

DATE: 11/23/2022

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00140675

**JEFFERSON PARISH**

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

VENDOR:

BUYER: DREAMEY

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 \_\_\_\_\_

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) \_\_\_\_\_

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: <u>DAFONS FIRST CHOICE</u>	
SIGNATURE: (Must be signed here) <u>[Signature]</u>	TITLE: <u>BRANCH MANAGER</u>
PRINT OR TYPE NAME: <u>DANIEL KERNE</u>	
ADDRESS: <u>5701 CRAWFORD ST. SUITE A</u>	
CITY, STATE: <u>HAIRYAN, LOUISIANA</u>	ZIP: <u>70123</u>
TELEPHONE: <u>(504) 255-6706</u>	FAX: <u>( )</u>
EMAIL ADDRESS: <u>D. KERNE @ FIRSTCHOICESERVICES.COM</u>	

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

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140675

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			TWO YEAR CONTRACT TO SUPPLY COFFEE, TEA AND SUPPLIES TO THE JEFFERSON PARISH EASTBANK AND WESTBANK COUNCIL CHAMBERS.		
1	65.00	CS	0001-Dark Roast, Chicory or Medium Roast Pure. 40 Pks per box. 1.5 to 2.5 oz per package.  **FC HOUSE BLEND- 32 CT**	\$ 48.99	\$
2	90.00	EA	0002-Sugar, Dominos 20 oz. Canisters, Individual Cans  **FC 18 OZ**	\$ 2.55	\$
3	100.00	EA	0003-Powder Creamer, 12 oz. Coffee Mate Canisters, Individual Cans	\$ 3.50	\$
4	30.00	BX	0004-Splenda, 500/pk per box	\$ 29.75	\$
5	20.00	BX	0005-Equal, 500/pk per box	\$ 27.65	\$
6	20.00	BX	0006-Sweet & Low, 1500/pk per box	\$ 29.95	\$
7	20.00	BX	0007-Swiss Miss Hot Cocoa, Individual Pk 50 pk per box w/ marshmallows & Regular	\$ 17.95	\$
8	30.00	BX	0008-Coffee Mate Liquid Creamer, 3/8 oz. 180 ct. Liquid Cups per box	\$ 24.95	\$
9	30.00	BX	0009-Lipton Tea Bags, 100 per box	\$ 9.50	\$
10	120.00	BX	0010-Crystal Light, 24 per box flavors: Lemonade, Iced Tea, Raspberry Ice, &  Fruit Punch. Individual Packets	\$ 10.95	\$
11	120.00	BX	0011-Coffeemate Flavored Creamer, 50 per box. Flavors: French Vanilla, Hazelnut  & Irish Cream.	\$ 10.90	\$
12	40.00	CS	0012-K-Cups, Community, 80 Ct./Case Flavors: Cafe' Special, Dark Roast,	\$ 68.50	\$

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## INVITATION TO BID FROM JEFFERSON PARISH - continued

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BID NO.: 50-00140675

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			Breakfast Blend & Coffee and Chicory.  **4 POUR OVER KEURIG MACHINES ARE INCLUDED IN THIS CONTRACT. MUST PURCHASE AT LEAST A CASE OF COFFEE OR AS CLOSE TO THE AMOUNT AS POSSIBLE PER MONTH FOR US NOT TO BE CHARGED FOR MACHINES.**		
13	1.00	CS	0013-Stirrer 5.5 BR/WHIT 1-1000	\$ 3.25	\$
14	30.00	CS	0014-First C. Colombian Decaf 1.5 oz. 32 pks per box  Item number-17114	\$ 34.75	\$



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/03/2022

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).

<b>PRODUCER</b> Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 Attn: LosAngeles.CertRequest@marsh.com/ F: 212-948-0535 CN10277444-STDND-GAWUP-22- JD OKC Herb	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Mitsui Sumitomo Insurance Co. Of America <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX (A/C, No):</b> <b>NAIC #</b> 20362
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**COVERAGES** **CERTIFICATE NUMBER:** LOS-002407989-19 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PKG3127434	11/01/2022	11/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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			BVR8407011	11/01/2022	11/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB5700846	11/01/2022	11/01/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCP9115434 (IL,AR,AZ,CA,CO,CT,FL,GA,IA,KS,KY,LA,MD,MI,MN,MO,NC,NH,NV,NM,OK,OR,RI,TX,VA) WCP9115435 (WI,MA,NY,PA)	11/01/2022 11/01/2022	11/01/2023 11/01/2023	<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)  
Evidence of Insurance

<b>CERTIFICATE HOLDER</b> Daiohs USA INC., DBA Java Dave's/Executive Coffee Service 1 S 660 Midwest Road, Suite 120 Oakbrook Terrace, IL 60181	<b>CANCELLATION</b> 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  <i>Marsh Risk &amp; Insurance Services</i>
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