

DATE: 10/12/2016

Page: 5

BID NO.: 50-00117874

**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 \_\_\_\_\_%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF Jan. 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

Up to 3 weeks for production of custom cards. Plus shipping time.

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) Not applicable

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

FIRM NAME: AlphaCard Systems LLC

ADDRESS: PO Box 231179

CITY, STATE: Portland, OR ZIP: 97281

TELEPHONE: (503) 597-0900 FAX: (503) 597-0907

EMAIL ADDRESS: JJones@alphacard.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: \_\_\_\_\_

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

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

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

TOTAL PRICE OF ALL BID ITEMS: \$ 60,240.00

AUTHORIZED SIGNATURE: PL LC

TITLE: Controller

Paul Crick

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.**

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00117874

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	150,000.00	EA	THREE (3) YEAR CONTRACT FOR THE SUPPLY OF LIBRARY CARDS FOR THE JEFFERSON PARISH LIBRARY DEPARTMENT	*	*
			0010 - Cost for the adult themed library card (See Attachemnt 1)  Per the attached specifications	*	*
2	150,000.00	EA	0020 - Cost for the children's themed library card (See Attachment #2) Per the attached specifications		

\* see attached quote  
for additional details



P.O. Box 231179, Portland, OR 97281  
Telephone: 800-717-8080 Fax: 503-684-1590  
www.AlphaCard.com

# Quote

Acct. No.	Date	Estimate #
305792	10/17/2016	SQ-280695

Page 1 of 2

## Bill To

Jefferson Parish Library  
Louisiana Department of Administration  
4747 W. Napoleon Avenue  
Metairie LA 70001  
United States

Expires	Sales Rep	PO #	Ship Via
1/15/2017	Joshua Jones		FedEx Ground

Description	Qty	Rate	Amount
Pre-Printed Card 4/1 Barcode? Yes Sequential Mag stripe? No Slot Punch? No  Allow 3 weeks production and printing time.  Art Submission: Standard Graphics Format - 600 dpi or higher. See attached guidelines for full coverage printing.  Initial Proof & 1st Revision are free of charge. Subsequent customer required revisions will incur a charge of \$50 per revision.  Email for proof: movalle@jeffparish.net	100,000	0.1068	10,680.00
Pre-Printed Card 4/1 Barcode? Yes Sequential Mag stripe? No Slot Punch? No  Allow 3 weeks production and printing time.  Art Submission: Standard Graphics Format - 600 dpi or higher. See attached guidelines for full coverage printing.  Initial Proof & 1st Revision are free of charge. Subsequent customer required revisions will incur a charge of \$50 per revision.  Email for proof: movalle@jeffparish.net	200,000	0.102	20,400.00
Pre-Printed Card 4/1 Barcode? Yes Sequential Mag stripe? No Slot Punch? No  Allow 3 weeks production and printing time.  Art Submission: Standard Graphics Format - 600 dpi or higher. See attached guidelines for full coverage printing.  Initial Proof & 1st Revision are free of charge. Subsequent customer required revisions will incur a charge of \$50 per revision.	300,000	0.0972	29,160.00



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# Quote

Acct. No.	Date	Estimate #
305792	10/17/2016	SQ-280695

Page 2 of 2

Description	Qty	Rate	Amount
will incur a charge of \$50 per revision. Email for proof: movalle@jeffparish.net			
Subtotal			60,240.00
Shipping Cost (FedEx Ground)			0.00
Total			\$60,240.00



SQ-280695



TYPE V INFORMATION PAGE WC 00 00 01 ( A)

**POLICY NUMBER:** (IAUB-2129L05-9-16)

RENEWAL OF (INUB-2129L05-9-15)

**INSURER:** TRAVELERS CASUALTY AND SURETY COMPANY

**NCCI CO CODE:** 11223

1.

**INSURED:**

ALPHA CARD SYSTEMS LLC  
PO BOX 231179  
PORTLAND OR 97281

**PRODUCER:**

PAYCHEX INS AGENCY INC  
150 SAWGRASS DR  
ROCHESTER NY 14620

Insured is A LIMITED LIABILITY COMPANY

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 03-07-16 to 03-07-17 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

CA OR

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$	1000000 Each Accident
Bodily Injury by Disease: \$	1000000 Policy Limit
Bodily Injury by Disease: \$	1000000 Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

AL AR AZ CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MN  
MO MS MT NC NE NH NJ NM NV NY OK PA RI SC SD TN TX UT VA VT WI

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

**DATE OF ISSUE:** 01-22-16 DD

**OFFICE:** PAYROLL

70A

**PRODUCER:** PAYCHEX INS AGENCY INC

SV996