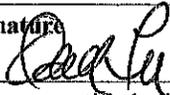


ATTACHMENT 7
 BID/BIDDER CERTIFICATION SHEET

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. 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 Lee Contractors and Consultants, Inc.	2. Telephone Number (805) 423-2505	2a. Fax Number (866) 277-8988
2b. Email Address leecontractors.steve@gmail.com		
3. Address 1978 Eucalyptus Road, Nipomo, CA 93444		
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) 45-0815928	8. California Corporation No. C3357886	
Indicate applicable license and/or certification information:		
9. Contractor's State Licensing Board Number 961702	10. PUC License Number CAL-T-	
11. Bidder' Name (Print) Odell Lee	12. Title President	
13. Signature 	14. Date May 9, 2016	
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"/> If yes, enter certification number: 1535980	b. Disabled Veteran Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter your service code below: 1535980	
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: _____		

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

ATTACHMENT 1

Lee Contractors and Consultants, Inc.
CONTRACTOR'S NAME (Please Print):

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	TOTAL
1	1	Lump Sum	All work in accordance with Exhibit A, Scope of Work.	\$ 24,945.00
			TOTAL THIS PROPOSAL	\$ 24,945.00

ATTACHMENT 2

STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION
SUBCONTRACTING PROVISIONS/LIST
Form ADM 1511 (REV. 9/06)

List all subcontractors that will be used in this Agreement. All subcontractors listed below must be used in accordance with the Agreement. This includes, if applicable, compliance with the subcontracting provisions and any Disabled Veteran Business Enterprise (DVBE), Small Business, Micro-Business, and Disadvantaged Business Enterprises (DBE) subcontractors. If none, bidder to write "NONE" in this space.

NAME	BUSINESS ADDRESS	DESCRIPTION OF PORTION OF WORK WHICH WILL BE DONE BY EACH CONTRACTOR*
Loop Electric	7040 Downing Ave, Bakersfield, CA 93308	Inductive Loops Installation
Maneri Traffic Control	47423 Rainbow Canyon Temecula, CA 92592	Traffic Control

AUTHORITY: Title 49, Code of Federal Regulations, Part 26 (49 CFR 26)
 INSTRUCTIONS FOR COMPLETING FORM ADM-0227f (Please Type or Print Legibly):
PART A - CONTRACTOR INFORMATION

CONTRACTOR'S BUSINESS INFORMATION: Bidder's/Proposer's Business Name, Address, City, State, Zip Code, Contact Person, Business Phone, Fax Number, and Email Address.
Agreement Number: The Agreement number is the same number as the Invitation for Bid (IFB) or Request for Proposal (RFP) number.
CONTRACT DOLLAR AMOUNT: Total dollar amount that Contractor proposes to accomplish the Agreement.
Date: Date this form is completed.

PART B - DBE INFORMATION AND DOCUMENTS

PRIME: Complete if Prime is a certified DBE.
Sub-Contractor: Complete if the Subcontractor(s)/Supplier(s) are certified DBE. Please make and attach additional copies of page 1 if needed. Attach a copy of the bid (or price quote) from the DBE (on the DBE's Letterhead) for all DBEs listed.

- Column 1 Enter the names (includes all certified DBE Prime and Subcontractors) and complete addresses of all certified DBE Contractor/Subcontractor/Supplier(s) that will be used in the Agreement.
- Column 2 Enter the area code and phone number of the corresponding certified DBE listed in Column 1.
- Column 3 Enter the Contracting Tier number for each DBE correspondingly listed in Column 1: 0 = Prime or Joint Consultant, 1 = Primary Subcontractor, 2 = Subcontractor/Supplier of level 1 Primary Subcontractor.
- Column 4 Enter a description that briefly captures the work to be performed or supplies to be provided by each corresponding DBE firm listed in Column 1.
- Column 5 Enter the DBE or CUCP Certification Number for the corresponding DBE listed in Column 1. Self-certification is NOT acceptable. DBEs must be certified by the substantial date identified in the IFB or RFP. For more certification and verification information, refer to the IFBs or RFP's Notice to Bidders/Proposers Disadvantaged Business Enterprise (DBE) Program and Participation Goal.
- Column 6 Enter the correct Ownership Code number below for the corresponding DBE listed in Column 5.
 - 1 = Black American
 - 2 = Hispanic American
 - 3 = Native American
 - 4 = Asian-Pacific American
 - 5 = Subcontinent Asian American
 - 6 = Caucasian
 - 7 = Woman
 - 8 = Other
 - 9 = Not Applicable
- Column 7-8 Enter the dollar and/or percentage (%) of the dollar (\$) value claimed for each corresponding DBE listed in Column 1.

EXAMPLE:

PART B - DBE INFORMATION AND DOCUMENTATION (refer to instructions in Page 2 of this form. Bidder/Proposer shall verify DBE certifications.)

(1) List Name(s) and addresses of all DBEs that will participate in this Agreement:	(2) Area Code & Phone Number	(3) Tier	(4) Description of Work, Services, or Material Supplied	(5) DBE or CUCP Certification Number	(6) Ownership Code	(7) DBE \$ Amount Claimed	(8) % of \$ Value Claimed	(9) Caltrans Use Only %
1B Jane's Prime Inc., 1234 Jane's Street, Jane's City, CA 04321	(909) 000-1111	0	Project management	XXXXXXXXXX	7, 5	48,000	48%	
2B Joe's Subcontractor, Inc., 4567 Joe's Street, Joe's City, CA 07854 Supplier International LLC, 1100 X Street, Supplier's City, CA 45670	(909) 111-0000 (111) xxx-0001	1	Design, surveys, environmental testing Survey instruments, testing materials	0000000000 00 111111111111	6	42,000 10,000	42% 10%	

ADDITIONAL INFORMATION:

- Form ADM-0312f should be submitted with the ADM-0227f to demonstrate good faith efforts (GFE) AND protect bidder's/proposer's eligibility for contract award in the event Caltrans determines the bidder/proposer failed to meet the DBE goal.
- A DBE joint venture partner shall submit the joint venture agreement with the form ADM-0227f.

ADA Notice: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

ATTACHMENT 4

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

DISADVANTAGED BUSINESS ENTERPRISES UTILIZATION REPORT

ADM-3069 (NEW 08/2011)

Lock Data on Form

ADA Notice
For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3980 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

CONTRACT NUMBER 09-A0604		INVOICE NUMBER	TASK ORDER NUMBER (if applicable)	ADMINISTERING AGENCY Department of Transportation Division of Procurement and Contracts		CONTRACT START DATE	CONTRACT COMPLETION DATE		
PRIME CONTRACTOR NAME (PRINT) Lee Contractors and Consultants, Inc.				BUSINESS ADDRESS 1978 Eucalyptus Road Nipomo, CA 93444		TOTAL CONTRACT AMOUNT: \$			
PRIME CONTRACTOR REPRESENTATIVE NAME (PRINT)						Contract Manager Must Complete this Section!			
						Total Federal Share Amount \$	OR		
ITEM NO.	DESCRIPTION OF WORK PERFORMED AND MATERIEL PROVIDED	COMPANY NAME AND BUSINESS ADDRESS	DBE CERTIFICATION NUMBER	GENDER	OWNERSHIP CODE(S)	CONTRACT PAYMENTS		DATE WORK COMPLETE	PAYMENT DATE
						NON-DBE	DBE		
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
ORIGINAL COMMITMENT		OWNERSHIP CODES:			TOTAL	\$	\$		
\$	CR	%	1= Black American	6= Caucasian	Comments				
	UDBE		2= Hispanic American	7= Woman					
			3= Native American	8= Other					
\$	CR	%	4= Asian Pacific American	9= Not Applicable					
	DBE		5= Subcontinent Asian American						

List all Subcontractors and Disadvantaged Business Enterprises (DBEs) regardless of tier, whether or not the firms were originally listed for goal credit. If actual DBE utilization (or item of work) was different than that approved at the time of award, provide comments. List actual amount paid to each entity.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT

CONTRACTOR REPRESENTATIVE'S SIGNATURE	BUSINESS PHONE NUMBER	DATE
TO THE BEST OF MY INFORMATION AND BELIEF THE ABOVE INFORMATION IS COMPLETE AND CORRECT		
CONTRACT MANAGER'S SIGNATURE	BUSINESS PHONE NUMBER	DATE

COPY DISTRIBUTION (Required): (1) Original: Contract Manager
(2) Copy: Office of Business and Economic Opportunity, Email: to smallbusinessadvocate@dot.ca.gov or FAX to 916-324-1949