

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

**ATTACHMENT I**

| CONTRACTOR'S NAME (Please Print): <i>Recology Nuba-Sutter</i> |                    |                 |   |   |  |
|---|--------------------|-----------------|---|---|--|
| ITEM NO.  | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM  | UNIT PRICE<br>(Price Per Unit of Measure) | TOTAL<br>(Estimated Quantity X Unit Price) |
| 1   | 208                | 1 Service       | All of the labor, tools, equipment, vehicles, materials, supplies, and incidentals necessary, including all costs, taxes and fees associated to trash pick-up, hauling and disposal services, per Standard Agreement STD 213, Exhibit A, Scope of Work. | \$ 100.00                                 | \$ 20800.00                                |
|   |                    |                 |   | TOTAL THIS PROPOSAL                       | \$ 20800.00                                |

(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.

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<br><i>Recology Yuba-Sutter</i>   | 2. Telephone Number<br><i>530 743-6933</i>  | 2a. Fax Number<br><i>530 743-2644</i>              |
| 2b. Email Address<br><i>cthornburg@Recology.com</i>  |   |  |
| 3. Address<br><i>PO BOX 6 / 3001 N Levee Rd, Marysville CA 95901</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)  | 8. California Corporation No. <i>0723651</i>  |  |
| Indicate applicable license and/or certification information:  |   |  |
| 9. Contractor's State Licensing Board Number   | 10. PUC License Number<br>CAL-T-  |  |
| 11. Bidder's Name (Print)<br><i>Chris Thornburg</i>  | 12. Title<br><i>Lead Cust Serv Specialist</i>   |  |
| 13. Signature<br><i>Chris Thornburg</i>  | 14. Date<br><i>5/2/16</i>   |  |
| 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 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: _____  |   |  |