

DATE: 10/13/2020

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00132441

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

VENDOR: **CENTRIC PPE**

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

Varies by product.

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

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: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

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

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

FIRM NAME: **CENTRIC PPE**

SIGNATURE:

(Must be signed here)

TITLE: **President & CEO**

PRINT OR TYPE NAME: **Michael Perez**

ADDRESS: **875 N. Michigan Ave., Suite 3600**

CITY, STATE: **Chicago, Illinois**

ZIP: **60611**

TELEPHONE:

(815) 315-9258

FAX:

()

EMAIL ADDRESS: **PPE@centric-intl.com**

TOTAL PRICE OF ALL BID ITEMS: \$ **13.06**

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00132441

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	200.00	EA	PURCHASE OF PPE FOR THE JEFFERSON COMMUNITY ACTION PROGRAMS HEAD START 0001-CCE-AL-SURG-EA-SURGICAL MASK 3PLY DISPOSABLE	\$0.065	\$13.00
2	1.00	CS	0002-CCE-GLV-NEGL-CS-EXAM GLOVE NITRILE LARGE 10/100		
3	1.00	CS	0003-CCE-GLV-NEGM-CS-EXAM GLOVE NITRILE MEDIUM 10/100		
4	1.00	CS	0004-CCE-CM-35-50-CS-NONSKID SHOE COVER LARGE 3/50PR	\$0.06	\$0.06
5	3.00	CS	0005-CCE-IMP-M830-CS-VINYL APRON CLEAR 8 MIL, 30X36 DZ		
			DELIVER TO: CARLIE CARE KIDS 501 RICHARD STREET GRETN, LA 70053		

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 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.

Michael Perez

(Name and Title of bidder's official)

CENTRIC PPE

(Name of bidder/company)

875 N. Michigan Ave., Suite 3600

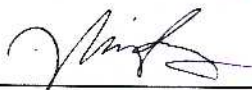
(Address)

Chicago, IL 60611

(Address)

PHONE **(815) 315-9258** FAX _____

EMAIL **PPE@centric-intl.com**



Signature

10/16/2020

Date

PPE QUOTATION



CENTRIC International, Inc.
875 N Michigan Ave,
Suite 3600
Chicago, IL 60611, USA
+1 (815) 315-9258

CUSTOMER NAME AND ADDRESS

Jefferson Parish
Purchasing Department

P.O. Box 9
Gretna, Louisiana 70054-0009

RFQ DATE	QUOTE DATE	QUOTATION NO.
14-Oct-20	19-Oct-20	CPP-20-10105

SHIP TO

Carlie Care Kids
501 Richards Street
Gretna, Louisiana 70053

REP	TERMS	FOB POINT	QUOTE VALIDITY	PO NUMBER
MP	Net 30	Customer Facility		

ITEM	QUANTITY	DESCRIPTION	AVAIL.	EACH	TOTAL
1	200	Disposable Medical Face Mask; 3-ply; 50/box	In Stock	\$ 0.065	\$ 13.00
		Shipping/Handling		Included	
2	1	Shoe Cover; non-woven fabric; 30 gsm; 17 x 41 cm.	5-6 Weeks	\$ 0.06	\$ 0.06
		Shipping/Handling		Included	

NOTES:

- Subject to stock on hand at time of order placement
- Please refer to the quote number when placing your order
- Shipping is quoted via ground transportation unless otherwise specified
- Cancellations are not accepted once purchase order and/or purchase agreement is placed
- Subject to CENTRIC International, Inc. Terms & Conditions
- Delivery is subject to stock on hand and will be confirmed at time of order placement
- Warranty: The manufacturer warrants this product to be free from defects in workmanship and materials, under normal use and conditions, for a period of one (1) year for the original invoice date. Shipping and handling fees are to be paid for by the customer. The manufacturer agrees, at its option during the warranty period, to repair and defect in material or workmanship or to furnish a repaired or refurbished product of equal value in exchange without charge (except for a fee for shipping, handling, packing, return postage, and insurance).
- COVID-19 orders are non-returnable and non-refundable
- Can do subsequent deliveries, can negotiate further quantity orders along with shipping/handling charges

SUBTOTAL		\$ 13.06
TAX RATE	0.000%	\$ -
SHIPPING / HANDLING		Included
TOTAL		\$ 13.06

THANK YOU FOR YOUR BUSINESS!

Bid 50-132441**Purchase of PPE for the Jefferson Community Action Programs Head Start, Carlie Care Kids
Supporting Documents for Quote CPP-20-10105**

CENTRIC Group is a family of companies which was originally established in Rockford, Illinois in September 2004. The company's corporate headquarters is located in Chicago, Illinois at 875 N. Michigan Avenue, Suite 3600 (in the building formerly known as "The John Hancock Center"). CENTRIC Group also has offices, warehouses, and showrooms throughout the United States, in places such as Arizona, California, Florida, Georgia, Texas, and Wisconsin. The company's global footprint includes offices in Mexico (in the cities of Monterrey and Queretaro), Hong Kong, and Taiwan.

The development of CENTRIC Group follows these important dates and milestones:

- CENTRIC Manufacturing Solutions, Inc.
Established September 2004 in Rockford, IL
- CENTRIC International, Inc.
Established September 2006 in Chicago, IL
- CENTRIC Financial, Inc.
Established September 2007 in Chicago, IL
- CENTRIC Solutions de Mexico, S.A. de C.V.
Established September 2006 in Monterrey, N.L., Mexico
Secondary office opens December 2009 in Queretaro, Qro., Mexico
- Fieldrich (HK) Limited, global trading (Dba CENTRIC Asia)
Established July 2014 in Hong Kong

This company is driven by a strong vision that guides its morals and ethics. One of this company's foremost core values is a commitment to developing open and honest partnerships with our suppliers and customers. These morals, ethics, and values combines with the power of CENTRIC's talented team of people to provide the best services and solutions available. We base our service on market needs, we offer superior delivery and support, and we create premium value by using enhanced technology to increase productivity and profitability.

Through our core business, we have established proven partnerships with suppliers and logistics partners in order to efficiently transport goods from Asia to North America. CENTRIC's PPE division has evolved as a result of these partnerships and relationships. CENTRIC PPE is focused on providing best-in-class products and solutions in a timely and cost-effective manner for clients throughout the U.S. as they continue to deal with the challenges of the global pandemic. Our staff brings over 100 combined years of international procurement, distribution, logistics, and shipping. We provide solutions for everything from the most basic needs to the most complex issues and challenges.

At CENTRIC PPE, we believe are committed to recognizing the importance of the quality and availability of PPE-related products as everyone battles the pandemic. We strive to provide our customers with the best-quality products and solutions so that they can keep their staff and guests safe and healthy at all times. We look for advanced material and processing technologies so that we can offer high-performance products which can also provide relative comfort in extended use.

Descriptions for Items Quoted

Non-Sterile Disposable Medical Face Mask



- 65% Non-woven Fabric
- 35% Melt-blown Fabric

Shoe Cover



- Non-woven fabric
- 30 gsm.
- 17 x 41 cm.



CERTIFICATE OF LIABILITY INSURANCE

CENTR-8

OP ID: TTO

DATE (MM/DD/YYYY)

07/24/2020

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 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 Heil & Kay Insurance Agency An ISU Network Member 1699 Wall Street - Ste 506 Mount Prospect, IL 60056		CONTACT NAME: Heil & Kay Insurance Agency PHONE (A/C, No, Ext): 847-258-5310 E-MAIL ADDRESS: service@heilandkay.com FAX (A/C, No): 847-378-8353	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: PHILADELPHIA INSURANCE CO.	
		INSURER B: The Hartford	
		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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PPK2049867	10/17/2019	10/17/2020	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 \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			83UECAA0922	06/13/2020	06/13/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							Ded \$1000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
B	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 <input type="checkbox"/>	N/A	83WECIP8824	10/16/2019	10/16/2020	<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

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

CERTIFICATE HOLDER**CANCELLATION**For Information Only
Centric International

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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