



ROOF TECHNOLOGIES, INC.

P.O. Box 1328, Harvey, LA 70059

(504) 366-9283 • FAX (504) 364-6413

Submitted By:

Roof Technologies, Inc.

631 Manhattan Blvd. / P.O. Box 1328

Harvey, LA 70058 / Harvey, LA 70059

Louisiana Contractor's License #: 26099

Jefferson Parish Vendor #: 32411

Submitted To:

Jefferson Parish Purchasing Department

Jefferson Parish General Government Building

200 Derbigny St., Suite 4400 / P.O. Box 9

Gretna, LA 70053 / Gretna, LA 70054-0009



Submitted For:

Repair Damaged Cinder Block On

Outside Concession Stand

Kennedy Heights Playground

248 Mission Ct

Avondale, LA 70094

Bid No. 50-00118357

Bid Due Date & Time:

Wednesday, December 7, 2016

11:00 A.M.

SEALED BID ENCLOSED

DATE: 11/22/2016

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00118357

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: CGASPER

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

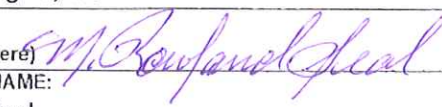
DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	<u>1 week</u>
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>5 days</u>
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	<u>16 days</u>

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) 26099

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Roof Technologies, Inc	
SIGNATURE: (Must be signed here) 	TITLE: Executive Vice-President
PRINT OR TYPE NAME: M. Rowland Seal	
ADDRESS: 631 Manhattan Blvd	
CITY, STATE: Harvey, LA	ZIP: 70058
TELEPHONE: (504) 366-9283	FAX: (504) 364-6413
EMAIL ADDRESS: rowland@rooftech-no.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 26,816.00

DATE: 11/22/2016

Page: 5

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00118357

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>REPAIR DAMAGED CINDER BLOCK ON OUTSIDE CONCESSION STAND KENNEDY HEIGHTS PLAYGROUND</p> <p>0010 Labor, material and equipment necessary to repair damaged cinder block on outside concession stand.</p> <p>See attached specifications.</p> <p>Location: Kennedy Heights Playground 248 Mission Ct. Avondale, LA 70094 Contact: Chad Thomassie Ph: (504) 349-5000</p> <p>For a site visit, see contact above.</p>	\$26,816.00	\$26,816.00

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: M. Rowland
Seal, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Executive Vice-President of Roof Technologies, Inc. (Entity),
the party who submitted a bid in response to Bid Number 50-00118357, 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.


Signature of Affiant

M. Rowland Seal

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 7th DAY OF December, 20 16.



Notary Public



Printed Name of Notary

89132

Notary/Bar Roll Number

My commission expires

for life

DUSTIN A. HANKS
NOTARY PUBLIC #89132
State of Louisiana
My Commission is issued for life.

Date	Jrn	Ref 1	Ref 2	Transaction Desc	Beginning Balance	Debit	Credit	Ending Balance
4320.00	Contributions							
2-11-2015	INV	P3550	2015	Plaquemines Social Aid Total 2-28-15	.00*	2,780.00 2,780.00*	.00*	2,780.00*
3-10-2015	INV	D9000	031015	Jack Donahue Campaign Fund		1,000.00		
3-25-2015	INV	H1721	2015	Harvey Canal Industrial Assoc.		150.00		
3-31-2015	INV	B1630	033115	Keith Bush Total 3-31-15	2,780.00*	100.00 1,250.00*	.00*	4,030.00*
4-10-2015	INV	A2015	041015	Academy of Our Lady		7,775.00		
4-28-2015	INV	B0809	043015	Baton Rouge General Total 4-30-15	4,030.00*	10,000.00 17,775.00*	.00*	21,805.00*
5-18-2015	INV	O2002	051815	Our Lady of Perpetual Help Total 5-31-15	21,805.00*	4,475.00 4,475.00*	.00*	26,280.00*
6-09-2015	INV	CRO001	060915	Crown Group Scholarship Founda		2,500.00		
6-18-2015	INV	K3302	06/2015	The Kids Trust Total 6-30-15	26,280.00*	500.00 3,000.00*	.00*	29,280.00*
7-15-2015	INV	F1147	5-090-0718	Federal Express Corporation		17.50		
7-31-2015	INV	B0001	07/2015	Bill Luebbert		129.48		
7-31-2015	INV	B0001	07/2015	Bill Luebbert Total 7-31-15	29,280.00*	63.67 210.65*	.00*	29,490.65*
8-10-2015	INV	A2015	2015 dues	Academy of Our Lady		645.00		
8-26-2015	INV	S1962	082615	St. Rosalie Total 8-31-15	29,490.65*	200.00 845.00*	.00*	30,335.65*
9-23-2015	INV	N5562	golf 2015	Newell Normand Campaign Fund		500.00		
9-30-2015	INV	B0001	093015	Bill Luebbert Total 9-30-15	30,335.65*	2,500.00 3,000.00*	.00*	33,335.65*
Total Account 4320.00 - Contributions					.00*	33,335.65*	.00*	33,335.65*
GRAND TOTALS					.00*	33,335.65*	.00*	33,335.65*

Date	Jrn	Ref 1	Ref 2	Transaction Desc	Beginning Balance	Debit	Credit	Ending Balance
4320.00	Contributions							
3-08-2016	INV	P3550	030816	Plaquemines Social Aid		350.00		
				Total 3-31-16	.00*	350.00*	.00*	350.00*
4-11-2016	INV	A2015	2016 Tuiti	Academy of Our Lady		7,910.00		
				Total 4-30-16	350.00*	7,910.00*	.00*	8,260.00*
5-03-2016	INV	B0001	043016	Bill Luebbert		2,050.00		
5-12-2016	INV	O2002	051216	Our Lady of Perpetual Help		4,675.00		
5-17-2016	INV	F1147	5-414-2295	Fedex		20.21		
5-25-2016	INV	H500	052516	HHCC Invitational		500.00		
				Total 5-31-16	8,260.00*	7,245.21*	.00*	15,505.21*
6-28-2016	INV	K3302	062816	The Kids Trust		500.00		
6-29-2016	INV	B0001	062816	Bill Luebbert		125.00		
				Total 6-30-16	15,505.21*	625.00*	.00*	16,130.21*
8-26-2016	INV	B0809	Great Floo	Baton Rouge General		5,000.00		
8-31-2016	INV	B0001	083116	Bill Luebbert		180.37		
				Total 8-31-16	16,130.21*	5,180.37*	.00*	21,310.58*
9-14-2016	INV	A2015	Softball	Academy of Our Lady		200.00		
9-23-2016	INV	C5789	092316	Sheriff Jerry Turlich		420.00		
				Total 9-30-16	21,310.58*	620.00*	.00*	21,930.58*
				Total Account 4320.00 - Contributions	.00*	21,930.58*	.00*	21,930.58*
GRAND TOTALS					.00*	21,930.58*	.00*	21,930.58*

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Roof Technologies, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶	
	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 631 Manhattan Blvd.	Requester's name and address (optional)
	6 City, state, and ZIP code Harvey, LA 70058	
	7 List account number(s) here (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.

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.

Social security number								
			-			-		
or								
Employer identification number								
7	2	-	1	1	7	6	9	9

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <i>M. Boufanel</i>	Date ▶ 12/7/16
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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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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/YYYY)

4/14/2016

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 Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	CONTACT NAME: PHONE (A/C No, Ext): 800-344-4838 FAX (A/C, No): (954) 943-5417 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A National Fire Ins of Hartford 20478 INSURER B American Guarantee & Liability Ins 26247z INSURER C American Casualty Co of Reading PA 20427 INSURER D: INSURER E: INSURER F:
INSURED Roof Technologies Inc P O Box 1328 Harvey LA 70059	NAIC #

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 SUBR INSD 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 checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> XCU Hazards Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		5092135192	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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		5092135189	5/1/2016	5/1/2017	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 DED RETENTION \$		AUC925940809	5/1/2016	5/1/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	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 N N/A	5092135208	5/1/2016	5/1/2017	<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 Bidding Purposes Only"

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

Dirk DeJong/JC

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RESOLUTION OF THE BOARD OF DIRECTORS

Be it resolved by the Board of Directors of Roof Technologies, Inc., domiciled in the City of Harvey, Louisiana, that M. Rowland Seal, Executive Vice President is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of Corporation.

CERTIFICATE

I, Manuel G. Gutierrez III, Secretary / Treasurer of Roof Technologies, Inc., do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of Roof Technologies, Inc., at a meeting thereof legally held on the 4th day of January, 2016; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified and that it is now in full force and effect.

In testimony whereof, I have hereunto set my hand and the seal of said corporation this 7th day of December, 2016.



Manuel G. Gutierrez, III
Secretary / Treasurer



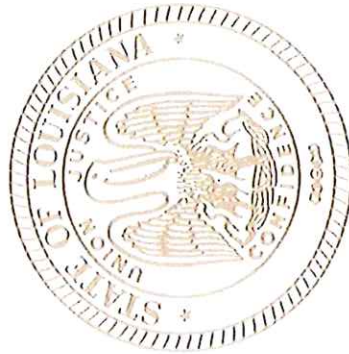
State Licensing Board for Contractors

This is to Certify that:

ROOF TECHNOLOGIES, INC.
P. O. Box 1328
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Expiration Date: February 19, 2018

License No: 26099

Witness our hand and seal of the Board dated,
Baton Rouge, LA 20th day of February 2015

Will B. McCall
Director

See exhibit
Chairman

Andy Harvey
Secretary-Treasurer

This License Is Not Transferrable



November 26, 2012

RE: Roof Technologies Inc

To Whom It May Concern:

*Also Serving
Louisiana in:*
BALDWIN
FRANKLIN
JEANERETTE
LAFAYETTE
LAKE CHARLES
MORGAN CITY
NEW IBERIA

P. O. BOX 55108
METAIRIE, LA
70055-5108

PHONE
(504) 832-5733

FAX
(504) 831-3604

WEBSITE
www.stielno.com

Please be advised that we have been the Surety Agency for Roof Technologies Inc for many years. We can advise that all work performed that we issued performance and payment bonds, were completed without issues to the Surety. We have issued bids and performance and payment bonds for contracts valued in the \$3,000,000.00 range,

At the present time, CNA Surety (Western Surety Company) provides surety bonds for Roof Technologies Inc. The most recent single limit is \$3,000,000 with an aggregate surety program of \$20,000,000.00. As always, CNA Surety (Western Surety Company) reserves the right to perform normal underwriting at the time of any bond request, including, without limitation, prior review and approval of relevant contract documents, bond forms, and project financing. We assume no liability if for any reason we do not execute such bonds.

CNA Surety (Western Surety Company) is listed on the U S Treasury Department's Listing of Approved Sureties (Dept Circular 570) and is rated AX by A M Best Company.

Sincerely,

Kay Doyle Smith

Surety Producer

Attorney in Fact/Western Surety Company