

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish Purchasing Dept.
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053
(Owner to provide name and address of owner)

BID FOR: Headworks Rehabilitation at Harvey
Wastewater Treatment Plant
SCIP Project No. D3121
Bid Proposal No. 50-00113577
(Owner to provide name of project and other identifying information)

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: Barowka and Bonura Engineers and Consultants, LLC and dated: April 2015
(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) #1 (7/13/15), #2 (7/24/15).

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

two million sixty eight thousand five hundred twenty eight Dollars (\$ \$2,068,528.00)

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 ADD - REPLACE GRIT CHAMBER GATE MECHANISMS for the lump sum of:

sixty four thousand Dollars (\$ 64,000.00)

Alternate No. 2 ADD - DEWATER AND CLEAN GRIT CHAMBERS for the lump sum of:

one hundred seventy one thousand four hundred sixty Dollars (\$ 171,460.00)

Alternate No. 3 *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

N/A Dollars (\$ N/A)

NAME OF BIDDER: Gottfried Contracting, LLC

ADDRESS OF BIDDER: 6 Meyers Rd.

Covington, LA 70435

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 48909

NAME OF AUTHORIZED SIGNATORY OF BIDDER: David S. Gottfried

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Member

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 7/30/15

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** If someone other than a corporate officer signs for the Bidder/Contractor, a copy of a corporate resolution or other signature authorization shall be required for submission of bid. Failure to include a copy of the appropriate signature authorization, if required, may result in the rejection of the bid unless bidder has complied with La. R.S. 38:2212(B)5.

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA RS 38:2218.A is attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM

UNIT PRICE FORM

TO: Jefferson Parish Purchasing Dept.200 Derbigny Street, Suite 4400Gretna, Louisiana 70053BID FOR: Headworks Rehabilitation at HarveyWastewater Treatment PlantSCIP Project No. D3121Bid Proposal No. 50-00113577

(Owner to provide name and address of owner)

(Owner to provide name of project and other identifying information)

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

DESCRIPTION:	REMOVE AND REPLACE EXISTING 4"x9' GATES	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00001	1	LUMP SUM	\$ 379,000.00	\$ 379,000.00
DESCRIPTION:	REMOVE AND REPLACE EXISTING BAR SCREENS	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00002	1	LUMP SUM	\$ 496,300.00	\$ 496,300.00
DESCRIPTION:	CLEAN AND PAINT INTERIOR PIPING	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00003	1	LUMP SUM	\$ 13,000.00	\$ 13,000.00
DESCRIPTION:	REMOVE AND REPLACE BAR SCREEN ACCESS HATCHES	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00004	1	LUMP SUM	\$ 66,000.00	\$ 66,000.00
DESCRIPTION:	INSTALL PLUG VALVES, TEES, AND BLIND FLANGES	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00005	1	LUMP SUM	\$ 175,000.00	\$ 175,000.00
DESCRIPTION:	REPLACE MOTOR CONTROL CENTER / ELECTRICAL COMPONENTS	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00006	1	LUMP SUM	\$ 250,000.00	\$ 250,000.00
DESCRIPTION:	BYPASS SYSTEM	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00007	1	LUMP SUM	\$ 116,000.00	\$ 116,000.00
DESCRIPTION:	MOBILIZATION	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY:	UNIT OF MEASURE:		
00008	1	LUMP SUM	\$ 278,000.00	\$ 278,000.00

BF-2

Addendum No. 2

DESCRIPTION:	REMOVE AND REPLACE 2'x5' SLIDE GATE <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00009	1 LUMP SUM	\$ 59,600.00	\$ 59,600.00
DESCRIPTION:	REMOVE AND REPLACE 5'x5' SLUICE GATE <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00010	1 LUMP SUM	\$ 56,000.00	\$ 56,000.00
DESCRIPTION:	RESURFACE CONCRETE <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00011	3,200 SQUARE FEET	\$ 29.50	\$ 94,400.00
DESCRIPTION:	REPLACE CONCRETE LINING <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00012	102 SQUARE FEET	\$ 114.00	\$ 11,628.00
DESCRIPTION:	INSTALL GRIT CHAMBER ACCESS HATCHES <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.#	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00013	1 LUMP SUM	\$ 73,000.00	\$ 73,000.00
DESCRIPTION:	REPLACE GRIT CHAMBER GATE MECHANISMS (ALTERNATE NO. 1) <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 1	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00014	1 LUMP SUM	\$ 64,000.00	\$ 64,000.00
DESCRIPTION:	DEWATER GRIT CHAMBERS (ALTERNATE NO. 2) <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 2	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00015	1 LUMP SUM	\$ 19,000.00	\$ 19,000.00
DESCRIPTION:	CLEAN GRIT CHAMBERS (ALTERNATE NO. 2) <input type="checkbox"/> Base Bid or <input checked="" type="checkbox"/> Alt.# 2	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
REF. NO.	QUANTITY: UNIT OF MEASURE:		
00016	605 CUBIC YARDS	\$ 252.00	\$ 152,460.00

Wording for "DESCRIPTION" is to be provided by the Owner.
All quantities are estimated. The contractor will be paid based upon actual quantities as verified by the Owner

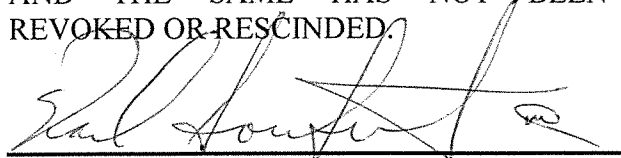
CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Gottfried Contracting, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Gottfried Contracting, LLC
INCORPORATED, DULY NOTICED AND HELD ON July 29, 2015,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED. THAT David S. Gottfried, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE AND RECEIPT THEREFOR ALL
PURCHASE ORDERS AND NOTICES ISSUED PURSUANT TO THE PROVISIONS OF
ANY SUCH BID OR CONTRACT, THIS CORPORATION HEREBY RATIFYING,
APPROVING, CONFIRMING, AND ACCEPTING EACH AND EVERY SUCH ACT
PERFORMED BY SAID AGENT AND ATTORNEY-IN-FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE
ABOVE DATED MEETING OF THE BOARD
OF DIRECTORS OF SAID CORPORATION,
AND THE SAME HAS NOT BEEN
REVOKED OR RESCINDED.


SECRETARY-TREASURER
Karl Gottfried III

July 29, 2015

DATE

Form **W-9**
(Rev. January 2005)

Department of the Treasury
Internal Revenue Service

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 (as shown on your income tax return) Gottfried Contracting, LLC	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other - LLC <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 6 Meyers Rd	
	City, state, and ZIP code Covington, LA 70435	
List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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								

or

Employer identification number									
2	6	0	3	9	5	7	3	1	

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

Condy Vice

Date **10/1/2013**

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,
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.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 to Form W-9 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.



CERTIFICATE OF LIABILITY INSURANCE

GOTTCON-01

MLYNCH

DATE (MM/DD/YYYY)
8/29/2014

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).

PRODUCER License # 231432
HUB International Gulf South
11100 Mead Road, Suite 300
Baton Rouge, LA 70816

CONTACT
NAME
PHONE (A/C, No, Ext): (800) 789-7365 FAX (A/C, No): (225) 218-2401
E-MAIL
ADDRESS:

INSURED

Gottfried Contracting, LLC
6 Meyers Road
Covington, LA 70435

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: The Phoenix Insurance Company	25623
INSURER B: Charter Oak Fire Insurance Company	25615
INSURER C: Travelers Property Casualty Insurance Company	36161
INSURER D: Travelers Indemnity Company of America	25666
INSURER E: AGCS Marine	22837
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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		DTC05848R32APHX14	09/01/2014	09/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		DT8105848R32ACOF14	09/01/2014	09/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		DTSMCUP5848R32ATIL14	09/01/2014	09/01/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	DTNUB5848R32A14	09/01/2014	09/01/2015	PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Rented & Leased EQ		SML0093053052	09/01/2014	09/01/2015	Per Item 500,000

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

Re: Rehab Existing Trickling Filter at Marrero WWTP

The certificate holder is granted additional Insured status on all policies except worker's compensation & provided a waiver of subrogation on same including worker's compensation, as required by written contract. Should the job be awarded, Owner's protective Liability coverage in limits of \$1MIL/\$2MIL will be provided through Mid-Continent Casualty. Builder's risk coverage is provided by AGCS Marine, all risk, in the amount of the awarded contract \$2,256,250, Policy #MZ193059186, effective 9/1/14-15. 30DNOG except 10 days for non-payment of premium.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Dept.
Attn: Sidney Duffy
200 Derbigny St, S#4400
Gretna, LA 70053

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

Bid Bond



AIA

Document A310™ – 2010

CONTRACTOR:

(Name, legal status and address)

GOTTFRIED CONTRACTING, L.L.C.
Six Meyers Road
Covington, LA 70435

SURETY:

(Name, legal status and principal
place of business)

Western Surety Company
P. O. Box 5077
Sioux Falls, SD 57117-5077

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

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

BOND AMOUNT: FIVE PERCENT (5%) OF AMOUNT BID Dollars (\$ 5% A.B.)

PROJECT:

(Name, location or address, and Project number, if any) HEADWORKS REHABILITATION AT THE HARVEY WASTEWATER TREATMENT PLANT, SCIP PROJECT NO. D3121, BID PROPOSAL NO. 50-00113577

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 30th day of July, 2015

(Witness)

Michael Edwards
(Witness)

Countersigned: Anthony Currea
Anthony Currea LA Licensed Agent # 99546

GOTTFRIED CONTRACTING, L.L.C.

(Principal)

(Title)

Western Surety Company

(Surety)

(Title) Anthony Currea, Attorney-in-fact

(Seal)

(Seal)

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

Ralph J Le Blanc, Alexander J Ellsworth, Anthony Currera, Charles F Cowand, Lauren T Guillory, Brian P Bordlee, Michele M Ellsworth, Individually

of Metairie, LA, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 19th day of September, 2014.



WESTERN SURETY COMPANY

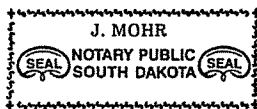

Paul T. Bruflat, Vice President

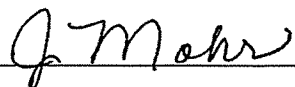
State of South Dakota }
County of Minnehaha } ss

On this 19th day of September, 2014, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2015




J. Mohr, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 30th day of July, 2015.



WESTERN SURETY COMPANY


L. Nelson, Assistant Secretary