

Wait For addendum  
2. other Bids



**CENTRALBIDDING**  
FROM CENTRAL AUCTION HOUSE

C. A. S.  
Submit

**5000132429 PURCHASE OF PPE FOR THE JEFFERSON COMMUNITY  
ACTION PROGRAMS HEAD START**  
Jefferson Parish Government

Project documents obtained from [www.CentralBidding.com](http://www.CentralBidding.com)

08-Oct-2020 12:56:56 PM

Central Bidding

132 439  
132 438



**BID 50-132429**  
**PURCHASE OF PPE FOR THE JEFFERSON COMMUNITY ACTION**  
**PROGRAMS HEAD START**

**October 20, 2020 @ 11:00 A.M.**

**ATTENTION VENDORS!!!**

**Please review all pages and respond accordingly, complying with all provisions in the technical specifications and Jefferson Parish Instructions for Bidders and General Terms and Conditions. All bids must be received in the Purchasing Department by the bid due date and time.**

**Jefferson Parish Purchasing Department**  
**200 Derbigny Street, Suite 4400**  
**Gretna, LA 70053**  
**Please Email Questions To:**  
**Mark BATTERY**  
**MButtery@jeffparish.net**  
**504-364-2810**

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.

Brian Marcus Pres  
(Name and Title of bidder's official)

Unipak Corp  
(Name of bidder/company)

Po Box 300027  
(Address)

Bldg 11230  
Address

PHONE 888-808-5620 FAX 718-677-9371

EMAIL customer care@unipakcorp.net

[Signature]

Signature

10/12/20

Date

DATE: 10/07/2020

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00132429

## JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETN, LA. 70054-0009  
504-364-2678

VENDOR:

*Unipak Corp*

BUYER: MBUTTERY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

### DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

*1-15 AR.*

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

*N/A*

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

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* *10/12/20*

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

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

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

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

### \*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

*Unipak Corp.*

SIGNATURE:

(Must be signed here)

*Ben Alms*

TITLE:

*Pres.*

PRINT OR TYPE NAME:

*Brian Marcus*

ADDRESS:

*Po Box 300027*

CITY, STATE:

*Bldg N*

ZIP:

*11230*

TELEPHONE:

*(888) 808-5120*

FAX:

*(718) 677-8371*

EMAIL ADDRESS:

*customer care @ unipakcorp.net*

TOTAL PRICE OF ALL BID ITEMS: \$ \_\_\_\_\_



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

October 12, 2020

### ADDENDUM # 1

Bid Number: 50-132429

Bid Opening: 11:00 am, October 20, 2020

Description of Bid: **PURCHASE OF PPE FOR THE JEFFERSON COMMUNITY ACTION PROGRAMS HEAD START**

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This Addendum is to **Change the unit of measure on line items and clarify description of Masks.**

Line item 0001 – lap surgical mask 3 ply **disposable**

The following line items should be U/M (unit of measure) CS-CASE

Line items 0002, 0003, 0004, 0006, 0007, 0008.

Line item 0012 – ter kids face mask w/ear loop 3 ply **disposable** mixed colors

Sincerely,

A handwritten signature in cursive script that reads "Mark Buttery".

Mark Buttery  
Buyer I  
Jefferson Parish Purchasing Department

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of This addendum on the bid form as indicated. Failure to do so will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

GENERAL GOVERNMENT BLDG. — 200 DERBIGNY ST., SUITE 4400, GRETN, LA 70053  
OFFICE 504.364.2678

JOSEPH S. YENNI BLDG. — 1221 ELMWOOD PARK BLVD., SUITE 404, JEFFERSON, LA 70123  
OFFICE 504.364.2678

EMAIL: PURCHASING@JEFFPARISH.NET WEBSITE: WWW.JEFFPARISH.NET

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00132429

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PURCHASE OF PPE FOR THE JEFFERSON COMMUNITY ACTION PROGRAMS HEAD START		
1	300.00	EA	0001-LAP SURGICAL MASK 3 PLY AL-SURG-EA <i>Disp. in Mask</i>	.25	75-
2	1.00	EA	0002-LAP NITRILE EXAM GLOVE, MED 10/100 GLV-NEGM-CS	260-	260-
3	1.00	EA	0003-LAP NON-SKID SHOE COVER 3/50 PR CM-35-50-CS	60-	60-
4	2.00	EA	0004-LAP VINYL APRON,CLEAR 8 MIL DZ IMP-M830-CS 30 X 36		
5	200.00	EA	0005-LAP SURGICAL MASK 3 PLY ical Equipm AL-SURG-EA	.25	50-
6	1.00	EA	0006-LRGP NITRILE EXAM GLOVE, LRG 10/100 GLV-NEGL-CS	260-	260-
7	1.00	EA	0007-LAP NON-SKID SHOE COVER 3/50 PR CM-35-50-CS	60-	60-
8	2.00	EA	0008-LAP VINYL APRON,CLEAR 8 MIL DZ IMP-M830-CS 30 X 36		
9	500.00	EA	0009-TER SURGICAL MASK 3 PLY AL-SURG-EA	.25	125-
10	1.00	CS	0010-TER NITRILE EXAM GLOVE, LARGE GLV-NEGL-CS 10/100	260-	260-
11	1.00	CS	0011-TER NITRILE EXAM GLOVE, MEDIUM GLV-NEGM-CS	260-	260-

DATE: 10/07/2020

Page: 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00132429

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
12	300.00	EA	10/100  0012-TER KIDS FACE MASK W/EARLOOP 3 PLY, MIXED COLORS KR-PPE225A-EA	.30	90-





UNIPA-1

OP ID: JM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/13/2020

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 JFA Ins Brkge & Assoc Inc. 25 31 Francis Lewis Blvd. Bayside, NY 11358 Francine Salomon	718-767-4040	CONTACT NAME: Francine Salomon PHONE (A/C, No, Ext): 718-767-4040 FAX (A/C, No): 718-352-7935 E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hanover Insurance Company		22292
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED  
Unipak Corp  
2766 East 63rd St  
Brooklyn, NY 11234

## 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	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	RDYA910311	04/26/2020	04/26/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER					
	<input checked="" type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PROJECT	<input checked="" type="checkbox"/> LOC			
	OTHER					
	AUTOMOBILE LIABILITY					
	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS ONLY	<input type="checkbox"/> NON OWNED AUTOS ONLY				BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB	CLAIMS-MADE	UHYD575044	05/03/2020	05/03/2021	AGGREGATE \$
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below					OTHER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED

## CERTIFICATE HOLDER

JEFFPAR

JEFFERSON PARISH  
200 DERBIGNY ST STE 4400  
GRETN, LA 70053

## CANCELLATION

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2020

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## PRODUCER

**State Farm**

STEVE BERNSTEIN AGENCY, INC  
1301 CONEY ISLAND AVENUE  
BROOKLYN, NEW YORK 11230

## CONTACT

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: State Farm Fire and Casualty Company

25143

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

UNIPAK CORP.  
PO BOX 300027  
BROOKLYN, NEW YORK 11230

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/POP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N	N/A	92-BZ-B189-2	04/09/2020	04/09/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

JEFFERSON PARISH  
200 DERBIGNY STREET SUITE 4400  
GRETN, LA 70053

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AUTHORIZED REPRESENTATIVE

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