

DATE: 2/01/2023

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00141068

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DNELSON

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

2 DAYS AFTER P.O. ISSUED

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

0 days-Immediately upon receipt of materials

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

UPON EXPIRATION OF CONTRACT

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: NONE

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

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

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

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) N/A

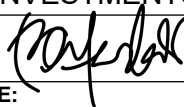
**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

SIR CHARLES INVESTMENTS, INC.

SIGNATURE:

(Must be signed here)



TITLE:

OWNER/MANAGING MEMBER

PRINT OR TYPE NAME:

Brittny Charles

ADDRESS:

196 TRAVIS DRIVE

CITY, STATE:

AVONDALE, LA

ZIP:

70094

TELEPHONE:

(504) 553-6853

FAX:

( )

EMAIL ADDRESS:

INFO@SIRCHARLESINV.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 17,368.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141068

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS    |
|----------------|----------|-----|--|----------------------|-----------|
| 1              | 2,500.00 | EA  | <p>TWO (2) YEAR CONTRACT TO COVER ALL LABOR, MATERIALS &amp; NECESSARY ESSENTIALS TO PROVIDE FINGERPRINTING FOR COACHES &amp; VARIOUS OTHER STAFF FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS &amp; RECREATION</p> <p>0001 - Provide One (1) Standard Fingerprint Card, Form No. FD-258</p> <p>to record fingerprint images.</p> <p>The following items are for a 1-yr as-needed, contract to collect fingerprints for the Jefferson Parish Parks &amp; Recreation Department. Fingerprints are to be collected at the vendor location and/or at a designated Recreation Department site, as requested by the Recreation Department. During certain times of the year, vendors will be required to be present at a designated Recreation Department facility at least two times per week between the hours of 3PM and 7 PM (Monday - Thursday only). No fingerprints should be taken for the Recreation Department without signed, written approval on department letterhead. All completed fingerprint cards should be given to an authorized JPRD employee with the permission letter attached.</p> <p>The amounts listed below are estimates based on use for a 24-month period.</p> | \$ .20               | \$ 500.00 |
| 2              | 12.00    | EA  | <p>0002 - Traveling fee to collect fingerprints at</p> <p>Nicholson Playground<br/>710 11th Street, 70072</p>  | \$ 50.00             | \$ 600.00 |
| 3              | 16.00    | EA  | <p>0003 - Traveling fee to collect fingerprints at</p> <p>PARD Playground<br/>5185 Eighty Arpent Road, 70072</p>   | \$ 48.00             | \$ 768.00 |
| 4              | 14.00    | EA  | <p>0004 - Traveling fee to collect fingerprints at:</p> <p>Terrytown Playground<br/>641 Heritage Ave., 70065</p>   | \$ 49.00             | \$ 686.00 |
| 5              | 12.00    | EA  | <p>0005 - Traveling fee to collect fingerprints at</p>   | \$ 50.00             | \$ 600.00 |

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141068

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS      |
|----------------|----------|-----|--|----------------------|-------------|
| 6              | 20.00    | EA  | <p>Belle Terre Playground<br/>5600 Belle Terre Road, 70072</p> <p>0006 - Traveling fee to collect fingerprints at:</p> | \$ 47.00             | \$ 940.00   |
| 7              | 16.00    | EA  | <p>Oakdale Playground<br/>650 Wall Blvd., 70056</p> <p>0007 - Traveling fee to collect fingerprints at</p>             | \$ 48.00             | \$ 752.00   |
| 8              | 14.00    | EA  | <p>Harvey Playground<br/>2240 Alamo Street, 70058</p> <p>0008 - Traveling fee to collect fingerprints at</p>           | \$ 49.00             | \$ 686.00   |
| 9              | 16.00    | EA  | <p>Avondale Playground<br/>709 S. Jamie Drive, 70094</p> <p>0009 - Traveling fee to collect fingerprints at</p>        | \$ 48.00             | \$ 752.00   |
| 10             | 12.00    | EA  | <p>Pontiff Playground<br/>1521 Palm Steet, 70001</p> <p>0010 - Traveling fee to collect fingerprints at</p>            | \$ 50.00             | \$ 600.00   |
| 11             | 12.00    | EA  | <p>Girard Playground<br/>5300 Irving Street, 70003</p> <p>0011 - Traveling fee to collect fingerprints at</p>          | \$ 50.00             | \$ 600.00   |
| 12             | 14.00    | EA  | <p>Mike Miley Playground<br/>6716 W. Metairie Ave., 70003</p> <p>0012 - Traveling fee to collect fingerprints at</p>   | \$ 49.00             | \$ 686.00   |
| 13             | 32.00    | EA  | <p>Cleary Playground<br/>3700 Civic Sreet, 70001</p> <p>0013 - Traveling fee to collect fingerprints at</p>            | \$ 45.00             | \$ 1,440.00 |

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141068

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES  | UNIT PRICE<br>QUOTED | TOTALS      |
|----------------|----------|-----|--|----------------------|-------------|
| 14             | 28.00    | EA  | Lakeshore Playground<br>1125 Rosa Ave., 70005<br><br>0014 - Traveling fee to collect<br>fingerprints at                | \$ 45.00             | \$ 1,260.00 |
| 15             | 16.00    | EA  | Little Farms Playground<br>10301 South Park Street, 70123<br><br>0015 - Traveling fee to collect<br>fingerprints at    | \$ 48.00             | \$ 768.00   |
| 16             | 10.00    | EA  | Delta Playground<br>8301 W. Metairie Ave., 70003<br><br>0016 - Traveling fee to collect<br>fingerprints at             | \$ 50.00             | \$ 500.00   |
| 17             | 12.00    | EA  | Bright Playground<br>3401 Clearvy Ave, 70002<br><br>0017 - Traveling fee to collect<br>fingerprints at                 | \$ 50.00             | \$ 600.00   |
| 18             | 14.00    | EA  | Waggaman Playground<br>516 Dandelion St, 70094<br><br>0018 - Traveling fee to collect<br>fingerprints at               | \$ 49.00             | \$ 686.00   |
| 19             | 14.00    | EA  | Estelle Playground<br>5801 Leo Kerner Lafitte Pkwy, 70072<br><br>0019 - Traveling fee to collect<br>fingerprints at    | \$ 49.00             | \$ 686.00   |
| 20             | 14.00    | EA  | Johnny Jacobs Playground<br>5851 5th Ave, 70072<br><br>0020 - Traveling fee to collect<br>fingerprints at              | \$ 49.00             | \$ 686.00   |
| 21             | 12.00    | EA  | Kennedy Heights Playground<br>248 Mission Ct, Avondale 70094<br><br>0021 - Traveling fee to collect<br>fingerprints at | \$ 50.00             | \$ 600.00   |



## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141068

SEALED BID

| ITEM<br>NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES   | UNIT PRICE<br>QUOTED | TOTALS    |
|----------------|----------|-----|---|----------------------|-----------|
| 22             | 14.00    | EA  | <p>Woodmere Playground<br/>4100 Glenmere Dr, 70058</p> <p>0022 - Traveling fee to collect<br/>fingerprints at</p>   | \$ 49.00             | \$ 686.00 |
| 23             | 14.00    | EA  | <p>Kings Grant Playground<br/>3805 15th St, 70058</p> <p>0023 - Traveling fee to collect<br/>fingerprints at</p>  | \$ 49.00             | \$ 686.00 |
| 24             | 12.00    | EA  | <p>Estelle Playground<br/>5801 Leo Kerner Lafitte Pkwy, 70072</p> <p>0024 - Traveling fee to collect<br/>fingerprints at</p> <p>MLKing Playground<br/>2400 Lester St, 70058</p> | \$ 50.00             | \$ 600.00 |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2023

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<br>BIBERK<br>P.O. Box 113247<br>Stamford, CT 06911                                | CONTACT NAME:   |                             |
|  | PHONE (A/C, No, Ext): 844-472-0967                      | FAX (A/C, No): 203-654-3613 |
|  | E-MAIL ADDRESS: customerservice@biBERK.com              |                             |
|  | INSURER(S) AFFORDING COVERAGE                           | NAIC #                      |
|  | INSURER A : Berkshire Hathaway Direct Insurance Company | 10391                       |
| INSURED<br>Sir Charles Investments<br><br>21911 Hannover Village Court<br>Spring, TX 77388 | INSURER B :   |                             |
|  | INSURER C :   |                             |
|  | INSURER D :   |                             |
|  | 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                               |   |          | N9BP315952    | 02/01/2023              | 02/01/2024              | EACH OCCURRENCE                           | \$ 2,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |   |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000    |
|          |  |   |          |               |                         |                         | MED EXP (Any one person)                  | \$ 5,000     |
|          |  |   |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ Included  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 4,000,000 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 4,000,000 |
|          | <input checked="" type="checkbox"/> OTHER:   |   |          |               |                         |                         |   | \$           |
|          | AUTOMOBILE LIABILITY   |   |          |               |                         |                         | 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)            | \$           |
|          |  |   |          |               |                         |                         |   | \$           |
|          | UMBRELLA LIAB  |   |          |               |                         |                         | EACH OCCURRENCE                           | \$           |
|          | <input type="checkbox"/> EXCESS LIAB   |   |          |               |                         |                         | AGGREGATE                                 | \$           |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                             |   |          |               |                         |                         |   | \$           |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |          |               |                         |                         | PER STATUTE                               | OTH-ER       |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A      |               |                         |                         | E.L. EACH ACCIDENT                        | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$           |
|          |  |   |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$           |
|          | Professional Liability (Errors & Omissions): Claims-Made                                       |   |          |               |                         |                         | Per Occurrence/Aggregate                  |              |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b>   | <b>CANCELLATION</b>  |
| Sir Charles Investments<br>21911 Hannover Village Court<br>Spring, TX 77388 | 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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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2023

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.

|   |  |
|---|--|
| PRODUCER  | CONTACT NAME:<br>PHONE (A/C, No, Ext): (844) 472-0967<br>FAX (A/C, No): (203) 654-3613<br>E-MAIL ADDRESS: salessupport@biberk.com<br>PRODUCER CUSTOMER ID:         |
| BIBERK<br>P.O. Box 113247<br>Stamford, CT 06911                             |  |
| INSURED   | INSURER(S) AFFORDING COVERAGE<br>INSURER A : Berkshire Hathaway Direct Insurance Compai<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |
| Sir Charles Investments<br>21911 Hannover Village Court<br>Spring, TX 77388 | NAIC #<br>531210   |

|   |                     |                  |
|---|---------------------|------------------|
| COVERAGES   | CERTIFICATE NUMBER: | REVISION NUMBER: |
| LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)<br>Location: 21911 Hannover Village CourtSpring, TX 77388<br>Bldg #001: Real Estate Agents (Office) - 6406101 |                     |                  |

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                        | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY  | LIMITS |
|-------------------------------------|--|----------------|------------------------------------|-------------------------------------|-------------------|--------|
| <input checked="" type="checkbox"/> | PROPERTY                                 | N9BP315952     | 02/01/2023                         | 02/01/2024                          | BUILDING          | \$ 0   |
|                                     | CAUSES OF LOSS                           |                |                                    |                                     | PERSONAL PROPERTY | \$ 0   |
|                                     | BASIC                                    |                |                                    |                                     | BUSINESS INCOME   | \$ *   |
|                                     | BROAD                                    |                |                                    |                                     | EXTRA EXPENSE     | \$ *   |
| <input checked="" type="checkbox"/> | SPECIAL                                  |                |                                    |                                     | RENTAL VALUE      | \$     |
|                                     | EARTHQUAKE                               |                |                                    |                                     | BLANKET BUILDING  | \$ n/a |
|                                     | WIND                                     |                |                                    |                                     | BLANKET PERS PROP | \$ n/a |
|                                     | FLOOD                                    |                |                                    |                                     | BLANKET BLDG & PP | \$ n/a |
|                                     |  |                |                                    |                                     |                   | \$     |
|                                     |  |                |                                    |                                     |                   | \$     |
|                                     | INLAND MARINE                            | TYPE OF POLICY |                                    |                                     |                   | \$     |
|                                     | CAUSES OF LOSS                           |                |                                    |                                     |                   | \$     |
|                                     | NAMED PERILS                             | POLICY NUMBER  |                                    |                                     |                   | \$     |
|                                     |  |                |                                    |                                     |                   | \$     |
|                                     | CRIME                                    |                |                                    |                                     |                   | \$     |
|                                     | TYPE OF POLICY                           |                |                                    |                                     |                   | \$     |
|                                     |  |                |                                    |                                     |                   | \$     |
|                                     | BOILER & MACHINERY / EQUIPMENT BREAKDOWN |                |                                    |                                     |                   | \$     |
|                                     |  |                |                                    |                                     |                   | \$     |
|                                     |  |                |                                    |                                     |                   | \$     |
|                                     |  |                |                                    |                                     |                   | \$     |

|  |
|--|
| SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) |
| * ALS up to 12 months.   |

|   |  |
|---|--|
| CERTIFICATE HOLDER  | CANCELLATION   |
| Sir Charles Investments<br>21911 Hannover Village Court<br>Spring, TX 77388 | 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<br>  |

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**Insurance Declaration Affidavit  
Worker's Compensation**

**AFFIDAVIT**

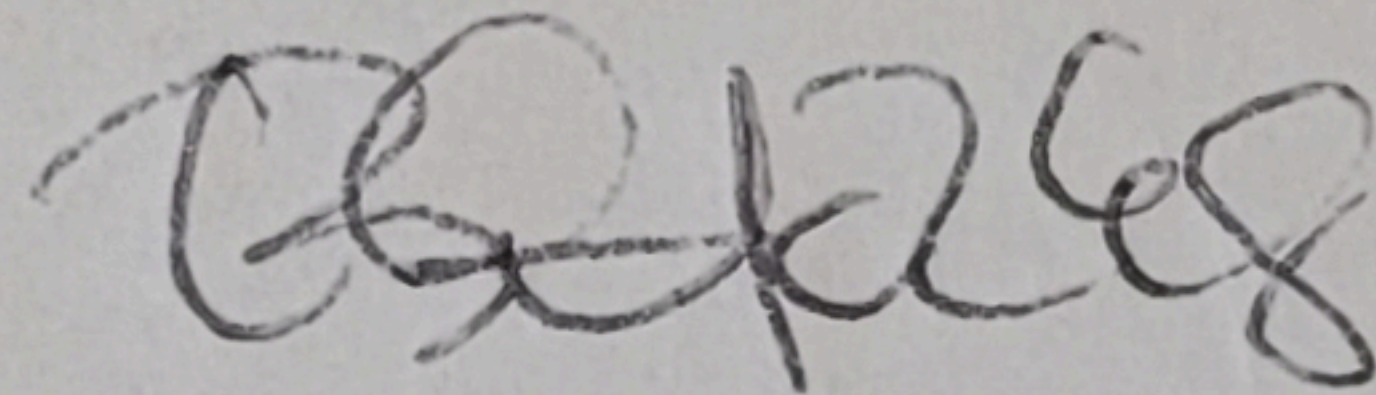
**STATE OF TEXAS**

**PARISH/COUNTY OF HARRIS**

BEFORE ME, the undersigned authority, personally came and appeared,  
BRITTNY CHARLES, (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized OWNER/MANAGING MEMBER of SIR CHARLES INVESTMENTS, INC. (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00141068, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.



\_\_\_\_\_  
Signature of Affiant

Brittny Charles

\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

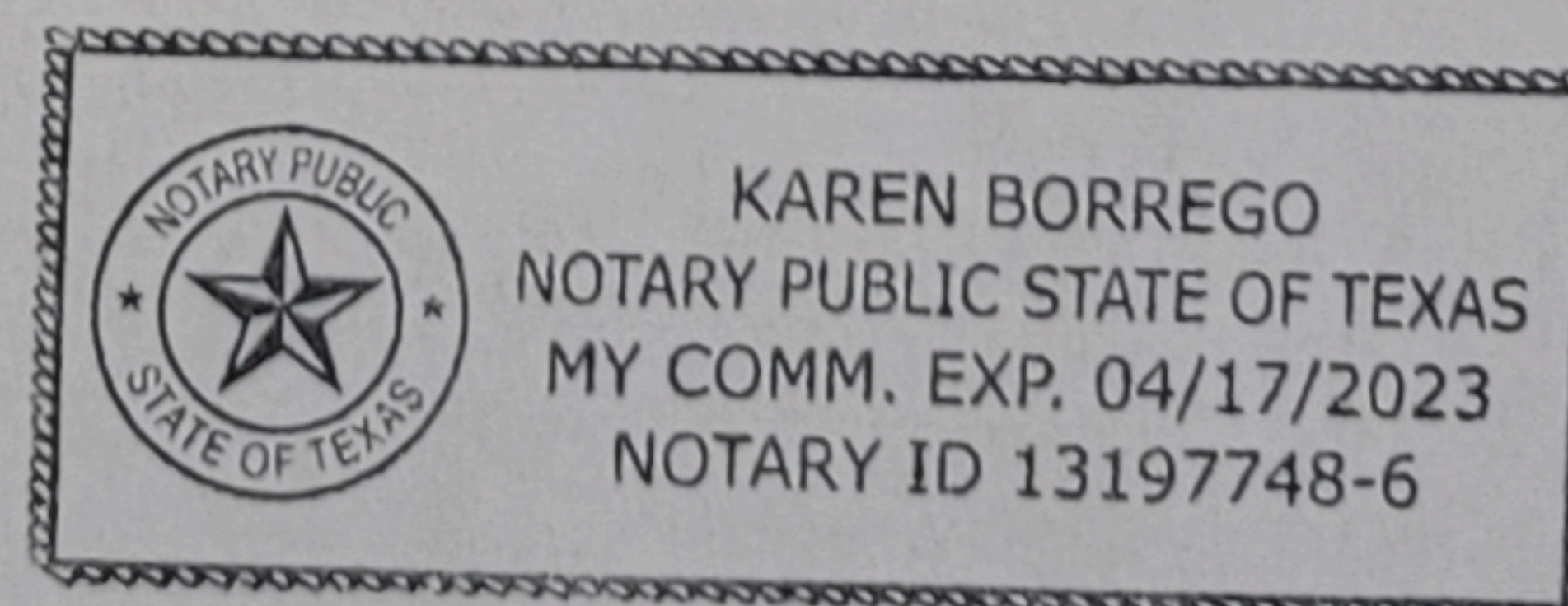
ON THE 6<sup>th</sup> DAY OF February, 2023

Karen Borrego  
\_\_\_\_\_  
Notary Public

Karen Borrego  
\_\_\_\_\_  
Printed Name of Notary

13197748-6  
\_\_\_\_\_  
Notary/Bar Roll Number

My commission expires 4/17/23





**Insurance Declaration Affidavit  
Automotive**

**AFFIDAVIT**

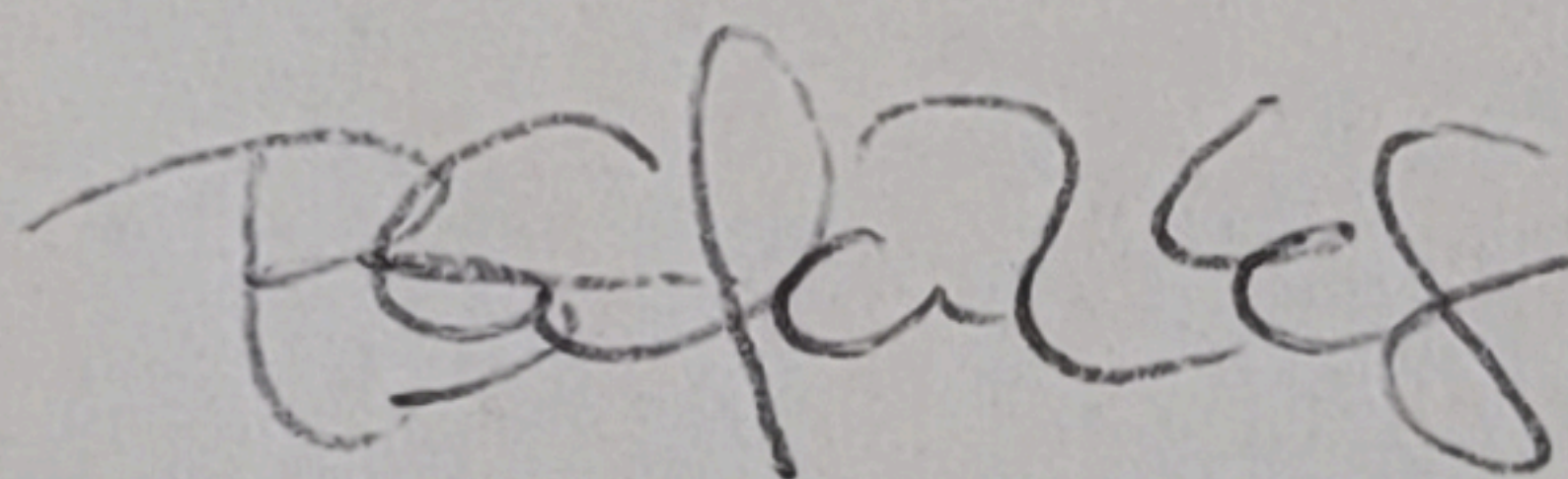
**STATE OF** TEXAS

**PARISH/COUNTY OF** HARRIS

BEFORE ME, the undersigned authority, personally came and appeared,  
BRITTNY CHARLES, (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized OWNER/MANAGING MEMBER of SIR CHARLES INVESTMENTS, INC (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00141068, 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.



\_\_\_\_\_  
Signature of Affiant

BRITTNY CHARLES

\_\_\_\_\_  
Printed Name of Affiant

**SWORN AND SUBSCRIBED TO BEFORE ME**

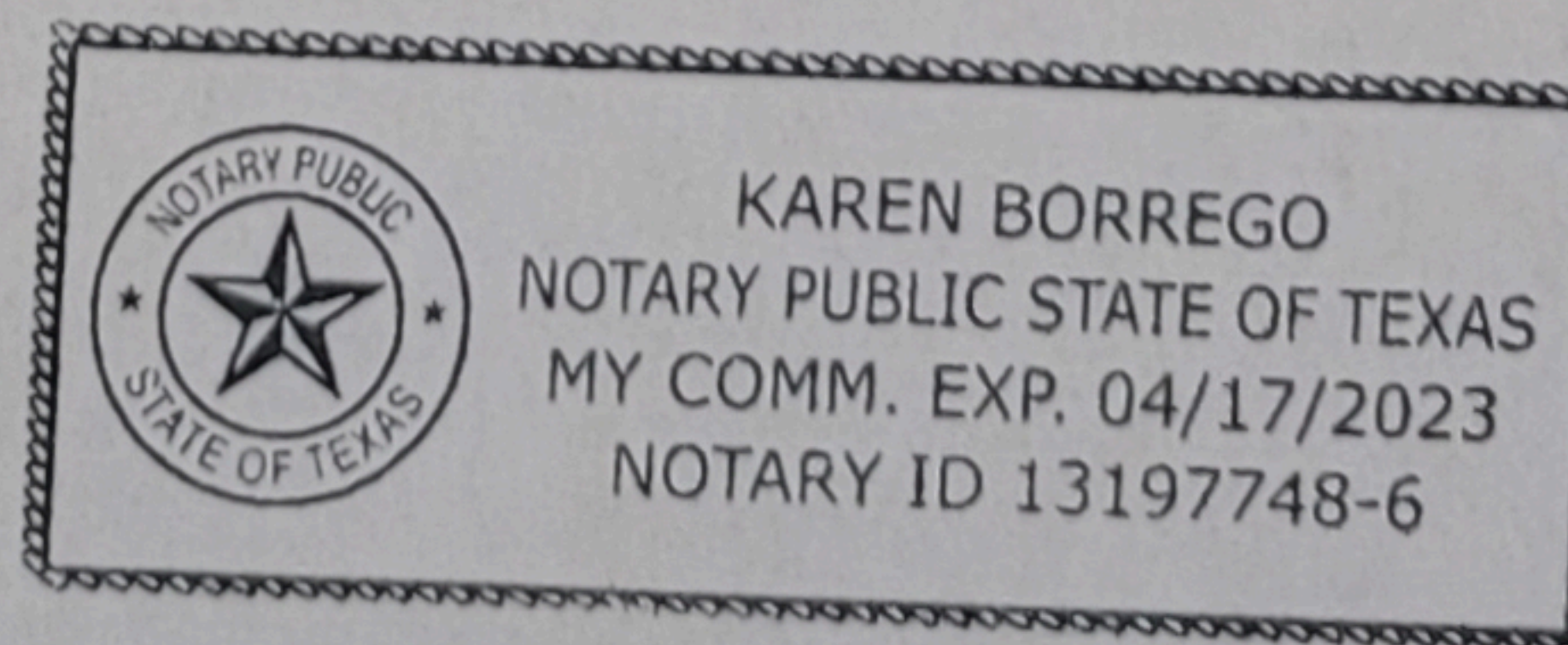
ON THE 6<sup>th</sup> DAY OF February, 2023

Karen Borrego  
Notary Public

Karen Borrego  
Printed Name of Notary

13197748-6  
Notary/Bar Roll Number

My commission expires 4/17/23





## **CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
SIR CHARLES INVESTMENTS  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF SIR CHARLES INVESTMENTS  
INCORPORATED, DULY NOTICED AND HELD ON 02/06/2023,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT BRITTNY CHARLES, BE AND IS HEREBY  
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-  
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON  
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS  
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,  
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE  
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,  
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES  
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS  
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING  
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-  
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE AND CORRECT COPY OF AN  
EXCERPT OF THE MINUTES OF THE ABOVE  
DATED MEETING OF THE BOARD OF  
DIRECTORS OF SAID CORPORATION, AND  
THE SAME HAS NOT BEEN REVOKED OR  
RESCINDED.



\_\_\_\_\_  
**SECRETARY-TREASURER**

**02/06/2023**

\_\_\_\_\_  
**DATE**