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. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
D. 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.
E. 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	2. Telephone Number	2a. Fax Number
CLEAN SWEEP JANITOR SERVICE	(619) 992-9821	( )

2b. Email Address DAR22@AOL.COM

3. Address
P.O.BOX 2256, ALPINE, CA. 91903

Indicate your organization type:
4. ☑ Sole Proprietorship | 5. ☐ Partnership | 6. ☐ Corporation

Indicate the applicable employee and/or corporation number:
7. Federal Employee ID No. (FEIN) 33-0829992 | 8. California Corporation No. N/A

Indicate the Department of Industrial Relations information:
9. Contractor Registration Number N/A

Indicate applicable license and/or certification information:

10. Contractor's State Licensing Board Number	11. PUC License Number CAL-T-
N/A	N/A
12. Bidder' Name (Print)	13. Title
DARLENE S. ROLF	OWNER
14. **Signature**	15. Date
D. S. R	10-5-16

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 ☑ No ☐
If yes, enter certification number: 3139
b. Disabled Veteran Business Enterprise Yes ☐ No ☑
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 ☐ No ☑

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ATTACHMENT 1

ADM-1412 (REV. 11/2015)

CONTRACTOR'S NAME (Please Print):

CLEAN SWEEP JANITOR SERVICE

SECTION A

Note to Bidder: Use the information provided below for bid calculations.

Contractor MUST pay their employees at least the minimum blended rates (as described herein) for Wages and Benefits. If Contractor is going to use employee(s) with a job title other than what is listed, please refer to the CalHR website to obtain the blended rates.

The Department has elected to use the Blended Benefit Rates. If actual benefits are already being provided, Contractor is required to provide proof of each type of benefit, with the dollar value, at time of award. Wages and Benefits must meet the GC 19134 requirements as posted on the CalHR web-site: http://www.calhr.ca.gov/state-hr-professionals/Pages/current-rates-on-or-after-20030701.aspx.

A	B	C	D
Employee Job Title	Blended Hourly *Salary Rates	Blended **Benefits Rates	**Employee Total Rates** Hourly Rates (B) + Blended Benefit Rates (C)
Custodian	10.76	9.15	19.91

SECTION B

Note to Bidder: Use the calculations from Section A, as appropriate, to complete Section B.

G ITEM NO.	H UNIT OF MEASURE	I DESCRIPTION OF SERVICES	J UNIT PRICE	K ESTIMATED QUANTITY	L SUB-TOTAL (Unit Price x Quantity)
1	Month	Janitorial Service for the Region Office building and Crews Office building at 1102 Montenegro Way El Centro, CA as described in Exhibit A and Attachment 3	$ 2656.00	12	$ 31,872.00

The Contractor shall perform all work under this Agreement for the sum of **(Grand Total)** $ 31,872.00

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.

Per GC 19134, the rates are set at 85% of the State's salary and benefit cost for State employees.

* "Salary" includes wages, retirement, Social Security, and Medicare

** "Benefits" includes health, dental, vision, holidays, sick leave, and vacation.

BIDDER DECLARATION

1. Prime bidder information **(Review attached Bidder Declaration Instructions prior to completion of this form)**:

a. Identify current California certification(s) **(MB, SB, SB/NVSA, DVBE): SB #3139 or None ___** (If "None", go to Item #2)

b. Will subcontractors be used for this contract? **Yes** ✓ **No** ___ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

ALL JANITORIAL SERVICES, CLEANING, ALL LABOR, EQUIPMENT, VACUUMS, MOPS, MOP BUCKETS, SOME CHEMICALS,

c. If you are a California certified DVBE: (1) Are you a broker or agent? **Yes** ___ **No** ___
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** ___ **No** ___ **N/A** ___

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
PEGGY S. BROOKS CO. PATRICK McDONOUGH 800-959-6560 office 800-959-4107 fax	P.O. BOX 5697 AUBURN, CA. 95604 PATRICK@BROOKSCO.COM	DVBE #2255 SB #2255	TOILET TISSUE, HAND TOWELS, SOAP, floor finish, SEAT LINERS, CLEANING CHEMICALS ETC.	MORE THAN 3%	✓ YES	

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.
Please sign and date here: [signature] 10-5-16

ATTACHMENT 7
IFO # 11A2516

Peggy S Brooks Co Inc
A Service Disabled Veteran Owned Small Business

TO: Clean Sweep Janitor Service
Attn: Darlene Rolf
2230 Yucca Hill Rd
Alpine CA 91901

From: Peggy S Brooks Co Inc
PO Box 5697
Auburn, CA 95604
Ph: (800) 959-6560
Fx: (800) 959-4107

Here is the pricing you requested on the following items: 10/05/16

Qty	Description	$Each	$Ext
2 cs	Neutral Cleaner Waxie 320002 4/cs	52.16	104.32
5 drum	Hi Gloss Floor Finish Waxie 930285 5 Gal Drum	98.96	494.80
2 cs	Green Floor Stripper Waxie 320661 4/cs	87.05	174.10
2 cs	Green Encapsulating Carpet Extraction Cleaner Waxie 1070660 4/cs	80.16	160.32
2 cs	Green Restroom Cleaner Waxie #1030063 4/cs	141.76	283.52
1 cs	Green Sparkle Glass Cleaner 12 oz 12/cs Waxie 950152	34.35	34.35
1 cs	Green Custodian All-Purpose Cleaner 16 oz can 12/cs Waxie 320090	41.22	41.22
12 cs	89430 Enmotion 8" Roll Towels 6/cs Waxie 850544	72.59	871.08
12 cs	Green 8912 Jumbo Roll Bath Tissue 12/1000 cs Waxie #851244	39.59	475.08
4 cs	Liner Black .85 mil 24x23 20/25 case Waxie #705110	29.94	119.76
2 cs	Liner Black .85 mil 24x31 20/25 case Waxie #705111	40.35	80.70
4 cs	Liner Black 1.25 mil 40x46 100/cs Waxie 705116	32.88	131.52
1 cs	Wave 3D Urinal Deodorant Screen Cotton Floss 10/box – 6 bx/cs Waxie 161364	124.61	124.61
8 cs	Foam Soap 2000mL Pink Lotion 2/cs Waxie 385800	52.37	418.96
1 cs	07410 Scott Personal Seat Cover 25x125 cs Waxie 851650	99.36	99.36
		Subtotal	3613.70
	Price good for 30 days	8.0 Tax	289.10
		Total	3902.80

DVBE #0002255 – exp 07/31//2017 Resale #SR KH 99-704081
SBE #0002255 – exp 07/31/2017
Fed ID #68-0342510

ATTACHMENT 6

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 843 (Rev. 5/2006)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment [Military and Veterans Code Section 999.2]. Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: Peggy S. Brooks Co Inc. DVBE Reference Number: 2255

Description (materials/supplies/services/equipment proposed): Janitorial Supplies

Solicitation/Contract Number: 11A2516 SCPRS Reference Number: (FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

☒ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete section 3 below if renting equipment.

☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). *(Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)*

All DV owners and managers of the DVBE **(attach additional pages with sufficient signature blocks for each person to sign):**

(Printed Name of DV Owner/Manager)	(Signature of DV Owner/Manager)	(Date Signed)
M Golden		10/6/16

Firm/Principal for whom the DVBE is acting as a broker or agent: (If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: Address:

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

☐ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. Seq

☐ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in *Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.*

Disabled Veteran Owner(s) of the DVBE **(attach additional pages with signature blocks for each person to sign):**

(Printed Name)	(Signature)	(Date Signed)

(Address of Owner)	(Telephone)	(Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE **(attach additional pages with sufficient signature blocks for each person to sign):**

(Printed Name of DV Manager)	(Signature of DV Manager)	(Date Signed)