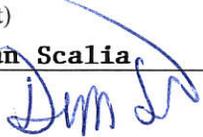


ATTACHMENT 3
 BID/BIDDER CERTIFICATION SHEET

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 <p style="text-align: center;">*</p>	2. Telephone Number <p style="text-align: center;">(818) 973-3720</p>	2a. Fax Number <p style="text-align: center;">(818) 973-3793</p>
2b. Email Address chiaro-bill@aramark.com		
3. Address <p style="text-align: center;">115 N. First Street, Burbank, CA 91502</p>		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation x LLC
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 95-3082883	8. California Corporation No. 200711710192	
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 <p style="text-align: center;">N/A</p>	11. PUC License Number CAL-T- <p style="text-align: center;">N/A</p>	
12. Bidder' Name (Print) <p style="text-align: center;">Dean Scalia</p>	13. Title <p style="text-align: center;">Director of Business Planning</p>	
14. Signature 	15. Date <p style="text-align: center;">September 9, 2016</p>	
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: _____		

*** ARAMARK Uniform Services, a division of
 ARAMARK Uniform & Career Apparel, LLC**

ADM-1412 (REV. 11/2015)

CONTRACTOR'S NAME (Please Print) **Aramark Uniform Services, a division of Aramark Uniform & Career Apparel LLC.**

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

SECTION A		A	B	C	D
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.		Employee Job Title	Blended Hourly *Salary Rates	Blended **Benefits Rates	Employee Total 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 .		Laundry Worker	\$11.78	\$9.53	Hourly Rates (B) + Blended Benefit Rates (C) \$21.31

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

G	H	I	J	K	L	M
ITEM NO.	UNIT OF MEASURE	DESCRIPTION OF SERVICES	UNIT PRICE	Estimated Quantity	Number of Weeks	TOTAL = (Unit Price x Quantity x Number of Weeks)
1	WEEKLY	Safety Vest (Caltrans owned) laundered	\$.50	126	104	\$6,552.00
2	WEEKLY	Coveralls (Caltrans owned) laundered	\$.50	124	104	\$6,448.00
3	WEEKLY	Fire Retardant Coveralls (Caltrans owned) laundered	\$.50	50	104	\$2,600.00
4	WEEKLY	Fire Retardant Jacket (Caltrans owned) laundered	\$.50	50	104	\$2,600.00
5	WEEKLY	Fire Retardant Jacket Liner (Caltrans owned) laundered	\$.50	50	104	\$2,600.00
6	WEEKLY	Floor Mats, Nylon/Rubber, 4' x 6', rented and cleaned	\$3.50	58	104	\$21,112.00
7	WEEKLY	Floor Mats, Nylon/Rubber, 3' x 4', rented and cleaned	\$2.50	82	104	\$21,320.00
8	WEEKLY	Floor Mats, Nylon/Rubber, 3' x 10', rented and cleaned	\$4.50	64	104	\$29,520.00
9	WEEKLY	Floor Mats, Scraper Nylon/Rubber Mat, 3' x 5' rented & cleaned	\$2.50	40	104	\$10,400.00
10	WEEKLY	Dust Mop HEAD, 36 inch, rented and cleaned	\$1.50	20	104	\$3,120.00
11	WEEKLY	Dust Mop Handle and Frame rented	Included in Line 10	20	104	No Charge
12	WEEKLY	Wet Mop rented and cleaned	\$1.50	10	104	\$3,120.00
13	WEEKLY	Cotton Shop cleaning Towels 14" x 14" rented and cleaned	\$.10	130	104	\$1,352.00
(Grand Total)						\$92,086.00

The Contractor shall perform all work under this Agreement for the sum of

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.
 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.