

DATE: 6/24/2015

Page: 5

BID NO.: 50-00113604

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 X NO _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED 5 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF December 15, 2017

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

N/A

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

52894

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: United States Health and Environmental Liability Management, LLC

ADDRESS: 365 Canal Street, Suite 2760

CITY, STATE: New Orleans, Louisiana

ZIP: 70130

TELEPHONE: (504) 561-6563

FAX: (504) 561-6624

EMAIL ADDRESS: tdodd@ushelmlc.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: N/A

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 8,840.28

AUTHORIZED

SIGNATURE: 

Tracey D. Dodd

Printed Name

TITLE: Principal

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.: 50-00113604

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|----------------------|------------|
| | | | TWO (2) YEAR CONTRACT TO PROVIDE ENVIRONMENTAL TESTING AND CONSULTING IN COORDINATION WITH DEOMLITION PROCEEDINGS FOR THE INSPECTION & CODE ENFORCEMENT DEPARTMENT(DANGEROUS BUILDING ABATEMENT) | | |
| 1 | 1.00 | HR | 0100 LDEQ Certified Contractor/Asbestos Supervisor | \$67.41 | \$67.41 |
| 2 | 79.00 | HR | 0110 LDEQ Certified Asbestos Inspector | \$67.41 | \$5,325.39 |
| 3 | 100.00 | EA | 0120 PLM Analysis | \$7.00 | \$700.00 |
| 4 | 1.00 | EA | 0125 PCM Analysis | \$6.50 | \$6.50 |
| 5 | 1.00 | HR | 0130 TEM Analysis | \$50.00 | \$50.00 |
| 6 | 20.00 | HR | 0140 EMERGENCY ASBESTOS TESTING FOR INSPECTOR - 20 HOURS | \$67.41 | \$1,348.20 |
| 7 | 8.00 | HR | 0150 EMERGENCY ASBESTOS TESTING FOR SUPERVISOR - 8 HOURS | \$67.41 | \$539.28 |
| 8 | 4.00 | EA | 0160 for 3 HOUR PLM TESTING FOR EMERGENCY ASBESTOS TESTING - 4 TESTS | \$28.00 | \$112.00 |
| 9 | 2.00 | EA | 0170 FOR 3 HOUR PCM TESTING FOR EMERGENCY ASBESTOS TESTING - 2 TESTS | \$15.75 | \$31.50 |
| 10 | 1.00 | EA | 0180 FOR 3 HOUR TEM TESTING FOR EMERGENCY ASBESTOS TESTING - 1 TEST | \$300.00 | \$300.00 |

CORPORATE RESOLUTION

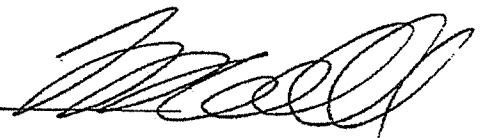
On this 30th (day) of March (month), 2015 (year), I, Tracey Dodd (officer name), as the Principal (officer title) of United States Health and Environmental Liability Management, LLC (vendor name), do hereby certify that the following is a true and correct extract from the Minutes of the Board of Directors Meeting of United States Health and Environmental Liability Management, LLC (vendor name), held on the 31st (day) of October (month), 2014 (year), at the offices of United States Health and Environmental Liability Management, LLC (vendor name).

WHEREAS, during the regular course of business, it is necessary for Tracey Dodd (signer) as Principal (signer title), to enter into contracts and agreements on behalf of United States Health and Environmental Liability Management, LLC (vendor name), in the name of "the Corporation", under terms that they deem to be prudent and appropriate;

NOW, THEREFORE, BE IS RESOLVED that Tracey Dodd (signer), Principal (signer title), be and hereby is authorized and empowered to act upon and or execute contracts and agreements on behalf of United States Health and Environmental Liability Management, LLC (vendor name), in the name of "the Corporation", under terms that they deem to be prudent and appropriate.

IN TESTIMONY WHEREOF, I have hereunto set my hand of said corporation.

Tracey Dodd
(OFFICER NAME)



Principal
(OFFICER TITLE)

Non-Public Works Bid**AFFIDAVIT**STATE OF LouisianaPARISH/COUNTY OF Orleans

BEFORE ME, the undersigned authority, personally came and appeared: Tracey
Dodd, (Affiant) who after being by me duly sworn, deposed and said that
U.S. Health and Environmental
he/she is the fully authorized Principal of Liability Management, LLC(Entity),
the party who submitted a bid in response to Bid Number 50-00113604, 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.

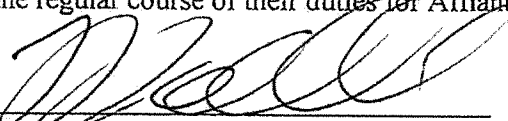
Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

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.

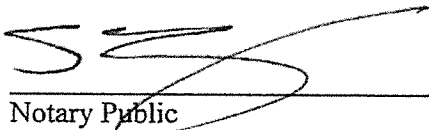


Signature of Affiant

Tracey D. Dodd

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 28th DAY OF July, 20 15.



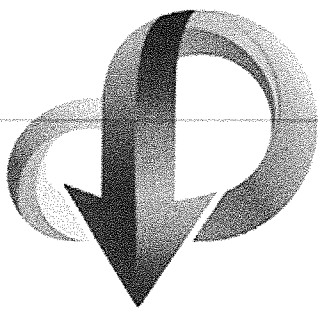
Notary Public
Shannon A. Kelly

Printed Name of Notary
34616

Notary/Bar Roll Number

My commission expires Life.

Shannon A. Kelly
Notary Public ID # 133864
Bar # 34616
State of Louisiana
My Commission is for Life



CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

Central Bidding Time: Tue July 28, 2015 2:03:21 PM GMT-6

Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

Place a Bid for 5000113604 - TWO (2) YEAR CONTRACT TO PROVIDE ENVIRONMENTAL TESTING AND CONSULTING IN COORDINATION WITH DEMOLITION PROCEEDINGS FOR THE JEFFERSON PARISH DEPARTMENT OF INSPECTION & CODE ENFORCEMENT (DANGEROUS BUILDING ABATEMENT)

Please enter your best bid proposal for this project

Louisiana Contractor ID#

52894

Enter all information required on the outside of the sealed envelope in the box below

Bidder: United States Health and Environmental Liability Management,
LLC
365 Canal Street, Suite 2760
New Orleans, LA 70130

[Check Spelling](#)

Bid Bond #

P00000080516

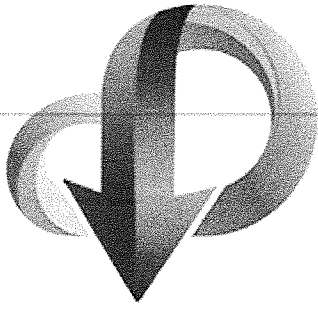
Jefferson Parish Vendor #:

Upload Attachment(s)

[Upload a file](#)

Click the Upload button in order to upload bid related documents





CENTRALBIDDING

FROM CENTRAL AUCTION HOUSE

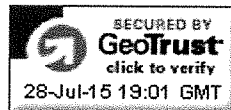
Central Bidding Time: Tue July 28, 2015 2:03:38 PM GMT-6
Welcome to Central Bidding, **MCAMARD** - You are Logged-in - Log Out

| | |
|---|---|
| Location: | Jefferson > Louisiana > USA |
| Name: | Veronica Authement |
| Email: | vauthement@ushelmlc.com |
| Address: | 4101 River Road |
| Zip code: | 70121 |
| Contact number: | 5045616563 |
| Official Company/Business Name: | United States Health and Environmental Liability Management, LLC |
| Are you registered with the State of Louisiana as a Disadvantaged Business Enterprise (DBE)?: | Yes |
| Is your company owned by a female?: | Yes |
| Is your company owned by a minority?: | No |
| Louisiana Contractor ID#: | 52894 |
| NIGP Codes: (Commodity code categories) | 92614 - Air Pollution Control Services (Including Data Collection Research and Development, etc.) |

Where To?



[Main Menu](#)



**Request for Taxpayer
Identification Number and Certification**

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

Name (as shown on your income tax return)
United States Health and Environmental Liability Management, LLC
Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **S**
☐ Other (see instructions) >

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
365 Canal Street, Suite 2760
City, state, and ZIP code
New Orleans, LA 70130
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 the "Name" line 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 | | | | | | | | |
|------------------------|--|--|---|--|--|--|--|--|
| | | | - | | | | | |

| Employer identification number | | | | | | | | |
|--------------------------------|---|--|---|---|---|---|---|-------|
| 7 | 2 | | - | 1 | 5 | 6 | 3 | 8 8 5 |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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 on page 3.

Sign Here Signature of U.S. person > *[Signature]* Date > **1/17/2015**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.