

**ATTACHMENT 1**

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

CONTRACTOR'S NAME (Please Print): *Inland Flooring Contractors, Inc.*

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
1	1	Lump Sum	All work in accordance with Exhibit A, Scope of Work	\$ 18,597. <sup>00</sup>
TOTAL THIS PROPOSAL				\$ 18,597. <sup>00</sup>

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 <b>Inland Flooring Contractors, Inc.</b>	2. Telephone Number <b>(951) 351-1781</b>	2a. Fax Number <b>(951) 351-1704</b>
2b. Email Address <b>inlandflooring@aol.com</b>		
3. Address <b>6770 Central Ave., Suite A Riverside, CA 92504</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. (FBI) <b>33-0747886</b>	8. California Corporation No. <b>1981095</b>	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number <b>737496</b>	10. PUC License Number CAL-T- <b>N/A</b>	
11. Bidder' Name (Print) <b>Michelle Gibson</b>	12. Title <b>Office Manager</b>	
13. Signature 	14. Date <b>3-28-2016</b>	
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"/>	b. Disabled Veteran Business Enterprise      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, enter certification number: <b>52465</b>	If yes, enter your service code below: <b>52465</b>	
<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: _____		