



## Doodie Calls, LLC Emergency Response Proposal

### Bid Number 50-00147743

Two (2) Year Pre-Placed Emergency Contract to Provide and Maintain Portable Toilets and Hand Washing Stations In Grand Isle for the Department of Emergency Management  
Jefferson Parish, LA

Sean Dumas  
Purchasing Specialist II  
Jefferson Parish Purchasing Department  
200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053

RE: Bid Number 50-00147743

Dear Mr. Dumas,

6/11/2025

On behalf of the entire Doodie Calls team, I am pleased to present this submittal to Jefferson Parish, Louisiana for Two (2) Year Pre-Placed Emergency Contract to Provide and Maintain Portable Toilets and Hand Washing Stations In Grand Isle for the Department of Emergency Management.

Established September 7, 2018, Doodie Calls, LLC is a Florida Corporation with office and equipment yards across the Southeast. Our officers and key personnel committed to this project are Kyle Simmons (CEO), Jeff Simmons (Vice President), T.J. Lynch (Vice President of Disaster Services), Jackie Gross (CFO), and Steve Berry (COO). We are a self-sustaining company, providing fully operational services within forty-eight hours of client activation. Doodie Calls is:

- **Experienced with large scale disaster relief projects** – Doodie Calls has provided disaster relief services and USAR support in the wake of multiple major hurricanes, including Hurricanes Helene and Milton in 2024, Hurricane Idalia in 2023, Hurricane Ian in 2022, Hurricane Ida in 2021, and Hurricanes Laura and Sally in 2020. We have also provided wide scale disaster relief to areas in Kentucky following flooding in 2022, and to Surfside, FL in the wake of the condominium collapse in 2021.
- **Management** - The project managers we assign to your project are an integral part of our program. These are salaried positions, which coordinate, direct, and control all scheduling, delivery, and service functions of your sites. The assigned project managers will be available to Jefferson Parish representatives 24 hours a day, 7 days a week.
- **Proximity** – We are headquartered in St. Petersburg, FL, and maintain 13 strategically located storage yards throughout the southeast United States which allow for an immediate and rapid response to any request from our clients. We can be on-site and operational with all necessary equipment within 24 hours or less following an emergency or natural disaster.

Doodie Calls will provide Jefferson Parish:

- 24/7/365 internal preparedness and asset prepositioning to establish Jefferson Parish site(s) in capacities of 150-1500+ personnel within 24 hours of task issuance and activation.
- Customized to Parish-specific sanitary and healthy environment compliance.

- Establish, monitor, and track, potential disaster-related events or activities that may affect Jefferson Parish.
- Develop and maintain electronic documentation of all activities related to the Jefferson Parish performance work statement (PWS) and provide via real-time reporting.

We acknowledge this solicitation and all amendments and attest that we comply with all state and local applicable laws as described in the Scope of Work provided within the solicitation.

**Doodie Calls acknowledges receipt of Addenda #1.**

Our team has proven experience, resource capacity, and financial capacity to meet and exceed the provided Jefferson Parish SOW requirements. As demonstrated within our proposal, our depth of knowledge and experience, coupled with our innovative solutions and capacity to perform, we believe, qualify us as a contracting partner to Jefferson Parish Our Primary POC is:

Company Name:	Doodie Calls, LLC
Primary Point of Contact:	T.J. Lynch Vice President of Disaster Services TJ@doodie-calls.com 512-565-5886
Physical Address:	400 Carillon Pkwy, Suite 225 St. Petersburg, FL 33716
FEID/N:	83-1878317

If you have any questions, please do not hesitate to contact me at 352-551-7941.

Sincerely,



Jeff Simmons  
Vice President  
jeff@doodie-calls.com



**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 X

MAXIMUM ESCALATION PERCENTAGE REQUESTED \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF \_\_\_\_\_.

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

TBD - Upon Request**LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)**N/A**THIS SECTION MUST BE COMPLETED BY BIDDER:**FIRM NAME: Doodie Calls, LLCADDRESS: 400 Carillon Pkwy, Suite 225CITY, STATE: St. Petersburg, FLZIP: 33716TELEPHONE: ( 352 ) 551-7941FAX: ( ) N/AEMAIL ADDRESS: jeff@doodie-calls.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 by placing the addendum number 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: \$ 535,625.00AUTHORIZED  
SIGNATURE: Jeff Simmons

Printed Name

TITLE: Vice President

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.

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147743

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	100.00	EA	<p>TWO (2) YEAR PRE-PLACED EMERGENCY CONTRACT TO PROVIDE AND MAINTAIN PORTABLE TOILETS AND HAND WASHING STATIONS IN GRAND ISLE FOR THE DEPARTMENT OF EMERGENCY MANAGEMENT</p> <p>0010 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: DAILY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INLCUDE CLEANING AND SERVICING OF EQUIPMENT</p>	\$ 125.00	\$ 12,500.00
2	100.00	EA	<p>TWO(2) YEAR PRE-PLACED EMERGENCY CONTRACT TO SUPPLY, CLEAN AND SERVICE PORTABLE TOILETS AND HAND WASHING STATIONS IN GRAND ISLE ON AN AS NEEDED BASIS FOR THE DEPARTMENT OF EMERGENCY MANAGEMENT</p> <p>0020 - REGULAR UNIT - PORTABLE TOILET UNIT COST: WEEKLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT</p>	\$ 700.00	\$ 70,000.00
3	100.00	EA	<p>0030 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT.</p>	\$ 2,850.00	\$ 285,000.00
4	25.00	EA	<p>0040 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: DAILY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT</p>	\$ 125.00	\$ 3,125.00
5	25.00	EA	<p>0050 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT</p>	\$ 700.00	\$ 17,500.00
6	25.00	EA	<p>0060 - HANDICAP UNIT - HANDICAPED TOILET UNIT COST: MONTHLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO</p>	\$ 3,000.00	\$ 75,000.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00147743

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
7	10.00	EA	INCLUDE CLEANING AND SERVICING OF EQUIPMENT  0070 - PORTABLE 2-STALL HAND WASHING STATION: WEEKLY RENTAL FOR GRAND ISLE  FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVICING OF EQUIPMENT	\$ 125.00	\$ 1,250.00
8	25.00	EA	0080 - PORTABLE 2-STALL HAND WASHING STATION: MONTHLY RENTAL FOR GRAND ISLE FOR AN ESTIMATED QUANTITY. COST TO INCLUDE CLEANING AND SERVING OF EQUIPMENT	\$ 2,850.00	\$ 71,250.00

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for federal award reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed and signed prior to award. (50-00147743- Two (2) Year Pre-Placed Emergency Contract to Provide and Maintain Portable Toilets and Hand Washing Stations in Grand Isle for the Department of Emergency Management)

Anti-Lobbying Form

**CERTIFICATION OF RESTRICTIONS ON LOBBYING**

I, Jeff Simmons, Vice President, hereby certify on  
(name and title of bidder's official)

behalf of Doodie Calls, LLC that:  
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 11th day of June 2025, \_\_\_\_\_.

By   
(signature of authorized official)

Vice President  
(title of authorized official)

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for federal award reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed and signed prior to award. (50-00147743- Two (2) Year Pre-Placed Emergency Contract to Provide and Maintain Portable Toilets and Hand Washing Stations in Grand Isle for the Department of Emergency Management)

Debarment/Suspension Form

**DEBARMENT/SUSPENSION CERTIFICATION**

**Debarment:**

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: [www.sam.gov](http://www.sam.gov) and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Jeff Simmons, Vice President

(Name and Title of bidder's official)

Doodie Calls, LLC

(Name of bidder/company)

400 Carillon Pkwy, Suite 225

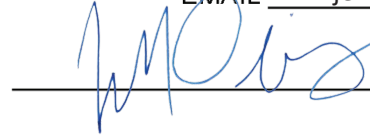
(Address)

St. Petersburg, FL 33716

(Address)

PHONE 352-551-7941 FAX N/A

EMAIL jeff@doodie-calls.com



Signature 6/11/2025 Date



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  Doodie Calls, LLC	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>P</b> <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.  400 Carillon Pkwy. STE 225	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code  St. Petersburg, FL 33716		
<b>7</b> List account number(s) here (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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
8	3	-	1	8	7	8	3	1	7

**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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person 	Date 1/15/2025
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/28/2025

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 have **ADDITIONAL INSURED** provisions or 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> Brown & Brown Insurance Services, Inc. 140 Fountain Parkway N Suite 600 St. Petersburg FL 33716	<b>CONTACT NAME:</b> Debra Cross <b>PHONE (A/C, No, Ext):</b> (727) 461-6044 <b>E-MAIL ADDRESS:</b> Debra.Cross@bbrown.com <b>FAX (A/C, No):</b> (727) 442-7695																					
<b>INSURED</b> Doodie Calls LLC P.O. Box 337 Osprey FL 34229	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Illinois Union Insurance Company</td><td>27960C</td></tr><tr><td>INSURER B:</td><td>Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER C:</td><td>Technology Insurance Company, Inc.</td><td>42376</td></tr><tr><td>INSURER D:</td><td>Travelers Excess &amp; Surplus Lines</td><td>S2204</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Illinois Union Insurance Company	27960C	INSURER B:	Federal Insurance Company	20281	INSURER C:	Technology Insurance Company, Inc.	42376	INSURER D:	Travelers Excess & Surplus Lines	S2204	INSURER E:			INSURER F:		
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INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** CL2471101161**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Coverage Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	APC G7258451A 003	07/12/2024	07/12/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	7362-87-03	07/12/2024	07/12/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>PIP-Basic</td><td>\$ 10,000</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	PIP-Basic	\$ 10,000				
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PIP-Basic	\$ 10,000																				
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	Y	X00 G72584521 003	07/12/2024	07/12/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
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AGGREGATE	\$ 5,000,000																				
	\$																				
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y	N/A	Y	TWC4471453	07/12/2024	07/12/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td><td></td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td><td></td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td><td></td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE	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			
<input checked="" type="checkbox"/> PER STATUTE	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																				
A	Inland Marine Coverage			660-5T619529	07/12/2024	07/12/2025	<table><tr><td>Blanket Equipment Limit</td><td>27,290,936</td></tr></table>	Blanket Equipment Limit	27,290,936												
Blanket Equipment Limit	27,290,936																				

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

**CERTIFICATE HOLDER****CANCELLATION**

Evidence of Insurance

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

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**Non-Public Works Bid**

**AFFIDAVIT**

**STATE OF** Florida

**PARISH/COUNTY OF** Pinellas

BEFORE ME, the undersigned authority, personally came and appeared: Jeff Simmons  
\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that  
he/she is the fully authorized Vice President of Doodie Calls, LLC (Entity),  
the party who submitted a bid in response to Bid Number 50-00147743, 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** X 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** X \_\_\_\_\_ 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

Jeff Simmons, Vice President  
\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11th DAY OF June, 2025.

  
\_\_\_\_\_  
Notary Public

Heather L. Casavant  
\_\_\_\_\_  
Printed Name of Notary

HH313808  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires 9/19/2026.



**HEATHER L. CASAVANT**  
Notary Public  
State of Florida  
Comm# HH313808  
Expires 9/19/2026

## **CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Doodie Calls, LLC  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Doodie Calls, LLC  
INCORPORATED, DULY NOTICED AND HELD ON August 21, 2024,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Jeff Simmons, 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 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**

6/11/2025

\_\_\_\_\_  
**DATE**



## Standard Unit

**Height w/Standard Roof:** 89.25" (2266.95mm)  
**Width:** 43" (1092.2mm)  
**Depth:** 47" (1193.8mm)  
**Door opening:** 27" W (685.8mm)  
**Floor area:** 861 in<sup>2</sup> (5554.83 cm<sup>2</sup>)  
**Tank volume:** 60 gal. (227L)  
**Seat height:** 18.75" (476mm)  
**Weight:** 165 lbs. (74.84 kg)

## ADA Unit

**Height:** 87" (2209.8 mm)  
**Width:** 62" (1575 mm)  
**Depth:** 62" (1575 mm)  
**Door opening:** 80.8" x 32.7" (2054 mm x 831 mm)  
**Floor area:** 2,750 in<sup>2</sup> (17,741.9 cm<sup>2</sup>)  
**Tank volume:** 35 gal. (132L)  
**Seat height:** 18.5" (469.9 mm)  
**Weight:** 250 lbs (107 kg)

## Hand Wash Station

**Height:** 59" (149.86 cm)  
**Width:** 19" (48.26 cm)  
**Length:** 26.5" (67.31 cm)  
**Weight:** 65 lbs (29.5 kg)  
**Fresh Volume:** 22 gal. (83.3 l)  
**Waste Volume:** 22 gal. (83.3 l)  
**Empty Weight:** 65 lbs (29.5 kg)  
**Towel Dispensers:** 2  
**Soap Dispensers:** 2



Standard and ADA restrooms are equipped with toilet seats and covers, urinals, three-roll toilet paper holders w/included rod and padlock, stainless steel locking brackets and coat hooks.

Hand wash stations are equipped with two large basins for forearm washing and a universal foot pump.