

## LOUISIANA UNIFORM PUBLIC WORK BID FORM

50-00134974

Page: 6

TO: JEFFERSON PARISH  
PURCHASING DEPT  
200 DERBIGNY ST. SUITE 4400  
GRETN, LA 70053  
 (Owner to provide name and address of owner)

BID FOR: LABOR, MATERIALS & EQUIPMENT NEEDED FOR  
THE CONSTRUCTION OF A MODULAR LANDSCAPE  
RETAINING WALL & SOD INSTALLATION AT THE  
JEFFERSON PARISH EMERGENCY OPERATIONS  
 (Owner to provide name of project and other identifying information) CENTER

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:

Jefferson Parish and dated: \_\_\_\_\_  
 (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) 1

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:

Seventy Five Thousand Four Hundred Ninety One + 1/100 - Dollars (\$) 75,491.-

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 (\$) \_\_\_\_\_

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

N/A Dollars (\$) \_\_\_\_\_

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

N/A Dollars (\$) \_\_\_\_\_

NAME OF BIDDER: D. L. DAIGLE & CO., LLC

ADDRESS OF BIDDER: 2233 Piedmont Street, Kenner LA 70062

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 39034

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Shanna Daigle

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: member

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: M. Daigle

DATE: 8/3/2021

**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. 38:2218 (B)(5).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA-R.S. 38:2218.(A) is attached to and made a part of this bid.

LOUISIANA UNIFORM PUBLIC WORK BID FORM  
UNIT PRICE FORM

Bid# 50-00134974

TO: JEFFERSON PARISH  
PURCHASING DEPT  
200 DERBIGNY ST. SUITE 4400  
GRETN, LA 70053  
(Owner to provide name and  
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LABOR, MATERIALS & EQUIPMENT NEEDED FOR  
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and other identifying information)

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 0010 - DEMOLITION PREPARATION <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0010	1.00	LPSM	12,510	12,510.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0020 - SIGNS AND BARRICADES <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0020	1.00	LPSM	4,360	4,360.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0030 - MODULAR BLOCK RETAINING WALL (WALL FACE) <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0030	500.00	SQFT	54.25	27,125.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0040 - RETAINING WALL CAP <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0040	175.00	LF	27.-	4,725.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0050 - #57 LIMESTONE <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0050	25.00	CUYD	248.-	6,200.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0060 - #610 LIMESTONE <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0060	12.00	CUYD	402.-	4,824.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0070 - FILTER FABRIC <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0070	175.00	SQYD	17.50	3,062.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid 0080 - BACKFILL MATERIAL <input type="checkbox"/> Alt. #			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0080	15.00	CUYD	279.-	4,185.-

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



LOUISIANA UNIFORM PUBLIC WORK BID FORM  
UNIT PRICE FORM

Bid# 50-00134974

TO: JEFFERSON PARISH  
PURCHASING DEPT  
200 DERBIGNY ST. SUITE 4400  
GRETN, LA 70053  
(Owner to provide name and  
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UNIT PRICES: This form shall be used for any and all work required by the Bidding Documents and described as unit prices.  
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DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid      0090 - TOP DRESSING MATERIAL/GRADING <input type="checkbox"/> Alt. # ____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0090	10.00	CUYD	330.-	3,300.-

DESCRIPTION:	<input checked="" type="checkbox"/> Base Bid      0100 - CENTIPEDE SOD <input type="checkbox"/> Alt. # ____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)
0100	250.00	SQYD	20.80	5,200.-

DESCRIPTION:	<input type="checkbox"/> Base Bid <input type="checkbox"/> Alt. # ____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

DESCRIPTION:	<input type="checkbox"/> Base Bid <input type="checkbox"/> Alt. # ____			
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DESCRIPTION:	<input type="checkbox"/> Base Bid <input type="checkbox"/> Alt. # ____			
REF NO.	QUANTITY	UNIT OF MEASURE	UNIT PRICE	UNIT PRICE EXTENSION (Quantity times Unit Price)

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

# CERTIFICATION OF AUTHORITY

Pursuant to the requirements of L.S.A. R.S. 38:2212-0, the undersigned does certify that he/she is the manager/CEO of  
\_D. L. Daigle & Co., LLC and that\_Johanna Daigle\_\_\_\_\_ is duly authorized to submit bids and to execute contracts with all public entities.

THUS DONE AND SIGNED this \_\_3rd\_\_ day of August\_, 2021 at \_Ponchatoula, LA.\_\_.

Dh Daigle  
MANAGER/CEO



For use by a LLC in lieu of a Corporate Resolution

## Public Works Bid

## AFFIDAVIT

STATE OF LouisianaPARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Sahanna Daigle, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized member of D.L. Daigle P.C., LLC (Entity), the party who submitted a bid in response to Bid Number 50-00134974, 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.



Affiant further said:

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

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.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

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).

Mohanna Daigle  
Signature of Affiant

SOHANNA DAIGLE  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 3<sup>rd</sup> DAY OF August, 2021.

Daniel J. Daigle, N.P.  
Notary Public

Daniel J. Daigle  
Printed Name of Notary

#17230  
Notary/Bar Roll Number

My commission expires at death.



D.L. Daigle & Co., LLC  
2233 Piedmont Street  
Kenner, LA 70062  
Contractor license # 39034  
Vendor # 145860

Jefferson Parish Purchasing Dept.  
Via: Central bidding. com  
Bid No: 56-00134974  
Date: 8-3-2021



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/26/2021

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).

<b>PRODUCER</b> Stone Insurance, Inc. 111 Veterans Blvd, Suite 1420  Metairie LA 70005-3055		<b>CONTACT NAME:</b> Janet Jimenez <b>PHONE (A/C, No, Ext):</b> (504) 832-4161 <b>E-MAIL ADDRESS:</b> jan.jimenez@stone-insurance.com <b>FAX (A/C, No):</b> (504) 835-6657																						
<b>INSURED</b>  D. L. Daigle & Co. LLC 2233 Piedmont Street  Kenner LA 70062		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>Ohio Security Insurance Co. (Liberty Mutual)</td><td>24082</td></tr><tr><td>INSURER B :</td><td>Ohio Casualty Insurance Co. (Liberty Mutual)</td><td>24074</td></tr><tr><td>INSURER C :</td><td>American Liberty Ins. Co.</td><td>12200</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Ohio Security Insurance Co. (Liberty Mutual)	24082	INSURER B :	Ohio Casualty Insurance Co. (Liberty Mutual)	24074	INSURER C :	American Liberty Ins. Co.	12200	INSURER D :			INSURER E :			INSURER F :		
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INSURER D :																								
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INSURER F :																								

## COVERAGES

CERTIFICATE NUMBER: 2021/ 22

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKS(22)62848999	03/27/2021	03/27/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			BAS(22)62848999	03/27/2021	03/27/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO(22)62848999	03/27/2021	03/27/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	<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 <input checked="" type="checkbox"/> Y	N/A	LCTA-17005836-221	03/27/2021	03/27/2022	<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
A	Installation Floater			BKS(22)62848999	03/27/2021	03/27/2022	Any One Location 100,000 Transit 5,000 Deductible 1,000

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

Blanket Additional Insured with Primary/Non-Contributory wording, Waiver of Subrogation, Per Project Aggregate coverages in General Liability and Blanket Additional Insured and Waiver of Subrogation in Auto- if required by written contract. Blanket Waiver of Subrogation in Workers Compensation-if required by contract.

## CERTIFICATE HOLDER

## CANCELLATION

INSURANCE INFORMATION 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

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