

DATE: 4/27/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122968

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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

July 03, 2018

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 day

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

3 days

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: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 62175

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

T. Clark Enterprise Inc / DBA TCE Electric Inc

SIGNATURE:

(Must be signed here)

Tyrone R. Clark

TITLE:

CEO

PRINT OR TYPE NAME:

Tyrone R. Clark

ADDRESS:

917 Waterton Dr.

CITY, STATE:

Baton Rouge, LA

ZIP:

70819

TELEPHONE:

(225) 268-5465

FAX:

(225) 273-7473

EMAIL ADDRESS:

t.clarkenterprise@yahoo.com

INVITATION TO BID FROM JEFFERSON PARISH - continued

SEALED BID

BID NO.: 50-00122968

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|---|----------|-----|---|----------------------|-------------|
| | | | FURNISH ALL LABOR, MATERIAL, AND EQUIPMENT NECESSARY TO REMOVE AND REPLACE BATTERIES AT VARIOUS PUMP STATIONS | | |
| 1 | 4.00 | EA | 0010 - 3CC-9M ENERSYS POWERSAFE 6V 200AH FLOODED BATTERIES (REPLACEMENTS FOR FAILED CELLS #1,4,6,10 AT HERO P/S) | 1,048.40 | 4,193.60 |
| 2 | 1.00 | EA | 0020 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 4 JARS OF ENERSYS 3CC-9M BATTERIES AT HER P/S *JOB LOCATION: HERO PUMP STATION 4644 PETERS ROAD HARVEY LA 70058 | 950.00 | 3,800.00 |
| 3 | 2.00 | EA | 0030 - 3DJ-110 C & D 6V 110AH @ 8HR RATE TO 1.75VPC FLOODED BATTERIES (REPLACEMENT OF FAILED CELLS #48,51 AT WESTMINSTER P/S) | 1,166.24 | 2,332.48 |
| 4 | 1.00 | EA | 0040 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 2 JARS OF C & D 3DJ-110 BATTERIES AT WESTMINSTER P/S *JOB LOCATION: WESTMINSTER PUMP STATION 2050 WATLING DRIVE MARRERO LA 70072 | 1,414.70 | 2,829.40 |
| 5 | 3.00 | EA | 0050 - 3CC-7M ENERSYS POWERSAFE 6V 150AH FLOODED BATTERIES (REPLACEMENT OF FAILED CELLS #6,43,54) | 920.00 | 2,760.00 |
| 6 | 1.00 | EA | 0060 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 3 JARS OF ENERSYS 3CC-7M BATTERIES AT AMES P/S *JOB LOCATION AMES PUMP STATION 5100 ROCHESTER DRIVE MARRERO LA 70072 TO VIEW SITES, CONTACT JAMAL SINGLETON AT 504-349-5037/504-453-9395 CELL | 1,200.00 | 3,600.00 |
| Bid total for Parts, Materials, and Labor | | | | | \$19,514.88 |



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
5/10/2018

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 COMPPLUS LTD PO Drawer 40418 Baton Rouge, LA 70835-0418 | CONTACT NAME: William Ogden | |
| | PHONE (A/C No. Ext): (225) 927-6365 FAX (A/C No.): (888) 222-5951 | |
| | E-MAIL ADDRESS: compplus@hotmail.com | |
| INSURED T. Clark Enterprise, Inc. dba TCE Electric P.O. Box 41977 Baton Rouge, LA 70835 (225) 268-5465 cell | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | INSURER A: Crum & Forster Specialty Ins Co | |
| | INSURER B: LC&I | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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.

| INS LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|---------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY | Y | | BAK-31636-1 | 7/16/17 | 7/16/18 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | | | MED EXP (Anyone person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DED RETENTION \$ | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | N/A | Y | 25629-17 | 12/6/17 | 12/6/18 | <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 | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | |

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

Electrical work (Statewide)

License Board for Contractors-License No.62175 (Electrical Work statewide)

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Dept
200 Derbigny St Gen Gov Bldg Ste 4400
Gretna LA 70053
ATTN: Misty A Camardelle (504) 364-2683
mcamardelle@jeffparish.net
bid number 50-00122968

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

**Insurance Declaration Affidavit
Automotive**

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared,
Tyrone R Clark, (Affiant) who after being duly sworn, deposed and said that he/she
is the fully authorized President of T. Clark Enterprise, Inc. (Entity), the
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 5000122968, to Jefferson Parish.

Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

Tyrone R. Clark
Signature of Affiant

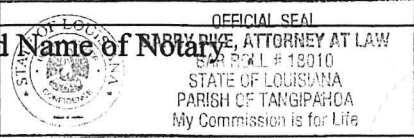
SIGN HERE

Tyrone R Clark
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 11 DAY OF May, 20 .

[Signature]
Notary Public

Printed Name of Notary [Signature]


Notary/Bar Roll Number _____

My commission expires _____



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name T. CLARK ENTERPRISE, INC.
Mailing Address 1221 Foster Drive
Baton Rouge, LA 70806
Phone Number (225) 268-5465
Email Address t.clarkenterprise@cox.net
Website http://

Active Licenses

License Number 62175
Type Commercial License
Status LICENSED
Effective 09/27/2016
Expiration 08/21/2018
First Issued 08/21/2015

Classifications

| Class | Qualifying Party | Parishes |
|-----------------------------|---------------------|----------|
| BUSINESS AND LAW | Tyrone Rodney Clark | ALL |
| ELECTRICAL WORK (STATEWIDE) | Tyrone Rodney Clark | ALL |

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|--|---|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. T. CLARK ENTERPRISE, INC. dba | |
| | 2 Business name/disregarded entity name, if different from above TCE Electric | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____ | |
| | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.) | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. P.O. BOX 41977 | Requester's name and address (optional) |
| | 6 City, state, and ZIP code BATON ROUGE, LA 70819 | |
| | 7 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | |
|--------------------------------|---|--|---|---|---|---|---|-------|
| Social security number | | | | | | | | |
| | | | - | | | - | | |
| OR | | | | | | | | |
| Employer identification number | | | | | | | | |
| 4 | 5 | | - | 0 | 5 | 5 | 9 | 0 0 4 |

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 for Part II, later.

| | | |
|-----------|--|-------------------|
| Sign Here | Signature of U.S. person ► <i>Lyman B. Clark</i> | Date ► 05/11/2018 |
|-----------|--|-------------------|

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.