

DATE: 2/09/2021

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BID NO.: 50-00133483

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 N/A %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF End of Contract.

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)

AB-517

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Liquidity Services Operations, LLC

ADDRESS: 100 Capitol Commerce Blvd., Ste. 110

CITY, STATE: Montgomery, AL

ZIP: 36117

TELEPHONE: (334) 274-3846

FAX: (334) 387-0519

EMAIL ADDRESS: vendor@govdeals.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 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

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 0% fee to Jefferson Parish; 12.5% buyer's premium (Optional: 1.25% annual rebate)

AUTHORIZED
SIGNATURE: 

Steve Kranzusch

Printed Name

TITLE: Vice President and General Manager

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.: 50-00133483

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>FULLY FUNCTIONAL DIGITAL CLOUD BASE/ ONLINE AUCTIONEERING SERVICES OF VARIOUS JEFFERSON PARISH OWNED EQUIPMENT FOR THE JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES SURPLUS DIVISION-2 YR CONTRACT</p> <p>0010 - A PERCENTAGE FOR A FULLY FUNCTIONAL DIGITAL CLOUD BASED/ON-LINE AUCTIONEERING SERVICES FEE.</p>	0% fee to Jefferson Parish	0% fee to Jefferson Parish
				Optional: 1.25% annual rebate on auction sales if Jefferson Parish utilizes one of our cooperative contracts (i.e. OMNIA or Sourcewell)	
2	1.00	EA	<p>0020 - A PERCENTAGE FOR BUYER'S PREMIUM FOR A TWO (2) YEAR CONTRACT TO PROVIDE ALL HARDWARE, SOFTWARE AND SERVICES NEEDED FOR A FULLY FUNCTIONAL DIGITAL CLOUD BASED/ ON-LINE AUCTIONEERING SERVICES OF VARIOUS JEFFERSON PARISH OWNED EQUIPMENT FOR THE JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES SURPLUS DIVISION PER THE ATTACHED SPECIFICATIONS.</p> <p>(ANY AND ALL ADDITIONAL FEES MUST BE INCLUDED IN YOUR BUYER'S PREMIUM RATE)</p> <p>REF 4849-20</p>	12.5% buyer's premium	12.5% buyer's premium

LIQUIDITY SERVICES OPERATIONS LLC

CONSENT OF THE SOLE MEMBER AND MANAGER

March 27, 2020

The undersigned, being the sole member and manager (the "**Member/Manager**") of Liquidity Services Operations LLC, a Delaware limited liability company (the "**Company**"), acting pursuant to Section 18-302 of the Limited Liability Company Act of the State of Delaware, as amended, hereby adopts the following resolutions as though such resolutions had been adopted at a duly convened meeting of the Member/Manager held on the date hereof for such purpose:

RESOLVED, that the following named individuals be, and they hereby are, appointed as officers of the Company, to hold the office set forth opposite such individual's name until his or her successor shall be appointed and qualified or until he or she shall resign or be removed:

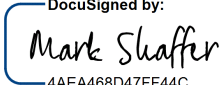
Name:	Title:
William P. Angrick, III	Chairman and Chief Executive Officer
Jorge A. Celaya	Executive Vice President and Chief Financial Officer
John P. Daunt	Executive Vice President and Chief Commercial Officer
Steven Weiskircher	Senior Vice President and Chief Technology Officer
Mark A. Shaffer	Vice President, General Counsel and Corporate Secretary
Michael Lutz	Vice President, Human Resources
Nicholas Rozdilsky	Vice President and Chief Marketing Officer
Samuel Guzman	Vice President and Chief Accounting Officer
Scott O'Donnell	Vice President
Jeffrey Rechtzigel	Vice President
Steven Kranzusch	Vice President
Elizabeth Maxted	Vice President

FURTHER RESOLVED, that all prior actions and transactions which have been taken or entered into by the officers of the Company in conducting the business of the Company be, and they hereby are, fully ratified, approved and confirmed; and

FINALLY RESOLVED, that the originally executed copy of this Consent shall be filed with the books and records of the Company as the actions of the Member/Manager.

IN WITNESS WHEREOF, the undersigned Member/Manager has executed this Consent as of the date first set forth above.

Liquidity Services, Inc., as the sole member and manager of the Company

By:  4AE4468D47EE44C
Name: Mark A. Shaffer
Title: Vice President, General Counsel and
Corporate Secretary

Non-Public Works Bid

AFFIDAVIT

STATE OF Alabama

PARISH/COUNTY OF Montgomery

BEFORE ME, the undersigned authority, personally came and appeared: Steve
Kranzusch, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Vice Pres. & Gen. Manager of Liquidity Services
Operations, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00133483, 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

Steve Kranzusch

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 3rd DAY OF March, 2021.


Notary Public

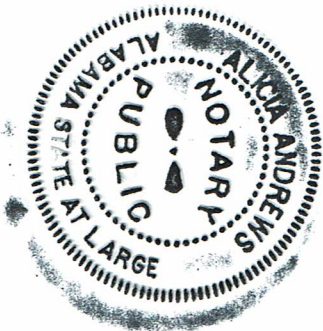
Alicia Andrews

Printed Name of Notary

N/A

Notary/Bar Roll Number

My commission expires April 10, 2022.





CERTIFICATE OF LIABILITY INSURANCE

5/1/2021

DATE (MM/DD/YYYY)

9/30/2020

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 Lockton Companies 1801 K Street NW, Suite 200 Washington DC DC 20006 (202) 414-2400	CONTACT NAME:	
	PHONE (A/C, No, Ext): FAX (A/C, No):	
INSURED 1331752 Liquidity Services Operations LLC 6931 Arlington Road, Suite 200 Bethesda MD 20814	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Great Northern Insurance Company	
	INSURER B: Federal Insurance Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES LIQSE01 **CERTIFICATE NUMBER:** 10651129 **REVISION NUMBER:** XXXXXXXX

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"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	3589-49-41	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$1,000 Comp <input checked="" type="checkbox"/> \$1,000 Coll	N	N	7361-48-52	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	93649206	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	7175-70-51	5/1/2020	5/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 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

10651129

Evidence of Insurance

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

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