

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 ☒

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____

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

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

53815

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: H-Worth Elevator Service

ADDRESS: 2227 Fayette St

CITY, STATE: Kenner, LA ZIP: 70062

TELEPHONE: (504) 469-7771 FAX: (504) 468-3515

EMAIL ADDRESS: liz@hworthelevator.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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ _____

AUTHORIZED SIGNATURE: Elizabeth Hollingsworth

TITLE: Manager

Elizabeth Hollingsworth
Printed Name

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.: 60-00136619

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			THREE (3) YEAR LABOR ONLY CONTRACT FOR ELEVATOR MAINTENANCE FOR VARIOUS BUILDINGS FOR THE JEFFERSON PARISH DEPARTMENT OF GENERAL SERVICES		
1	1.00	HR	0010 - 3 YEAR LABOR ONLY CONTRACT FOR THE TROUBLESHOOTING, REPAIRING, AND PROGRAMMING OF ELEVATOR EQUIPMENT FOR VARIOUS PARISH WIDE BUILDINGS, FOR THE DEPARTMENT OF GENERAL SERVICES ***BELOW IS THE FIRST ITEM TO BE BID*** TECHNICIAN NORMAL HOURLY RATE (7:00AM TO 5:00PM, MONDAY THRU FRIDAY)	\$250. ⁰⁰	
2	1.00	HR	0020 - HELPER NORMAL HOURLY RATE (7:00AM TO 5:00PM, MONDAY THRU FRIDAY)	\$215. ⁰⁰	
3	1.00	HR	0030 - TECHNICIAN BEFORE/AFTER HOURS WEEKDAY RATE (5:00PM TO 12:00AM, MONDAY THRU FRIDAY & 12:00AM TO 7:00AM TUESDAY THRU FRIDAY)	\$500. ⁰⁰	
4	1.00	HR	0040 - HELPER BEFORE/AFTER HOURS WEEKDAY RATE (5:00PM TO 12:00AM, MONDAY THRU FRIDAY & 12:00AM TO 7:00AM, TUESDAY THRU FRIDAY)	\$430. ⁰⁰	
5	1.00	HR	0050 - TECHNICIAN AFTER HOURS WEEKEND RATE (FRIDAY 5:00PM TO 12:00AM, SATURDAY AND SUNDAY ALL DAY, MONDAY 12:00AM TO 7:00AM) AUTHORIZATION REQUIRED	\$500. ⁰⁰	
6	1.00	HR	0060 - HELPER AFTER HOURS WEEKEND RATE (FRIDAY 5:00PM TO 12:00AM, SATURDAY AND SUNDAY ALL DAY, MONDAY 12:00AM TO 7:00AM) AUTHORIZATION REQUIRED	\$430. ⁰⁰	
7	1.00	HR	0070 - TECHNICIAN HOLIDAY RATE (12:00AM TO 11:59PM)	\$500. ⁰⁰	
8	1.00	HR	0080 - HELPER HOLIDAY RATE (12:00AM TO 11:59PM)	\$430. ⁰⁰	

DATE: 1/05/2022

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136619

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			PLEASE SEE ATTACHED SPECIFICATIONS		

Non-Public Works Bid

AFFIDAVIT

STATE OF

Louisiana

PARISH/COUNTY OF

Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Elizabeth Hollingsworth (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Manager of H-Worth Elevator (Entity), the party who submitted a bid in response to Bid Number _____, 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 ☒

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 ☒ 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.

Elizabeth Hollingsworth

Signature of Affiant

Elizabeth Hollingsworth

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 26 DAY OF January, 2022

Mary P Paul

Notary Public

MARY P PAUL

Printed Name of Notary

135714

Notary/Bar Roll Number

My commission expires at my death





**Designation of Construction Contractor
as Agent of a Governmental Entity
Sales Tax Exemption Certificate**

Jefferson Parish Department of General Services, an agency of the United States government, or an agency, board, commission, or instrumentality of the State of Louisiana or its political subdivisions, including parishes, municipalities and school boards, does hereby designate the following contractor as its agent for the purpose of making sales tax exempt purchases on behalf of the governmental body:

Name of Contractor <u>H. Worth Elevator Service</u>		
Address <u>2227 Fayette St.</u>		
City <u>Kenner</u>	State <u>LA</u>	ZIP <u>70062</u>

This designation of agency shall be effective for purchases of component construction materials, taxable services and leases and rentals of tangible personal property for the following named construction project:

Construction Project	Contract Number
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This designation and acceptance of agency is effective for the period

Beginning Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
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Purchases for the named project during this period by the designated contractor shall be considered as the legal equivalent of purchases directly by the governmental body. Any materials purchased by this agent shall immediately, upon the vendor's delivery to the agent, become the property of this government entity. This government entity, as principal, assumes direct liability to the vendor for the payment of any property, services, leases, or rentals made by this designated agent. This agreement does not void or supersede the obligations of any party created under any construction contract related to this project, including specifically any contractual obligation of the construction contractor to submit payment to the vendors of materials or services for the project.

This contractor-agent is not authorized to delegate this purchasing agency to others; separate designations of agency by this governmental entity are required for each contractor or sub-contractor who is to purchase on behalf of this governmental entity. The undersigned hereby certify that this designation is the entirety of the agency designation agreement between them. In order for a purchase for an eligible governmental entity through a designated agent to be eligible for sales tax exemption, the designation of agency must be made, accepted, and disclosed to the vendor before or at the time of the purchase transaction.

Designation of Agency			Acceptance of Agency		
Signature of Authorized Designator		Date (mm/dd/yyyy)	Signature of Contractor or Subcontractor Authorized Acceptor		Date (mm/dd/yyyy)
			<u>E. Hollingsworth</u>		<u>1/26/22</u>
Name of Authorized Designator			Name of Contractor or Subcontractor's Acceptor		
			<u>Elizabeth Hollingsworth</u>		
Name of Governmental Entity			Name of Contractor		
			<u>H-Worth Elevator Service</u>		
Address			Address		
			<u>2227 Fayette St.</u>		
City	State	ZIP	City	State	ZIP
			<u>Luling</u>	<u>LA</u>	<u>70070</u>

This designation of agency form, when properly executed by both the contractor and the governmental entity, shall serve as evidence of the sales tax exempt status that has been conferred onto the contractor. No other exemption certificate form is necessary to claim exemption from sales taxes. The agency agreement evidenced by this sales tax exemption certificate must be implemented at the time of contract execution with the governmental entity. The contract between the governmental entity and his agent must contain provisions to authenticate the conferment of agency.

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

H-Worth Elevator Service
INCORPORATED.

AT THE MEETING OF DIRECTORS OF H-Worth Elevator Service
INCORPORATED, DULY NOTICED AND HELD ON January 24, 2022,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Elizabeth Hollingsworth, 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.

Shannon D Hollingsworth
SECRETARY-TREASURER

1-26-2022

DATE

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
HUB International Northeast Limited
One Bridge Plaza North
Suite 445
Fort Lee NJ 07024

INSURED
H-Worth Elevator Service Inc.
2227 Fayette Street
Kenner LA 70062

K-NOLE 01

CONTACT NAME: Jennifer Tomic	FAX: 201-585-8500
PHONE: 201-585-8500	AVC No. 201-585-8500
E-MAIL: jennifer.tomic@hubinternational.com	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Great American Insurance Company	16581
INSURER B: National Union Fire Insurance Company of Pittsburgh	19445
INSURER C: StarNet Insurance Company	40046
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 967870295

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.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	MAC130306505	12/24/2021	12/24/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Maximum Annual Aggre \$10,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	MAC130306505	12/24/2021	12/24/2022	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000	3E064808896	12/24/2021	12/24/2022	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY/INVENTIVE/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Indicate in R/R) If yes, describe under description of operations below	8NUWC0115349	12/24/2021	12/24/2022	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> S.L. EACH ACCIDENT \$1,000,000 S.L. DISEASE - EA EMPLOYEE \$1,000,000 S.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

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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