

DATE: 7/01/2020

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00131418

JEFFERSON PARISH

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

VENDOR: Stratus Building Solutions of Southeast Louisiana

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

0 Days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

7 Days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

7 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) N/A

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

FIRM NAME:

Michael J Seiler and Associates, LLC dba Stratus Building Solutions of Southeast Louisiana

SIGNATURE:

(Must be signed here)



TITLE:

Regional Sales Director

PRINT OR TYPE NAME:

Peter Copping

ADDRESS:

4430 S. I-10 Service Rd., Suite 101

CITY, STATE:

Metairie

ZIP:

70001

TELEPHONE:

(504)308-3460

FAX:

(504)308-3461

EMAIL ADDRESS:

PCopping@stratusclean.com

TOTAL PRICE OF ALL BID ITEMS: \$ 10,258.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00131418

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE DISINFECTING AND CLEANING AT 10 HEADSTART CENTERS FOR JEFFCAP 0001-DISINFECTING AND CLEANING OF WORK AREA-10 CENTERS FOR 1 SINGLE CLEANING SITE VISIT CONTACT: M-F 8AM-3PM LONNIE BEWLEY LBEWLEY@JEFFPARISH.NET 504.736.6900 SEE ATTACHED SPECIFICATIONS FOR DETAILS	\$10,258.00	\$10,258.00

Debarment/Suspension Form

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.

Peter Copping Regional Sales Director

(Name and Title of bidder's official)

Stratus Building Solutions of Southeast Louisiana
(Name of bidder/company)


4430 S. I-10 Service Rd. Metairie, LA. 70001

(Address)

(Address)

PHONE 504 308-3460 FAX 504-308-3461

EMAIL PCopping@stratusclean.com

 Signature 7-7-2020 Date _____



Electric and Electrostatic Spraying

Electric and Electrostatic Spraying utilize power-assisted spraying machinery in lieu of manually-powered chemical spraying. The machinery also breaks down 1 traditional manual-sprayer size droplet into many smaller micron droplets, allowing for more even coverage of a targeted area.

Electrostatic spraying goes one step further as it charges the chemical droplets as they leave the machine. Once the droplets are released, they seek objects and surfaces more readily. This assures an even greater coverage of the chemical disinfectant, even in hard to reach places.

Electric and electrostatic spraying assures more even coverage of surfaces including assisting to cover evenly every button on the elevator, or areas of a desk with disinfecting chemicals; where conventional spray and wipe is effective, it can leave heavier residues in certain areas.

Stratus® has the solution for all your cleaning needs

Our program provides superior cleaning and hygiene qualities while maintaining a consistently high appearance.

What sets us apart?

- Career cleaning professionals
- Unparalleled quality control
- Extensive training/certification programs
- Uniformed cleaners with photo identification
- The latest cleaning technology
- Fully Insured and Bonded

Stratus Building Solutions® conquers all your facilities' cleaning challenges, from top to bottom!

Our Client List

WWL-TV Channel 4

WBRZ-TV Channel 2

Weyerhaeuser

PosiGen

EXCELth Medical

Carpenter Union

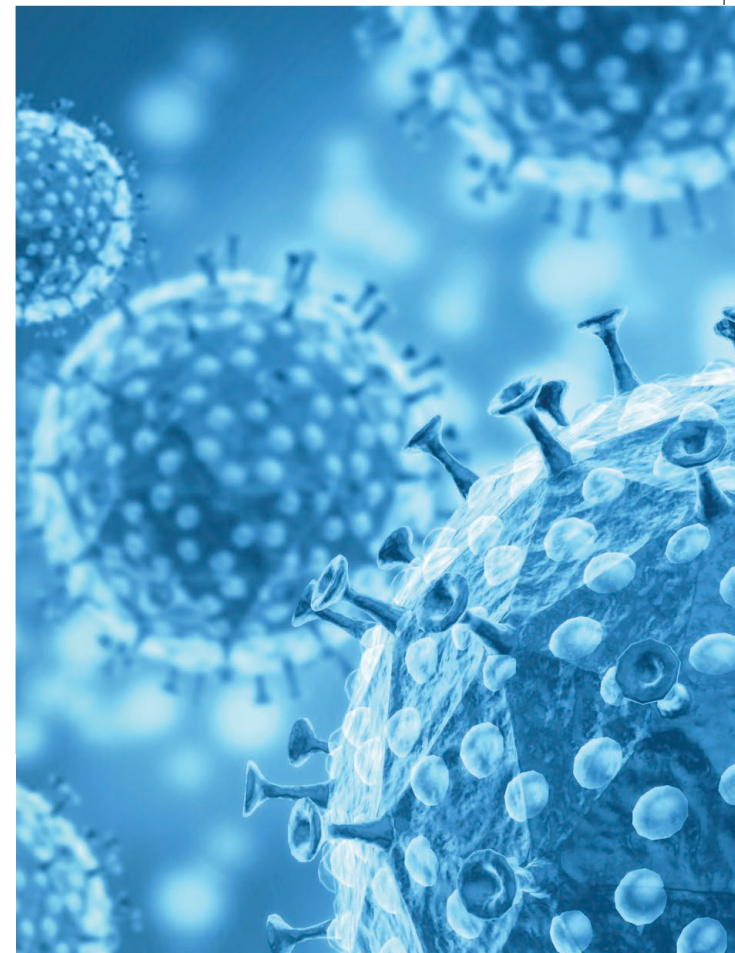
4430 S I-10 Service Road W, Suite 101

Metairie, LA 70001

Ph: 504-308-3460

www.stratusbuildingsolutions.com

*Excellence in
Commercial Cleaning*



STRATUS
BUILDING SOLUTIONS
**Disinfecting Services
for COVID-19**



Your Partner for Disinfecting Services

Stratus Building Solutions® is proud to be your partner to help keep your workplaces clean and productive, and your customers and employees safer. Whether you are a medical facility, school, or businesses facing an outbreak emergency, we are here to help.

Stratus Building Solutions®, in partnership with the latest in chemical technologies provide state-of-the-art professional disinfecting services. Utilizing hospital-grade chemicals paired with electric and electrostatic tools, high touch-point wipe down and deep cleaning disinfecting services, Stratus franchisees are able to help you create a safer environment for your customers and employees.










Who Should Use Disinfecting Services?

These commercial disinfecting services are used in hospitals, schools, daycares, veterinary clinics, medical offices, manufacturing facilities, offices, retail, and other businesses.

Professional disinfecting services are ideal for high-traffic businesses, or those who provide services to sensitive populations like clinics and hospitals. Avoid the spread of colds and flus, viruses, fungus, and bacteria all year long and inquire today about one-time special or recurring commercial disinfecting services.

Our Services

-  Hospital Grade Disinfectants - EPA Registered
-  High Touch Point Area Focus
-  Color-Coded MicroFibers to Reduce Cross Contamination
-  HEPA Vacuum System
-  Electric and Electrostatic Chemical Dispersal Systems
-  Recurring Services Available
-  OSHA, CDC and EPA Compliant

Custom Cleaning Solutions

Stratus Building Solutions® offers world class systems and services. By analyzing your facility and working hard to understand your needs, we are able to customize a range of services and systems that fit your unique requirements.

**Stratus Building Solutions®
is Your Partner for
Disinfecting Services.**



Certificates of disinfection are provided for display following our service.

This Facility Has Been **Cleaned and Disinfected**



(504) 308-3460

Excellence in Commercial Cleaning

Notice: All Disinfectants are EPA Registered: List N Effective Against COVID-19. Disinfecting Services Do Not Prevent Person-To-Person Transmission or Reintroduction Of Microorganisms.



Coronavirus Disinfectant Selector Guide

Product Name & Number	Active	Dilution Ratio	pH	COVID-19 EPA List N Recommendations	Acinetobacter	Enterobacteriaceae (carbapenem-resistance)	Hepatitis A	Hepatitis B	Hepatitis C	HIV	Human Coronavirus	Human Coronavirus (SARS Associated)	Influenza	Klebsiella	MRSA	Norovirus	Pseudomonas aeruginosa	Staphylococcus aureus	VRE	Tuberculosis (TB)	VISA	VRSA	Canine Parvo	Salmonella enterica/choleraesuis
Cide-Bet™ II (087)	Quat	RTU	Alkaline	10 min						10 min			10 min	10 min			10 min	10 min	10 min					10 min
Fight-Bac® RTU (311)	Quat	RTU	Alkaline	10 min			10 min	1 min	1 min	1 min	2 min	2 min	2 min		3 min	30 sec	3 min	3 min	3 min	5 min	3 min		10 min	3 min
pH7Q (316)	Quat	1:64	Neutral	10 min	10 min			10 min	10 min	4 min	1 min	10 min	2 min	10 min	10 min		10 min	10 min	10 min		10 min			10 min
pH7Q Dual (355)	Quat	1:256	Neutral	10 min	10 min	10 min		10 min	10 min	10 min	10 min	10 min	10 min	10 min	10 min		10 min	10 min	10 min		10 min	10 min 1:64	10 min	10 min
Pine Quat (304)	Quat	1:32	Neutral	10 min	10 min			10 min	10 min	4 min	10 min	10 min	10 min	10 min	10 min			10 min	10 min		10 min			10 min
Quat-Stat 5™ (341)	Quat	1:256	Alkaline	5 min	5 min	5 min		5 min	5 min	5 min	5 min	5 min	5 min	5 min	5 min	5 min	5 min	5 min	5 min			5 min		5 min
Symplicity™ Sanibet™ Multi-Range (237)	Quat	3 oz/5 gal	Neutral	10 min				10 min	10 min	10 min	10 min	10 min	10 min	10 min	10 min	10 min	10 min	10 min						10 min
Triforce* (333)	Quat	1:256	Alkaline	5 min	3 min			3 min	3 min	1 min	3 min	10 min	1 min	3 min	3 min		3 min	3 min	3 min		3 min			3 min

*Triforce Sanitizer for soft, non-food contact surfaces at 1:256



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2020

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 Exchange Underwriters, Inc 2111 N Franklin Dr Ste. 100 Washington PA 15301		CONTACT NAME: Kim Wietasch PHONE (A/C, No, Ext): 724-745-1600 E-MAIL ADDRESS: kwietasch@exchangeunderwriters.com FAX (A/C, No): 724-745-0224	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: West American	
		INSURER B: Ohio Casualty	
		INSURER C: Western Surety Company/	
		INSURER D: Guard Insurance Group	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1988894428**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 <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	BKW57964128	8/15/2019	8/15/2020	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 type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	Y	Y	BAW57964128	8/15/2019	8/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO57964128	8/15/2019	8/15/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	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			MIWC190477	1/1/2020	1/1/2021	<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
C	Third Party Theft			72166357	8/15/2019	8/15/2020	Limit 50,000

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

Certificate Holder is named as Additional Insured with respects to General Liability on a primary and non-contributory basis for ongoing and completed operations and Automobile Liability when required by Stratus billed contracts. Participating Franchisees are covered for General Liability, Workers Compensation and Bond. General Liability and Automobile Liability waiver of subrogation applies when required by contract. Umbrella policy to follow form over the General Liability, Automobile Liability and Workers Compensation policies.

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance

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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