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>68-0478383</i>	8. California Corporation No.	
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>760498</i>	11. PUC License Number CAL-T- <i>C36</i>	
12. Bidder' Name (Print) <i>Larry Celestine</i>	13. Title <i>President</i>	
14. Signature <i>Larry Celestine</i>	15. Date <i>6/16/16</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"/>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, enter certification number: <i>1000026687</i>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		