

DATE: 12/27/2019

Page: 5

BID NO.: 50-00128840

BID FORM
Non Public Works

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 X

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 2 Years From Start Date

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

N/A

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

59546

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Tidy Building Services, LLC

ADDRESS: 609 W William David Pkwy, Suite 202

CITY, STATE: Metairie, LA

ZIP: 70005

TELEPHONE: (504) 838-9843

FAX: (504) 833-6585

EMAIL ADDRESS: apeterson@tidyusa.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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1

NUMBER: 2

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 188,318.08

AUTHORIZED
SIGNATURE: _____

Charles Cho

Printed Name

TITLE: President

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.

*** BID REVISED PER ADDENDUM # 2 ***

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00128840

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	LABOR, MATERIALS & EQUIPMENT TO PROVIDE A TWO (2) YEAR JANITORIAL CONTRACT FOR DEDICATED FACILITIES UNDER JURISDICTION OF THE DEPARTMENT OF JUVENILE SERVICES	\$7,845.86	\$188,300.64
			0001 Two (2) year Janitorial Contract to provide all labor, materials and equipment necessary for a twenty-four (24) month contract for janitorial services for dedicated facilities under the jurisdiction of the Department of Juvenile Services.	\$17.00	\$17.00
2	1.00	HR	0002 Day Porter Daily Rate Provide an hourly rate for a day time janitorial employee to perform regular janitorial services that are listed under the attached day time janitorial employee job description. Contractor will also be required to provide equipment for the employee to use to perform these services. Employee may be used on an hourly basis for intermittent work at various locations.	\$14	\$14
			0003 Carpet Cleaning Provide a square footage cost for carpet cleaning, as needed, which includes everything to do a total wet extraction at any of the buildings to be covered in this contract. Please note that the Bonnet Cleaning System is not acceptable for carpet cleaning.	\$30	\$30
3	1.00	SQFT	0004 Tile and Hard Surface Floor Cleaning Provide a square footage cost for tile and hard surface floor refinishing as needed, which includes everything for stripping, cleaning, waxing and buffing at any of the buildings to be covered in this contract.		
			***** PLEASE BE ADVISED THAT THE 5% SURETY BOND MUST REFLECT THE TOTALS OF ALL FOUR ITEMS ABOVE. NOT JUST ITEM 0001 ***** ***PLEASE SEE ATTACHED SPECIFICATIONS*** *** BID REVISED PER ADDENDUM #2 ***		
4	1.00	SQFT			

AFFIDAVIT

PARISH/COUNTY OF Jefferson

Affiant further said:

(Choose A or B, if option A is indicated please include the required attachment):

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.

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.

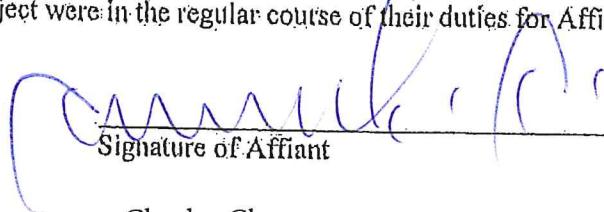
Choice B X There are NO debts which would require disclosure under Choice A of this section.

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

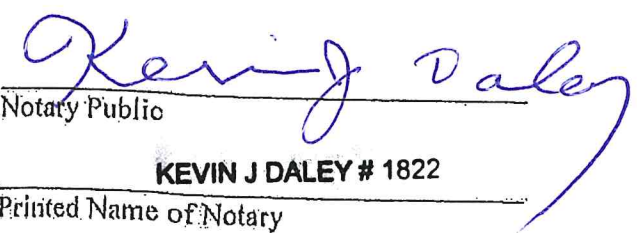
[The remainder of this page is intentionally left blank.]

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

Charles Cho
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 6th DAY OF January, 2010.


Notary Public

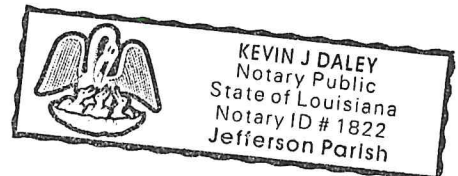
KEVIN J DALEY # 1822

Printed Name of Notary

KEVIN J DALEY # 1822

Notary/Bar Roll Number

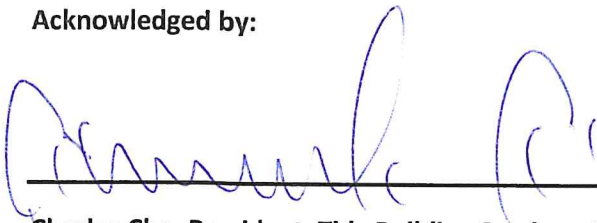
My commission expires LIFETIME COMMISSION



CAMPAIGN CONTRIBUTION DISCLOSURE

In June of 2019, Charles Cho, President of Tidy Building Services LLC made a Campaign Contribution in the amount of \$1,000.00 to Cynthia Lee Sheung, then candidate for Jefferson Parish President.

Acknowledged by:



Charles Cho, President, Tidy Building Services, LLC – January 6, 2010

[Print](#)

Notary Search - Detail

Name: MR. KEVIN J. DALEY
Address: 1011 VETERANS BLVD.
SUITE B
METAIRIE, LA 70005

Phone: (504) 355-3388
Phone 2: (504) 899-8714

Notary ID Number: 1822

Parish: JEFFERSON with authority in the following parishes:
ORLEANS, PLAQUEMINES, ST. BERNARD

Agency: N/A

Notary Type: Non Attorney

Status: Active

Commission Date: 03/30/2015
Oath Date: 03/30/2015
Surety Expiration Date: 04/13/2023
Annual Report Current: Yes

Notary Events

Parish Change	Previous Parish: ORLEANS	Previous Commission Date: 09/15/1989
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Deceased, Inactivated, Leave of Absence, Pre-Assessment Registration, Pre-Assessment Taken, Resigned, Retirement, and Revoked events are not available prior to February 11, 2012.

[Back to Search Results](#)[New Search](#)

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Tidy Building Services, LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Tidy Building Services, LLC
INCORPORATED, DULY NOTICED AND HELD ON 1-6-20,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Charles Cho, 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~~

Managing Partner

1-6-20

DATE

📍 600 North Street, Baton Rouge, 70802 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896 

Louisiana State Licensing Board for Contractors

Contractor Information

Business Name TIDY BUILDING SERVICES, L.L.C.
Mailing Address 609 W. William David Pkwy., Ste. 202
Metairie, LA 70005
Phone Number (504) 838-9843
Fax Number (504) 833-6585
Email Address accounting@tidyusa.com
Website http://null

Active Licenses

License Number 59546
Type Commercial License
Status LICENSED
Effective 05/09/2018
Expiration 05/01/2021
First Issued 05/01/2014

Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Mary Schaff Bernard	ALL
SPECIALTY: SOFT ABRASIVE CLEANING, JANITORIAL SERVICES, AND HOUSEHOLD WASTE REMOVAL	Charles Kyu Cho	ALL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2019

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 Eagan Insurance Agency, LLC 2629 N. Causeway Blvd. P. O. Box 8590 Metairie LA 70002		CONTACT NAME: Lisa Neathamer PHONE (A/C, No, Ext): (504) 836-9600 FAX (A/C, No): (504) 836-9621 E-MAIL ADDRESS: neathamerl@eaganins.com	
INSURED Tidy Building Services, LLC 609 W. William David Parkway Suite 202 Metairie LA 70005		INSURER(S) AFFORDING COVERAGE INSURER A: Penn-America Ins Co INSURER B: Starstone Insurance Co. INSURER C: LUBA INSURER D: CNA Surety INSURER E: INSURER F:	
		NAIC # 12472 0043	

COVERAGES**CERTIFICATE NUMBER:** 19-20 Master All lines**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAV0153955	09/19/2019	09/19/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<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			PAV0153955	09/19/2019	09/19/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired & Non Owned \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			05370E182ALI	09/19/2019	09/19/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> 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 Y	N/A	028000019145119	03/31/2019	03/31/2020	<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
D	Janitorial Bond			68742222	06/18/2019	06/18/2020	Limit 100,000

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

Blanket additional insured and blanket waiver of subrogation if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE CERTIFICATE FOR BID PURPOSES

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**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. <u>Lidj Building Services, LLC</u>	
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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <u>S</u> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see instructions) <u>▶</u> 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.	
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.) <u>609 W. William David Pkwy, Ste 202</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Metairie, LA 70005</u>	
7 List account number(s) held (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	
72	0917669

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 <u>Mary J. Bernal</u>	Date <u>2015 MAR -6 PM 2:49</u>
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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/irb9.

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.

RECEIVED
2015 MAR -6 PM 2:49
JERSON
PURCHASER
JERSON

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. IF COPIED THE WORD "VOID" WILL ALSO APPEAR.



CASHIER'S CHECK

9104733531

DATE 01/07/2020

ISSUING REGION 081

BRANCH Bonnabel

BRANCH DID 41453

NINE THOUSAND FOUR HUNDRED FIFTEEN DOLLARS AND 90 CENTS

PAY TO THE ORDER OF ***JEFFERSON PARISH***

\$ 9,415.90

Drawer: Capital One, N.A.

Bid # 50-00128840

RE: TIDY BUILDING SERVICES

Read the reverse side for important information on the reissuance of lost, destroyed, or stolen cashier's check.

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈9104733531⑈ ⑆111104879⑆ 76 2000001 6⑈

CASHIER'S CHECK

9104733531



DATE 01/07/2020 FEE \$0.00

ISSUING REGION 081

BRANCH Bonnabel

BRANCH DID 41453

NINE THOUSAND FOUR HUNDRED FIFTEEN DOLLARS AND 90 CENTS

PAY TO THE ORDER OF: ***JEFFERSON PARISH***

\$ 9,415.90

RE: Bid # 50-00128840
TIDY BUILDING SERVICES - J.P. Juvenile 2yr contract

CUSTOMER COPY
NON-NEGOTIABLE

Calculator



Standard



188318.08 × 9415.904

9,415.904

MC

MR

M+

M-

MS

M[±]

%

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