

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): _____

ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	300	Per Pick-Up	Provide Three (3), 40 Cubic Yard (CY) bins located at Kearny Mesa Maintenance Station as described in Exhibit A, Scope of Work (SOW).	\$ 448.00	\$ 134,400.00
2	300	Per Pick-Up	Provide Three (3), 40 CY bins located at Chula Vista Maintenance Station as described in Exhibit A, SOW.	\$ 380.00	\$ 114,000.00
3	450	Per Pick-Up	Provide Two (2) to Three (3), 40 CY bins located at Carlsbad Maintenance Station as described in Exhibit A, SOW.	\$422.75	\$ 190,237.50
4	450	Per Pick-Up	Provide Two (2), 40 CY bins located at Escondido Maintenance Station as described in Exhibit A, SOW.	\$ 389.82	\$ 175,419.00
5	110	Per Pick-Up	Provide One (1), 4-6 CY bin located at Coronado Bridge Maintenance Station as described in Exhibit A, SOW.	\$ 162.26	\$ 17,848.60
6	110	Per Pick-Up	Provide One (1), 4-6 CY bin located at Coronado Toll Plaza Maintenance Station as described in Exhibit A, SOW.	\$ 162.26	\$ 17,848.60
7	110	Per Pick-Up	Provide One (1), 4-6 CY bin located at South Control Yard as described in Exhibit A, SOW.	\$54.00	\$ 5,940.00
8	40	Per Pick-Up	On-Call/Emergency Locations in San Diego County – Twenty-Five (25) CY bins.	\$448.00	\$ 17,920.00
9	40	Per Pick-Up	On-Call/Emergency Locations in San Diego County – Forty (40) CY bins.	\$448.00	\$ 17,920.00

- (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) PLEASE DO NOT ALTER, MODIFY OR CHANGE THIS BID PROPOSAL SHEET. ANY ALTERATIONS, MODIFICATIONS, OR CHANGES TO THIS BID PROPOSAL SHEET WILL BE GROUNDS TO REJECT THE BID.
- (4) EACH LINE ITEM MUST BE BID. PLEASE DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID PROPOSAL SHEET WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.

TOTAL THIS PROPOSAL

\$ 691,533.70

**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 EDCO Disposal Corporation	2. Telephone Number (619)287-7555	2a. Fax Number (619)287-5242
2b. Email Address jvorgeas@edcodisposal.com		
3. Address 6670 Federal Blvd Lemon Grove, CA 91945		
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) 95-2486063	8. California Corporation No. 0524099	
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	11. PUC License Number CAL-T-	
12. Bidder's Name (Print) John D. Vorgeas	13. Title Director of Market Development	
14. Signature <i>John D. Vorgeas</i>	15. Date 5/25/16	
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: _____	
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: _____		