**ATTACHMENT 1**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ESTIMATED QUANTITY</th>
<th>UNIT OF MEASURE</th>
<th>ITEM</th>
<th>UNIT PRICE (Per Unit of Measure)</th>
<th>TOTAL (Estimated Quantity X Unit Price)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>600</td>
<td>Per Pick-Up</td>
<td>Pick-up and disposal of 40 Cubic Yard (CY) trash bins at Cerritos Maintenance Station as described in Exhibit A, Scope of Work</td>
<td>$279.77 Per pick-up</td>
<td>$178,662.00</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
<td>Per Pick-Up</td>
<td>Pick-up and disposal of 10 CY trash bin at Cerritos Maintenance Station as described in Exhibit A, Scope of Work</td>
<td>$189.63 Per pick-up</td>
<td>$11,377.80</td>
</tr>
<tr>
<td>3</td>
<td>500</td>
<td>Per Pick-Up</td>
<td>Pick-up and disposal of 40 CY trash bins at Humphreys Maintenance Station as described in Exhibit A, Scope of Work</td>
<td>$283.19 Per pick-up</td>
<td>$141,595.00</td>
</tr>
<tr>
<td>4</td>
<td>300</td>
<td>Per Pick-Up</td>
<td>Pick-up and disposal of 10 CY trash bin at Humphreys Maintenance Station as described in Exhibit A, Scope of Work</td>
<td>$191.51 Per pick-up</td>
<td>$57,453.00</td>
</tr>
<tr>
<td>5</td>
<td>100</td>
<td>Per Pick-Up</td>
<td>Pick-up and disposal of 40 CY trash bins at Bellflower Maintenance Station as described in Exhibit A, Scope of Work</td>
<td>$291.13 Per pick-up</td>
<td>$29,113.00</td>
</tr>
<tr>
<td>6</td>
<td>240</td>
<td>Per Pick-Up</td>
<td>Pick-up and disposal of 10 CY trash bin at Bellflower Maintenance Station as described in Exhibit A, Scope of Work</td>
<td>$193.43 Per pick-up</td>
<td>$46,423.20</td>
</tr>
</tbody>
</table>

**TOTAL THIS PROPOSAL** $464,624.00

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) ANY ALTERATIONS, MODIFICATIONS OR CHANGES TO THIS BID PROPOSAL SHEET BY THE PROPOSER WILL BE GROUNDS FOR BID REJECTION.

4) EACH LINE MUST BE BID. DO NOT LEAVE ANY UNIT PRICE COLUMN BLANK OR THIS BID WILL BE DISQUALIFIED FROM COMPETITION FOR CONTRACT AWARD.
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

<table>
<thead>
<tr>
<th>1. Company Name</th>
<th>2. Telephone Number</th>
<th>2a. Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARE DISPOSAL INC</td>
<td>714 664-0677</td>
<td>714 664-0696</td>
</tr>
</tbody>
</table>

2b. Email Address: [EMAIL]

3. Address: PO BOX 8089 NEWPORT BEACH, CA 92658

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) 95-3743725
8. California Corporation No. 011145555

Indicate applicable license and/or certification information:
9. Contractor’s State Licensing Board Number:
10. PUC License Number CAL-T-
11. Required
12. Bidder’s Name (Print): [NAME]
13. Title: [TITLE]
14. Signature: [SIGNATURE]
15. Date: 2-2-2015

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: [CERTIFICATION NUMBER]
   b. Disabled Veteran Business Enterprise Yes ☐ No ☑
      If yes, enter your service code below: [SERVICE CODE]

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: [DATE]