

DATE: 7/30/2019

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BID NO.: 50-00127448

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 X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 10/13/2019

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

2-3 weeks after order

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Quality Compressed Air Services, Inc.

ADDRESS: 730 Barataria Blvd Suite D

CITY, STATE: Marrero, LA ZIP: 70072

TELEPHONE: (504) 371-4767 FAX: (866) 217-1290

EMAIL ADDRESS: jake@qcas-inc.com; ryan@qcas-inc.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: 2

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 30,900.14

AUTHORIZED
SIGNATURE: 

Michael McCulley

Printed Name

TITLE: 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.: 50-00127448

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	2.00	EA	<p>ONE TIME PURCHASE OF TWO (2) ELECTRIC AIR COMPRESSORS FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS-DRAINAGE DIVISION</p> <p>0010 - ONE TIME PURCHASE OF ELECTRIC AIR COMPRESSORS FOR PUBLIC WORKS</p> <p>Purchase complete base mounted, factory-assembled, -wired, -piped, and -tested; electric-motor-driven; air-cooled; continuous -duty air compressors that deliver air of quality equal to intake air, equal to "Champion" model PL-70A. Factory operating pressures shall be set to 165-195 psi.</p> <p>***PLEASE SEE ATTACHED SPECIFICATIONS***</p> <p>**Client must purchase qty 2 units for pricing and equipment to be accurate due to them sharing one control panel</p> <p><u>Exceptions being taken:</u></p> <p>-Tubing from the pump to the aftercooler shall be stainless steel. Tubing on the pump shall remain copper.</p> <p>QCAS will not provide the following:</p> <p>-Spare Terminal Blocks</p> <p>-120V Immersion Crank Case Heater or power for Crank Case Heater</p> <p>-Pipe Extension beyond the base skid</p>	\$15,450.07	\$30,900.14

Non-Public Works Bid

AFFIDAVIT

STATE OF MS

PARISH/COUNTY OF Rankin

BEFORE ME, the undersigned authority, personally came and appeared: Michael McCulley, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of Quality Compressed Air Services, Inc. (Entity), the party who submitted a bid in response to Bid Number 50-00127478, 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

Michael McCullery
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 28 DAY OF August, 2019

Addison Precht
Notary Public

Addison Precht
Printed Name of Notary

ID# 148326
Notary/Bar Roll Number



My commission expires 8/21/2023

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
QUALITY COMPRESSED AIR SERVICES, INC.	Business Corporation (Non-Louisiana)	PEARL	Active

Previous Names

Business: QUALITY COMPRESSED AIR SERVICES, INC.
Charter Number: 36981412F
Registration Date: 2/25/2009

Domicile Address

184 CONCOURSE DRIVE
PEARL, MS 39208

Mailing Address

P.O. BOX 1837
BRANDON, MS 39043

Principal Business Office

184 CONCOURSE DRIVE
PEARL, MS 39208

Registered Office in Louisiana

6812 OAK CLUSTER DR.
GREENWELL SPRINGS, LA 70739

Principal Business Establishment in Louisiana

10454 MAMMOTH AVENUE
BATON ROUGE, LA 70814

Status

Status: Active
Annual Report Status: In Good Standing
Qualified: 2/25/2009
Last Report Filed: 1/30/2019
Type: Business Corporation (Non-Louisiana)

Registered Agent(s)

Agent:	TED MCCULLEY
Address 1:	6812 OAK CLUSTER DR.
City, State, Zip:	GREENWELL SPRINGS, LA 70739
Appointment Date:	2/25/2009

Officer(s)

Additional Officers: No

Officer:	MICHAEL MCCULLEY
Title:	President
Address 1:	509 SUSANNAH DR
City, State, Zip:	BRANDON, MS 39047

Officer:	KRISTA MCCULLEY
Title:	Vice-President
Address 1:	509 SUSANNAH DR
City, State, Zip:	BRANDON, MS 39047

Amendments on File

No Amendments on file

Print



QUALCOM-01

JJAMES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2019

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).

PRODUCER Insurance & Risk Managers P.O. Box 910 Brookhaven, MS 39602	CONTACT NAME: PHONE (A/C, No, Ext): (601) 833-6321		FAX (A/C, No): (601) 833-3409
	E-MAIL ADDRESS: info@irm-ms.com		
INSURED Quality Compressed Air Service, Inc., MK Ventures, LLC P.O. Box 1837 Brandon, MS 39043	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Employers Mutual Casualty Company		21415
	INSURER B: First Mercury Insurance Co.		10657
	INSURER C: Bridgefield Employers		10701
	INSURER D: StarStone National Insurance Company		25496
	INSURER E:		
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	ADDL INSD	SUBR 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Sudden & Accidental Pollution			5D37471	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 Sud/Acci Pollut \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5E37471	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NJEX000008150801	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	83055066	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> 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
D	Excess Umbrella			14358E193ALI	1/1/2019	1/1/2020	Aggregate \$ 5,000,000
A	Equipment Floater			5C37471	1/1/2019	1/1/2020	Rented/Leased \$ 100,000

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

Purchasing equipment to be delivered to:

Cousins Pump Station
 2466 Destrehan Avenue
 Harvey, LA 70058

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department 200 Derbigny Street General Government Building Suite 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 