

ATTACHMENT 5
 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 Red Hawk Services	2. Telephone Number (951) 657-6400	2a. Fax Number (951) 657-6442
2b. Email Address john@redhawkservices.us		
3. Address 262 E 1st Street, Perris, CA 92557		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input checked="" type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) 45-3973738	8. California Corporation No. N/A	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number 1000005366		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number 971584	11. PUC License Number CAL-T-	
12. Bidder' Name (Print) Yvonne C Moore	13. Title Partner	
14. Signature 	15. Date 9/16/16	
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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: 1743230	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.		

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

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print):			CONTRACT NO:		
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	3,600	Per Linear Foot	Linear foot of 6' chain link fence repaired or replaced at various State Routes in Orange County as described in Exhibit A, Scope of Work (SOW)	\$ 27.21	\$ 97,956.00
2	300	Per Linear Foot	Linear foot of 10' chain link fence repaired or replaced at various State Routes in Orange County as described in Exhibit A, SOW	\$ 38.89	\$ 11,667.00
3	10	Per Gate	14' x 6" Vehicle Gate shall be replaced at various State routes in Orange County as described in Exhibit A, SOW.	\$ 2,995.75	\$ 29,957.50
4	10	Per Gate	4' x 6" Pedestrian Gate shall be replaced at various State routes in Orange County as described in Exhibit A, SOW.	\$ 2,205.24	\$ 22,052.40
5			Materials expenses WITH prior Caltrans approval. (Calculate 10% of items 1 through 4).		\$
6	80	Per Hour	Traffic Control	\$ 275.00	\$ 22,000.00
				TOTAL THIS PROPOSAL	\$ 183,632.90

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF QUOTES. 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.

BIDDER DECLARATION

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

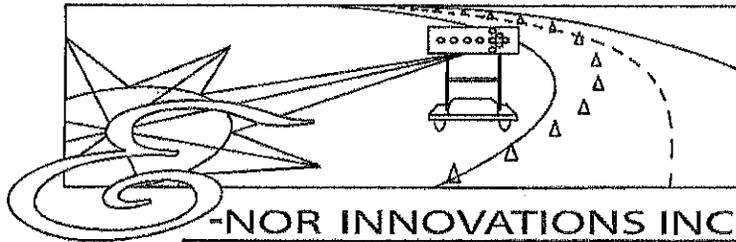
- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): SB or None (If "None," go to item #2)
- b. Will subcontractors be used for this contract? Yes No (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by 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.
 Any traffic control not provided by Cal Trans, will be provided by Licensed Subcontractor

- 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, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
E-Nor Innovations J.R. Rodriguez 562-212-2310 C 310-513-6229 F	16213 Illinois Ave Paramount, Ca. 90723 www.enortraffic.com	MB SB DVBE	traffic control services lane closures detoures shoulder closers	9.8	<input checked="" type="checkbox"/> yes	<input checked="" type="checkbox"/> yes
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.



-NOR INNOVATIONS INC.

DVBE/SBE CERTIFIED CO. LIC. #931953
 DBA: E-nor Traffic Control

16213 Illinois Ave, Paramount, CA 90723
 (310)513-6209 Ph 310-513-6299 Fax

DVBE/SBE# 37084
UDBE/DBE/MBE/SBE#37718
Public Works DIR#1000007079

Date: 07/26/16 **To:** Bidding Estimator

PROJECT NUMBER: 12-A1657 (CALTRANS)

Bid Date: 07/26/16 **BID TIME:** 2:15PM

ITEM	DESCRIPTION	COST
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SHOULDER CLOSURE:

2	MEN/TRUCK	8HR SHIFT	\$1,420
2	MEN/TRUCK	10HR SHFIT	\$1,860

ADDITIONAL SHOULDER CLOSURE SAME DAY/NIGHT ADD EQUIPMENT ONLY. \$ 50

TRAFFIC CONTROL SYSTEM: T10 FREEWAYS AND EXPRESSWAYS

2	MEN/TRUCK	1 LANE, 1 DIRECTION	8HR SHIFT	\$1,420
2	MEN/TRUCK	2 LANES, 1 DIRECTION	8HR SHIFT	\$1,495
2	MEN/TRUCK	3 LANES, 1 DIRECTION	8HR SHIFT	\$1,645
		ADDITIONAL LANES AFTER 3 LANES	ADD	\$ 75

DOES NOT INCLUDE CMS UNITS

TRAFFIC CONTROL SYSTEM: T10A LANE CLOSURE AT EXIT RAMP & ENTRANCE RAMP

2	MEN/TRUCK	1 LANE, 1 DIRECTION	8HR SHIFT	\$1,420
		ADDITIONAL LANES AFTER		\$ 75

DOES NOT INCLUDE CMS UNITS.

TRAFFIC CONTROL SYSTEM: T10A COMPLETE CLOSURE

2	MEN/TRUCK	1 LANE, 1 DIRECTION	8HR SHIFT	\$1,420
2	MEN/TRUCK	2 LANES, 1 DIRECTION	8HR SHIFT	\$1,495
2	MEN/TRUCK	3 LANES, 1 DIRECTION	8HR SHIFT	\$1,645

ADDITIONAL LANES ADD \$ 50

10-30 FREEWAY PORTABLE ROLL UP FREEWAY DETOURS ADD \$ 30

30-60 FREEWAY PORTABLE ROLL UP FREEWAY DETOURS ADD \$ 60

DOES NOT INCLUDE CMS UNIT.

TRAFFIC CONTROL SYSTEM: T11 LANE CONVENTIONAL HIGHWAYS

2	MEN/TRUCK	1 LANE, 1 DIRECTION	8HR SHIFT	\$1,420
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ADDITIONAL LANES AFTER \$ 75

DOES NOT INCLUDE CMS UNIT.

TRAFFIC CONTROL SYSTEM: T13 REVERSIBLE CONTROL

2	MEN/TRUCK	1 LANE, 1 DIRECTION	8HR SHIFT	\$1,450
1	MAN/PILOT	CAR/TRUCK	8HR SHIFT	\$ 800

INCLUDES RUMBLE STRIPS.

DOES NOT INCLUDE CMS.

ATTENUATOR TRUCK DAILY \$200EA, WEEKLY \$1,100, MONTHLY \$3,500EA
 MILEAGE CHARGE .45 CENTS PER MILE.
 RENTAL ITEMS: CMS UNITS DAILY \$200EA, WEEKLY \$400EA, MONTHLY \$1,000EA
 RENTAL ITEMS: ARROWBOARD DAILY \$ 40EA, WEEKLY \$200EA, MONTHLY \$ 400EA

NOTE: ATTENUATOR TRUCK RENTAL IF AVAILABLE.

NOTE: LABOR WILL BE INVOICED FOR 1 MAN DRIVING TRAFFIC TRUCK
 PORTAL TO PORTAL.

NOTE: ALL WORK OUT SIDE LA, ORANGE COUNTY, PER DEIM WILL BE BILLED
 AT \$100 PER DAY, PER MAN. 4 HR MINIMUM WILL APPLY FOR TRAVEL.
 AT PW RATE.

ALL PROVISIONS: WILL BE ADDED AS PART OF CONTRACT BEFORE PROCEEDING.

- A. NO CONTRACT WILL BE SIGNED UNLESS ALL PROVISION ARE INCLUDED.
- B. ADDITIONAL HOURS LABOR:
 OT PER MAN, PER HOUR \$115
 DT PER MAN, PER HOUR \$130
- C. E-NOR INNOVATIONS INC. IS A UNION CONTRACTOR.
- D. PAYMENT IS DUE WITHIN 30 DAYS FROM INVOICE DATE 1.5% MONTHLY FINANCE
 CHARGE AFTER 30 DAYS.
- E. IF REQUIRED ADDITIONAL EQUIPMENT(I.E. CHANGEABLE MESSAE SIGN, ATENUATOR
 TRUCK) TO BE PROVIDED BY E-NOR INNOVATIONS INC AT ADDITIONAL CHARGES.
- F. PRIME CONTRACTOR IS RESPONSIBLE TO OBTAIN ALL PERMITS RQUIRED FROM
 CITIESINVOLVED.
- G. PRIME CONTRACTOR IS RESPONSIBLE TO COORDINATE AND PAY FOR HIGHWAY
 PATROL UNIT.
- H. ADDITIONAL 3 1/2 PERCENT INCREASE ADDED EVERY YEAR ON JUNE 30TH.
 THIS PROPOSAL WILL BECOME PART OF ANY CONTRACT.
- I. IF SPECIAL WORDING INSURANCE IS NEEDED THE AMOUNT TO BE PAID BY
 CONTRACTOR ALONG WITH WAIVERS OF SUBROGATION INSURANCE THE 3 %
 OF PAYROLL WILL BE CHARGED TO CONTRACTOR.IF NOTARY SERVICES ARE
 REQUIRED, PRIME CONTRACTOR IS RESPONSIBLE FOR THOSE CHARGES.
- K. EXCLUDES SPECIAL INSURANCE REQUIREMENTS. (I.E. INCREASED GENERAL
 LIABLITY FOR RAILROAD INSURANCE)
- L. IF EQUIPMENT IS RENTED FOR SET UP ONLY, CONTRACTOR IS RESPONSIBLE
 FOR CLOSURE UNTIL E-NOR INNOVATIONS INC. PICKS UP CLOSURE.
- M. ALLSIGNANDMARKERLOCATION / MARK-OUTTO BE DONEBY OTHERS AND MUSTBE
 COMPLETED PRIOR TO E-NOR INNOVATIONS, INC. STARTING WORK. INC. IS NOT
 RESPONSIBLE FOR DAMAGETO UNDERGROUND FACILITIES, NOT
 SHOWNONPLANSOR, NOTMARKEDOUTBYOTHERAGENCIES. (IE. CALTRANS)
- N. ALL CHANGE ORDER WORK MUST BE APPROVED BY AGENCY / OWNER PRIOR TO
 WORK BEING PERFORMED BY E-NOR INNOVATIONS INC.
- O. CONTRACTOR WILL BE CHARGED FOR ENOR INNOVATIONS INC. EMPLOYEES
 STAFF FOR ALL CLASSES/TRAINING FOR PROJECT.
- P. E-NOR INNOVATIONS INC. RESERVES RIGHT TO SUBCONTRACT WORK TO COMPLETE
 PROJECT.
- Q. NO WORK WILL BE PERFORMED UNTIL THIS PROPOSAL IS SIGNED AND
 FAXED/MAILEDTO OUR LONG BEACH OFFICE.
- R. E-NOR INNOVATION CHARGES PORTAL TO PORTAL.
- S. E-NOR INNOVATIONS INC., IS A SUPPLIER OF NON-MANUFACTURED ITEMS
- T. K-RAIL, SALES OR RENTAL WITH INSTALLATION, IS AVAILABLE.

Should you have any questions, please contact me at (310) 513-6209. We look forward to
 working with you.

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: E-nor Innovations Inc., DVBE Ref. Number: 37084

Description (materials/supplies/services/equipment proposed): TRAFFIC CONTROL RENTAL, LABOR, LANE CLOSURE

Solicitation/Contract Number: 12-A1657 SCPRS Ref. 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):

KENNETH JONES *Kenneth Jones* 7-15-16
(Printed Name of DV Owner/Manager) (Signature of DV Owner/ Manager) (Date Signed)

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

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):

KENNETH R JONES *Kenneth Jones* 7-15-16
(Printed Name) (Signature) (Date Signed)

16213 ILLINOIS AVE., PARAMOUNT, CA 90723 310-513-6209 22-3921054
(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)