

DATE: 3/09/2020

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 80-00130291

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETNA, LA. 70054-0009
504-364-2678

VENDOR: ACCENT LAWN CARE SERVICES LLC

BUYER: MBUTTERY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	_____
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	_____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	_____

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: md
 NUMBER: md
 NUMBER: md
 NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 58830

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>ACCENT LAWN CARE SERVICES, LLC</u>	
SIGNATURE: (Must be signed here) <u>M. Melody Lightfoot</u>	TITLE: <u>Managing Member</u>
PRINT OR TYPE NAME: <u>Marian Melody Lightfoot</u>	
ADDRESS: <u>PO Box 5401</u>	
CITY, STATE: <u>Covington, LA</u>	ZIP: <u>70434</u>
TELEPHONE: <u>(985) 893-1928</u>	FAX: <u>()</u>
EMAIL ADDRESS: <u>ACCENTLAWN1@AOL.COM</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 17,208⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00130291

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	EA	<p>GRASS CUTTING & LANDSCAPING MAINTENANCE CONTRACT FOR THE JEFFERSON COMMUNITY ACTION PROGRAMS (JEFFCAP) - COMMUNITY CENTERS</p> <p>0010 Gretna Community Center 1700 Monroe Street Gretna, LA 70053</p>	105 ⁰⁰	2520 ⁰⁰
2	24.00	EA	<p>0020 Harvey Community Center 1501 Estalote Street Harvey, LA 70058</p>	152 ⁰⁰	3648 ⁰⁰
3	24.00	EA	<p>0030 J C Simmons Community Center 4008 U S Hwy 90 Avondale, LA 70094</p>	190 ⁰⁰	4560 ⁰⁰
4	24.00	EA	<p>0040 Watson Community Center 1300 S Myrtle Street Metairie, LA 70003</p>	135 ⁰⁰	3240 ⁰⁰
5	24.00	EA	<p>0050 Bridge City Community Center 301 Third Emmanuel Street Bridge City, LA 70094</p>	135 ⁰⁰	3240 ⁰⁰

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Marian Melody Lightfoot
(Name and Title of bidder's official)

Accent Lawn Care Services, LLC
(Name of bidder/company)

PO Box 5401
(Address)
Covington, LA 70434
(Address)

PHONE (985)893-1928 FAX _____

EMAIL ACCENTLAWN1@AOL.COM

M. Melody Lightfoot Signature 4/9/2020 Date

State of Louisiana

State Licensing Board for Contractors

This is to Verify that:

ACCENT LAWN CARE SERVICES, L.L.C.
43106 W Pleasant Ridge Rd
Hammond, LA 70403

is duly licensed and entitled to practice the following classifications

SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION



Expiration Date: November 5, 2020

License No: 58830

Witness our hand and seal of the Board dated,
Baton Rouge, LA 10th day of February 2020

Willis McCoy
Director

Lee Malott
Chairman

This License Is Not Transferrable

André S. ...
Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

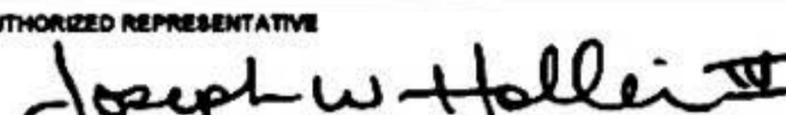
PRODUCER Alliance Insurance Agency Serv 4444 York St., Ste. 100 Metairie, LA 70001-7407 Joseph W Hollier IV	504-831-2196	CONTACT NAME: Joseph W Hollier IV PHONE (A/C, No, Ext): 504-831-2196 FAX (A/C, No): 504-837-3389 E-MAIL ADDRESS: jhollier@alliance-ins.com;													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Accent Lawn Care Services LLC Amanda Lightfoot PO BOX 5401 Covington, LA 70434															

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 INSD	SUBR WOOD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			WPP182397200	07/31/2019	07/31/2020	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
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			TPP122514802	03/29/2020	03/29/2021	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 1,000,000
							BODILY INJURY (Per accident)	\$ 1,000,000
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WWC3422984	07/31/2019	07/31/2020	PER STATUTE 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 Amanda Lightfoot PO BOX 5401 Covington, LA 70434	CANCELLATION 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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Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
ACCENT LAWN CARE SERVICES, L.L.C.	Limited Liability Company	HAMMOND	Active

Previous Names

Business: ACCENT LAWN CARE SERVICES, L.L.C.
Charter Number: 35710069K
Registration Date: 5/21/2004

Domicile Address

43106 W PLEASANT RIDGE RD
HAMMOND, LA 70403

Mailing Address

C/O MARIAN MELODY LIGHTFOOT
43106 W PLEASANT RIDGE RD
HAMMOND, LA 70403

Status

Status: Active
Annual Report Status: In Good Standing
File Date: 5/21/2004
Last Report Filed: 6/5/2019
Type: Limited Liability Company

Registered Agent(s)

Agent:	DANIEL LIGHTFOOT
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403
Appointment Date:	10/25/2007
Agent:	MARIAN MELODY LIGHTFOOT
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403
Appointment Date:	1/7/2020

Officer(s) Additional Officers: No

Officer:	DANIEL LIGHTFOOT
Title:	Member
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403
Officer:	MARIAN MELODY LIGHTFOOT
Title:	Manager
Address 1:	43106 W PLEASANT RIDGE RD
City, State, Zip:	HAMMOND, LA 70403

Amendments on File (6)

Description	Date
Domestic LLC Agent/Domicile Change	10/25/2007
Domestic LLC Agent/Domicile Change	11/9/2015
Domestic LLC Agent/Domicile Change	1/6/2020
Domestic LLC Agent/Domicile Change	1/7/2020
Domestic LLC Agent/Domicile Change	2/10/2020
Domestic LLC Agent/Domicile Change	4/9/2020