

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jefferson Parish
Purchasing Department
200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: Lapalco Boulevard Overpass of Bayou
Segnette Rehabilitation
Department of Public Works
Bid No. 50-132232

The undersigned bidder hereby declares and represents that she/he; a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: ECM Consultants, Inc and dated: October, 2020
(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) No. 1 (11/6/20), No. 2 (11/14/20)

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

Two Million, nine hundred Twelve Thousand, nine Dollars (\$ 2,912,953.⁴⁵)
Hundred Fifty-Three & 45/100

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)

Alternate No. 2 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)

NAME OF BIDDER: C.E.C., Inc. (Complete Engineering & Construction)

ADDRESS OF BIDDER: 922 West Pont des Mouton
Lafayette LA 70507

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 26435

Name OF AUTHORIZED SIGNATORY OF BIDDER: David S. Huval, Jr., P.E.

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: President

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: David S. Huval, Jr.

DATE: 11/19/2020

THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** **A CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public Work as prescribed by LA R.S. 38:2212(B)(5).

BID SECURITY in the form of a bid bond, as prescribed by LA RS 38:2218.(A) attached to and made a part of this bid.

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UNIT PRICE FORM

TO: Jefferson Parish
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200 Derbigny Street, Suite 4400
Gretna, Louisiana 70053

BID FOR: Lapalco Boulevard Overpass of Bayou
Segnette Rehabilitation
Department of Public Works
Bid No. 50-132232

UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

| | | | | |
|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Clearing and Grubbing</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 201-01-00100 | 1 | LS | \$40,000.- | \$40,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Removal of Structures and Obstructions</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 202-01-00100 | 1 | LS | \$40,000.- | \$40,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Nonplastic Embankment (Sand)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 203-04-00200 | 237 | CY | \$95.- | \$22,515.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Geotextile Fabric</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 203-08-00100 | 37 | SY | \$225.- | \$8,325.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Asphalt Concrete</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 502-01-00100 | 24 | TONS | \$965.- | \$23,160.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Milling Asphaltic Pavement (2" Depth Typical)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 509-01-00100 | 214 | SY | \$75.- | \$16,050.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Riprap (10 LB, 6" Thick Avg.)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 711-03-05000 | 14 | TONS | \$2800.- | \$39,200.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Riprap (130 LB, 14" Thick)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 711-03-05001 | 25 | TONS | \$2800.- | \$70,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Topsoil</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 715-01-00100 | 100 | CY | \$150.- | \$15,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Mobilization</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 727-01-00100 | 1 | LS | \$275,000.- | \$275,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Reflectorized Raised Pavement Markers</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 731-02-00100 | 128 | EA | \$9.49 | \$1,203.28 |

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Segnette Rehabilitation
Department of Public Works
Bid No. 50-132232

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|--------------|--|------------------|--------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Plastic Pavement Striping (Solid Lines)(4" Width)(Thermoplastic 90 Mil), White</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 732-01-01001 | 5,200 | LF | <u>\$1.-</u> | <u>\$5200.-</u> |

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|--------------|---|------------------|--------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Plastic Pavement Striping (Solid Lines)(4" Width)(Thermoplastic 90 Mil), Yellow</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 732-01-01002 | 5,200 | LF | <u>\$1.-</u> | <u>\$5200.-</u> |

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|--------------|---|------------------|-----------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Removal of Existing Markings and Pavement Markers</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 732-05-00100 | 0.500 | LM | <u>\$9400.-</u> | <u>\$4700.-</u> |

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|--------------|--|------------------|-------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Seeding and Fertilizer</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 739-01-00100 | 0.103 | ACRE | <u>\$50,000.-</u> | <u>\$5150.-</u> |

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|--------------|--|------------------|--------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Abatement and Cleaning Lead Based Paint and Repainting (Steel Girders and Misc. Steel Items)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 811-01-00101 | 1 | LS | <u>\$750,000.-</u> | <u>\$750,000.-</u> |

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|--------------|--|------------------|---------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Cleaning and Painting (Steel Pipe Piles)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 811-01-00102 | 801 | SF | <u>\$45.-</u> | <u>\$36,045.-</u> |

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|--------------|--|------------------|-----------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Remove and Replace Elastomeric Bearing Pads (70 Hardness)(1" Thick Avg.)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 814-01-00101 | 129 | SFIN | <u>\$1500.-</u> | <u>\$193,500.-</u> |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Remove and Replace Elastomeric Bearing Pads (70 Hardness)(1 3/8" Thick Avg.)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 814-01-00102 | 130 | SFIN | <u>\$1200.-</u> | <u>\$156,000.-</u> |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Remove and Replace Joint Seal (Preformed Neoprene)(Size Varies)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 815-03-00100 | 850 | LF | <u>\$150.-</u> | <u>\$127,500.-</u> |

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|--------------|---|------------------|----------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Remove and Replace Joint Seal (Preformed Silicone)(Size Varies)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| 815-03-00200 | 68 | LF | <u>\$240.-</u> | <u>\$16,320.-</u> |

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|--------------|---|------------------|-------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Removal of Debris (Bridge Superstructure)</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| NS-202-00005 | 1 | LS | <u>\$17,500.-</u> | <u>\$17,500.-</u> |

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| | | | | |
|--------------|--|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Painted Navigational Clearance Gauge (Mounted on CCA Treated Driven Timber Pile) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| NS-729-00001 | 2 | EA | \$14,375.- | \$28,750.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Relocate Sign (Cold Weather Sign) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-101 | 1 | EA | \$3,000.- | \$3,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Clean and Restore Bridge Drainage System | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-102 | 61 | EA | \$3,000.- | \$183,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Non-Destructive Testing (NDT) of All Pin and Hanger Assembly | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-103 | 8 | EA | \$7,000.- | \$56,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Structural Metalwork (Remove and Replace Anchor Bolts and Misc. Damaged Steel) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-104 | 10 | EA | \$2,400.- | \$24,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Repair Spalled Risers (With Exposed Rebar) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-105 | 70 | SF | \$260.- | \$18,200.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Repair Spalled Risers (No Exposed Rebar) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-106 | 20 | SF | \$375.- | \$7,500.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Repair Concrete Damage | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-107 | 11 | SF | \$680.- | \$7,480.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Settled Curtain Wall Remediation (North and South Curtain Walls) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-108 | 1 | LS | \$60,000.- | \$60,000.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Graffiti Remediation (Pressure Wash) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-109 | 1 | LS | \$11,250.- | \$11,250.- |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Provide Graffiti Resistant Coatings on All Curtain Wall Spans (Bent Columns and Curtain Walls) | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-110 | 5013 | SF | \$4.25/sk | \$21,305.25/sk |

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Segnette Rehabilitation
Department of Public Works
Bid No. 50-132232

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|--------------|--|------------------|--------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Span 3 Support Frame</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-111 | 1 | LS | <u>\$100,000.-</u> | <u>\$100,000.-</u> |

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|--------------|--|------------------|--------------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Traffic Control and Coordination</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-112 | 1 | LS | <u>\$300,000.-</u> | <u>\$300,000.-</u> |

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|--------------|--|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Police Traffic Control</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-113 | 320 | HR | 50 | \$16,000.00 |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Fabricated Jacking Support System for Installing Bearing Pads under Girders</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-114 | 1 | LS | <u>\$50,000.-</u> | <u>\$50,000.-</u> |

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|--------------|--|------------------|----------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Clay Blanket</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-115 | 229 | CY | <u>\$200.-</u> | <u>\$45,800.-</u> |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Sidewalk and Curb Repairs at Bent No. 4</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-116 | 1 | LS | <u>\$15,600.-</u> | <u>\$15,600.-</u> |

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| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Expansive Polyurethane Injection</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-117 | 4500 | LBS | <u>\$10.-</u> | <u>\$45,000.-</u> |

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|--------------|---|------------------|------------|--|
| DESCRIPTION: | <input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# <u>Entergy Transmission Power Outage</u> | | | |
| REF. NO. | QUANTITY: | UNIT OF MEASURE: | UNIT PRICE | UNIT PRICE EXTENSION (Quantity times Unit Price) |
| S-118 | 10 | EA | \$5,250.00 | \$52,500.00 |

Wording for "DESCRIPTION" is to be provided by the Owner
All quantities are estimated. The contractor will be paid upon actual quantities as verified by Owner.

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Lafayette

BEFORE ME, the undersigned authority, personally came and appeared: _____

David S. Huval, Jr., P.E.(Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized President of C.E.C., Inc. (Entity),
(Complete Engineering & Construction
the party who submitted a bid in response to Bid Number 50-132232, 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 X there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

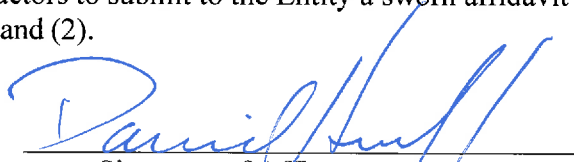
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

[The remainder of this page is intentionally left blank.]

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).



Signature of Affiant

David S. Huval, Jr., P.E.

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME ON

THE 17th DAY OF November, 2020.



Notary Public

Samoa A Prejean

Printed Name of Notary

52845

Notary/Bar Roll Number

My commission expires 7/1/2021.

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
C.E.C., Inc. (Complete Engineering & Construction)
INCORPORATED.

AT THE MEETING OF DIRECTORS OF C.E.C., Inc. (Complete Engineering & Construction)
INCORPORATED, DULY NOTICED AND HELD ON November 17, 2020,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT David S. Huval, Jr., P.E., 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

November 17, 2020

DATE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above
C.E.C., Inc. (Complete Engineering & Construction)

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____
☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
922 West Pont des Mouton

6 City, state, and ZIP code
Lafayette LA 70507

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

or

Employer identification number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 2 | - | 1 | 1 | 8 | 8 | 7 | 0 | 5 |
|---|---|---|---|---|---|---|---|---|---|

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *David L. Huff* Date ▶ *11/19/2020*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

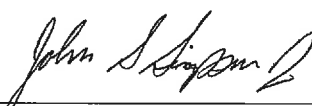
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

| CERTIFICATE OF LIABILITY INSURANCE | | | | DATE (MM/DD/YY) 11-18-2020 | | |
|---|---|--------------------------|---|--------------------------------------|---|----------------|
| PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Drawer 51187 Lafayette, LA 70505-1187 | | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | |
| INSURED C.E.C., Inc. 922 West Pont des Mouton Road Lafayette, LA 70507 | | | COMPANIES AFFORDING COVERAGE | | | |
| | | | COMPANY A THE GRAY INSURANCE COMPANY | | | |
| | | | COMPANY B | | | |
| | | | COMPANY C | | | |
| | | | COMPANY D | | | |
| COVERAGES 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. | | | | | | |
| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
| A | GENERAL LIABILITY | XSGL-074398 | 2/1/2019 | 2/1/2022 | GENERAL AGGREGATE | \$3,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS – COMP/OP AGG | \$3,000,000.00 |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | PERSONAL & ADV INJURY | \$1,000,000.00 |
| | | | | | EACH OCCURRENCE | \$1,000,000.00 |
| | | | | | FIRE DAMAGE (Any one fire) | \$50,000.00 |
| | | MED EXP (Any one person) | \$5,000.00 | | | |
| A | AUTOMOBILE LIABILITY | XSAL-075395 | 2/1/2019 | 2/1/2022 | COMBINED SINGLE LIMIT | \$1,000,000.00 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE | |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| A | GARAGE LIABILITY | | | | AUTO ONLY – EA ACCIDENT | |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY | |
| | | | | | EACH ACCIDENT | |
| | | | | | | |
| | | | | | AGGREGATE | |
| A | EXCESS LIABILITY | GXS-043556 | 2/1/2020 | 2/1/2021 | EACH OCCURRENCE | \$4,000,000.00 |
| | <input checked="" type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE | \$4,000,000.00 |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | |
| A | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | XSWC-071124 | 2/1/2019 | 2/1/2022 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | |
| | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL EACH ACCIDENT | \$1,000,000.00 |
| | | | | | EL DISEASE – POLICY LIMIT | \$1,000,000.00 |
| | | | | | EL DISEASE – EA EMPLOYEE | \$1,000,000.00 |
| | OTHER | | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS The certificate holder is an additional insured on all policies except Workers' Compensation and is provided a Waiver of Subrogation, all if required by written contract. The above insurance policies shall be primary and noncontributory to any other insurance policies maintained by the certificate holder, if required by written contract. | | | | | | |
| Job Reference: LAPALCO BOULEVARD OVERPASS OF BAYOU SEGNETTE REHABILITATION Job# 2017-045RBP | | | | | | |
| CERTIFICATE HOLDER 2437#275 Jefferson Parish Department of Purchasing 200 Derbigny Street Suite 4400 Gretna LA 70053 | | | CANCELLATION In the event of cancellation by The Gray Insurance Company and if required by written contract, 30 days written notice will be given to the Certificate Holder. | | | |
| | | | AUTHORIZED REPRESENTATIVE | | | |
| | | |  | | | |
| GCF 00 50 01 01 12 | | | THE GRAY INSURANCE COMPANY | | | |

THE GRAY INSURANCE COMPANY

The below coverages apply if the corresponding policy number is indicated on the previous page.

A. Commercial General Liability

General Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured (CGL Form# CG 20 10 11 85) when required by written contract.

Primary Insurance Wording Included when required by written contract.

Broad Form Property Damage Liability including Explosion, Collapse and Underground (XCU).

Premises/Operations

Products/Completed Operations

Contractual Liability

Sudden and Accidental Pollution Liability

Occurrence Form

Personal Injury

"In Rem" Endorsement

Cross Liability

Severability of Interests Provision

"Action Over" Claims

Independent Contractors coverage for work sublet

Vessel Liability - Watercraft exclusion has been modified by the vessels endorsement on scheduled equipment.

General Aggregate applies per project or equivalent.

B. Automobile Liability Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.

C. Workers Compensation Policy Includes:

Blanket Waiver of Subrogation when required by written contract.

U.S. Longshoremen's and Harbor Workers Compensation Act Coverage

Outer Continental Shelf Land Act

Jones Act (including Transportation, Wages, Maintenance, and Cure),

Death on the High Seas Act & General Maritime Law.

Maritime Employers Liability Limit: \$1,000,000

Voluntary Compensation Endorsement

Other States Insurance

Alternate Employer/Borrowed Servant Endorsement

"In Rem" Endorsement

Gulf of Mexico Territorial Extension

D. Excess Liability Policy Includes:

Coverage is excess of the Auto Liability, General Liability, Employers Liability, & Maritime Employers Liability policies

Blanket Waiver of Subrogation when required by written contract.

Blanket Additional Insured when required by written contract.