

DATE: 11/18/2015

Page: 5

BID NO.: 50-00115024

**BID FORM**  
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES ☒ NO ☐

MAXIMUM ESCALATION PERCENTAGE REQUESTED 12 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 1/30/16

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

30 DAYS

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

52305

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: Galaford Construction LLC

ADDRESS: 139 B Huey P Long Ave.

CITY, STATE: Bretna La. ZIP: 70053

TELEPHONE: (504) 250-3246 FAX: ( ) N/A

EMAIL ADDRESS: paul@galafordconstruction.com

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 35,200.00

AUTHORIZED SIGNATURE: [Signature]

TITLE: president

Paul M Galaford JR.

Printed Name

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 11/18/2015

## INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 6

BID NO.: 50-00115024

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	80.00	CUT	TWO (2) YEAR CONTRACT FOR GRASS CUTTING AND LANDSCAPE MAINTENANCE AT THE BELLE MEADE WALKING TRAIL AND CONNECTED VACANT LOT	\$275.00	\$22,000.00
			0010 - PROVIDE A PRICE PER CUT FOR GRASS CUTTING AT THE BELLE MEADE WALKING TRAIL, 617 BELLE MEADE BLVD., GRETNA, LA		
2	24.00	MO	WE EXTEND THIS BID TO PROVIDE A TWO (2) YEAR CONTRACT FOR GRASS CUTTING AND LANDSCAPE MAINTENANCE LOCATED AT THE BELLE MEADE WALKING TRAIL, 617 BELLE MEADE BLVD., GRETNA, LA, AS PER THE ATTACHED SPECS., FOR THE DEPARTMENT OF GENERAL SERVICES.	\$275.00	\$6,600.00
			0020 - PROVIDE A PRICE PER MONTH FOR LANDSCAPE MAINTENANCE AT THE BELLE MEADE WALKING TRAIL, 617 BELLE MEADE BLVD., GRETNA, LA.		
3	24.00	CUT	0030 - ALTERNATE NO. 1 - PROVIDE A PRICE PER CUT FOR GRASS CUTTING ONLY FOR THE ADJACENT VACANT LOT.	\$275.00	\$6,600.00

**Non-Public Works Bid**

## AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Paul M  
Galaforo Jr., (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized member of Galaforo Construction (Entity),  
the party who submitted a bid in response to Bid Number 50-00115024 to the Parish of  
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required  
attachment):

Choice A \_\_\_\_\_ Attached hereto is a list of all campaign contributions, including  
the date and amount of each contribution, made to current or  
former elected officials of the Parish of Jefferson by Entity,  
Affiant, and/or officers, directors and owners, including  
employees, owning 25% or more of the Entity during the two-year  
period immediately preceding the date of this affidavit or the  
current term of the elected official, whichever is greater. Further,  
Entity, Affiant, and/or Entity Owners have not made any  
contributions to or in support of current or former members of the  
Jefferson Parish Council or the Jefferson Parish President through  
or in the name of another person or legal entity, either directly or  
indirectly.

Choice B ✓ there are **NO** campaign contributions made which would require  
disclosure under Choice A of this section.

Debt Disclosures

**(Choose A or B, if option A is indicated please include the required attachment):**

**Choice A** \_\_\_\_\_ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

**Choice B** ✓ There are **NO** debts which would require disclosure under Choice A of this section.

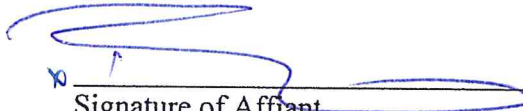
Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

*[The remainder of this page is intentionally left blank.]*



That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

  
Signature of Affiant

Paul M Galeforo Jr.  
Printed Name of Affiant

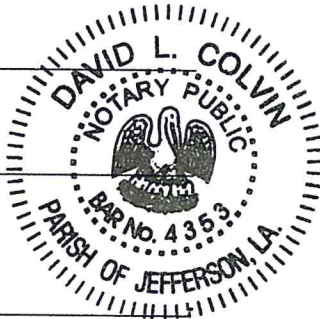
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 16<sup>th</sup> DAY OF December, 2015.

  
Notary Public

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires \_\_\_\_\_



[Print](#)

## Notary Search - Detail

**Name:** MR. DAVID L. COLVIN  
**Address:** 230 HUEY P. LONG AVE.  
GRETNA, LA 70053  
**Phone:** (504) 367-9001  
**Notary ID Number:** 12278  
**Parish:** JEFFERSON with STATEWIDE JURISDICTION  
**Agency:** N/A  
**Notary Type:** Attorney  
**Bar Roll #:** 4353  
**Status:** Active  
**Commission Date:** 11/05/1980  
**Oath Date:** 10/29/1980  
**Surety Expiration Date:** Not Required  
**Annual Report Current:** Not Applicable

[Back to Search Results](#)[New Search](#)

Attachment "A"

CONTRACTOR'S REFERENCE LIST

Company Name:	Barkley Estate Homeowners Assn.	Size of Area Serviced:	Sub Division
Address:	165 Acres - Common Areas		
City/State/Zip:	HARVEY, LA	Current or Past Client:	Current
Contact Person:	Andrew Degraw	Title:	TREASURER
Telephone/Fax:	504-606-7400	E-Mail:	adegraw722@aol.com
Company Name:	BJR Homes	Size of Area Serviced:	Subdivision, Common Areas
Address:	2757 Acadiana TRAC		
City/State/Zip:	MARRERO, LA 70072	Current or Past Client:	Current
Contact Person:	Bruce Layburn	Title:	Owner
Telephone/Fax:	504-884-1685	E-Mail:	Bruce.Layburn@gmail.com
Company Name:	B N Management	Size of Area Serviced:	4 Hotels
Address:	1848 Commercial DR All Grass + Landscape		
City/State/Zip:	HARVEY, LA 70058	Current or Past Client:	Current
Contact Person:	JASON TRAN	Title:	MANAGER
Telephone/Fax:	601-549-2239	E-Mail:	Jason@bNManagement.com
Company Name:	Civco Offshore	Size of Area Serviced:	6 Acres
Address:	2317 Englewood Rd Open Areas		
City/State/Zip:	Belle Chasse, LA 70037	Current or Past Client:	Current
Contact Person:	JASON LeBlanc	Title:	Vice President
Telephone/Fax:	504-915-8391	E-Mail:	Jason.leblanc@oilstates.com
Company Name:	Heart to Heart Church	Size of Area Serviced:	Church 1 acre
Address:	3631 Washington Ave Grass + Landscape		
City/State/Zip:	N.O., LA 70125	Current or Past Client:	Current
Contact Person:	Minor Rogers	Title:	Pastor
Telephone/Fax:	504-259-0658	E-Mail:	Mrogers210@yahoo.com

REMITTER GALAFORO CONSTRUCTION LLC

No. 159004985

DATE December 16, 2015

Pay to the  
Order of \*\* JEFFERSON PARISH \*\*

Amount \$ 1,760.00

\*\*\*\* One Thousand Seven Hundred Sixty and 00/100\*\*\*\*

DOLLARS

CASHIER'S CHECK

Customer Copy

Non-Negotiable

YOU MAY NOT BE ABLE TO REPLACE  
THIS DOCUMENT FOR 90 DAYS IF IT  
IS LOST, MISPLACED OR STOLEN



No. 159004985

REMITTER GALAFORO CONSTRUCTION LLC

DATE December 16, 2015

Pay to the  
Order of \*\* JEFFERSON PARISH \*\*

Amount \$ 1,760.00

\*\*\*\* One Thousand Seven Hundred Sixty and 00/100\*\*\*\*

DOLLARS

CASHIER'S CHECK

BID # 50-00115024

⑈ 159004985⑈ ⑆065002289⑆

159⑈



**Tom Schedler**  
**Secretary of State**

**State of  
Louisiana  
Secretary of  
State**



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

---

Name	Type	City	Status
GALAFORO CONSTRUCTION, L.L.C.	Limited Liability Company	GRETNA	Active

**Business:** GALAFORO CONSTRUCTION, L.L.C.

**Charter Number:** 36622549K

**Registration Date:** 1/1/2008

**Domicile Address**

139 B HUEY P. LONG AVE.  
GRETNA, LA 70053

**Mailing Address**

C/O PAUL GALAFORO  
139 B HUEY P. LONG AVE.  
GRETNA, LA 70053

**Status**

**Status:** **Active**

**Annual Report Status:** **In Good Standing**

**File Date:** 1/1/2008

**Last Report Filed:** 2/2/2015

**Type:** Limited Liability Company

**Registered Agent(s)**

<b>Agent:</b>	PAUL GALAFORO
<b>Address 1:</b>	919 AMELIA ST.
<b>City, State, Zip:</b>	GRETNA, LA 70053
<b>Appointment Date:</b>	1/1/2008

**Officer(s)**

**Additional Officers:** No

<b>Officer:</b>	PAUL GALAFORO
<b>Title:</b>	Member
<b>Address 1:</b>	919 AMELIA ST.
<b>City, State, Zip:</b>	GRETNA, LA 70053

**Amendments on File (2)**

Description	Date
Domestic LLC Agent/Domicile Change	7/8/2014
Domestic LLC Agent/Domicile Change	11/25/2014

[Print](#)

2525 Quail Drive, Baton Rouge, 70808

(225) 765-2301



## Louisiana State Licensing Board for Contractors



## Contractor Information

Business Name GALAFORO CONSTRUCTION, L.L.C. ✓  
Mailing Address 139 B Huey P. Long Ave.  
Gretna, LA 70053  
Phone Number (504) 250-3246  
Fax Number (504) 362-9399  
Email Address paul@galaforoconstruction.com

## Active Licenses

License Number 52305 ✓  
Type Commercial License  
Status LICENSED  
Effective 12/17/2015  
Expiration 12/16/2016  
First Issued 12/16/2009

## Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION ✓	Paul Michael Galaforo Jr.	ALL
BUSINESS AND LAW	Paul Michael Galaforo Jr.	ALL



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bowles & Associates, Inc. 2804 Belle Chasse Hwy Gretna, LA 70053	<b>CONTACT NAME:</b> Seveda Kelley <b>PHONE (A/C, No. Ext):</b> 504-362-0922 <b>E-MAIL ADDRESS:</b> seveda@dbowles.com <b>FAX (A/C, No.):</b> 504-362-8722														
<b>INSURED</b> Galaforo Construction, LLC. 139 B Huey P Long Ave Gretna, LA 70053	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: ARCH</td><td></td></tr><tr><td>INSURER B: HALLMARK SPECIALITY</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D: AIG</td><td></td></tr><tr><td>INSURER E: AMTRUST NORTH AMER</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ARCH		INSURER B: HALLMARK SPECIALITY		INSURER C:		INSURER D: AIG		INSURER E: AMTRUST NORTH AMER		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER D: AIG															
INSURER E: AMTRUST NORTH AMER															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		SCD06162014-2	05/16/15	06/16/16	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
B	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	LAH600395-3	09/06/15	09/06/16	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	NB1512444	06/16/15	06/16/16	AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$ 3,000,000
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	AM255447	08/17/15	08/17/16	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

Galaforo Construction, LLC.  
139 B Huey P Long Ave  
Gretna, LA 70053

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Stephen David*

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2	Name <b>PAUL GALAFORO</b>
	Business name, if different from above <b>GALAFORO CONSTRUCTION</b>
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other <b>LLC</b>
	Address (number, street, and apt. or suite no.) <b>2 WESTBANK EXPRESSWAY</b>
	City, state, and ZIP code <b>GRETNIA LA. 70053</b>
	Requester's name and address (optional)
	List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
1 1 1 1 1 1 1

or

Employer identification number
2161175104150

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Signature of  
U.S. person

Date **2-27-13**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Galatoto Construction LLC  
139 B Huey P Long Ave

Gretna, LA 70053

LA LIC#: 52305

Bid#:50-00115024

Opening Bid Date: 12/17/2015

Jefferson Parish  
Purchasing Dept  
200 Derbigny St.  
Suite 4400  
Gretna, LA 70053

JEFFERSON PARISH  
PURCHASING