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
SERVICEMASTER A PLUS RESTORATION	(951) 509-0340	(951) 509-0330

2b. Email Address bobby@servicemasteraplus.com

3. Address 9960 INDIANA AVE., STE. 11, RIVERSIDE CA 92503

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) | 8. California Corporation No. 3202129

Indicate the Department of Industrial Relations information:
9. Contractor Registration Number 1000037127

Indicate applicable license and/or certification information:

10. Contractor's State Licensing Board Number	11. PUC License Number CAL-T-
858819	
12. Bidder' Name (Print)	13. Title
DORU BOBBY MOISE	GENERAL MANAGER
14. **Signature**	15. Date
[signature]	10/10/2016

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:
* _____

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.

* WE ARE IN THE PROCESS OF COMPLETING THE APPLICATION FOR SBE.

(THE PENDING SB# IS 2001419)

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ATTACHMENT 1

ADM-1412 (REV. 11/2015)

CONTRACTOR'S NAME (Please Print): SERVICEMASTER A PLUS RESTORATION

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 Total Rates
Employee Job Title	Blended Hourly *Salary Rates	Blended **Benefits 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	$ 2,000.00	12	$ 24,000.00

The Contractor shall perform all work under this Agreement for the sum of **(Grand Total)** $ 24,000.00

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.