**STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION**

**BID PROPOSAL**
ADM-1412 (REV. 06/06)

**ATTACHMENT 1**
(REvised)

**CONTRACTOR'S NAME (Please Print):**

<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 Qty x Unit Price = Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>350</td>
<td>Per Pick Up</td>
<td>Two (2) 10-cubic yard roll-off bins shall be picked up at the Fresno Maintenance Station as described in Exhibit A, Scope of Work.</td>
<td>$210.75</td>
<td>$73,762.50</td>
</tr>
<tr>
<td>2</td>
<td>250</td>
<td>Per Pick Up</td>
<td>Two (2) 25- cubic yard roll-off bins shall be picked up at the Fresno Maintenance Station as described in Exhibit A, Scope of Work.</td>
<td>$147.50</td>
<td>$3,687.50</td>
</tr>
<tr>
<td>3</td>
<td>180</td>
<td>Per Pick Up</td>
<td>One (1) 25- cubic yard roll-off bins shall be picked up at the Fresno Special Crews Yard as described in Exhibit A, Scope of Work.</td>
<td>$147.50</td>
<td>$2,655.00</td>
</tr>
</tbody>
</table>

(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) ANY BID MAY BE REJECTED IF IT IS UNREASONABLE AS TO PRICE. UNREASONABLENESS OF PRICE INCLUDES NOT ONLY THE TOTAL PRICE OF THE BID, BUT PRICES FOR INDIVIDUAL LINE ITEMS AS WELL.

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

(4) ALL COSTS AND FEES ASSOCIATED WITH TRASH PICK-UP, HAULING AND DISPOSAL SHALL BE IN ACCORDANCE WITH THE BID PROPOSAL, ATTACHMENT 1, AND NO ADDITIONAL FEES SHALL BE PAID TO THE CONTRACTOR

**AGREEMENT:**

| 06A2041 |

**TOTAL THIS PROPOSAL**

| 137,187.50 |

**UNIT PRICE EQUALS THE PRICE OF THE NUMBER OF ALL TRASH BINS LISTED UNDER ITEM DESCRIPTION.**
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>Kochergen Farms Composting, Inc.</td>
<td>650-498-0600</td>
<td>650-498-8833</td>
</tr>
<tr>
<td>3. Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO Box 1100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresno, CA 93711</td>
<td></td>
<td></td>
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</tbody>
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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) 77-0577714
8. California Corporation No. 2353891

Indicate applicable license and/or certification information:
9. Contractor’s State Licensing Board Number
10. PUC License Number
CAL-T-22-7361
11. Required

12. Bidder’ Name (Print)
Mike J. Kochergen

13. Title
President

14. Signature

15. Date
2-23-15

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: 49880
   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: ______________________________
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): □ MB □ SB □ NVSA □ DVBE □ 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.

   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):

<table>
<thead>
<tr>
<th>Subcontractor Name, Contact Person, Phone Number &amp; Fax Number</th>
<th>Subcontractor Address &amp; Email Address</th>
<th>CA Certification (MB, SB, NVSA, DVBE or None)</th>
<th>Work performed or goods provided for this contract</th>
<th>Corresponding % of bid price</th>
<th>Good Standing?</th>
<th>51% Rental?</th>
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CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

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