



**PrintScan**

Fingerprinting & Background Screening Resources

**Response to:**  
**Invitation to Bid**  
**1 Year Contract to Collect Fingerprints for the**  
**Jefferson Parish Recreation Department**



Bid Number:  
50-00133334

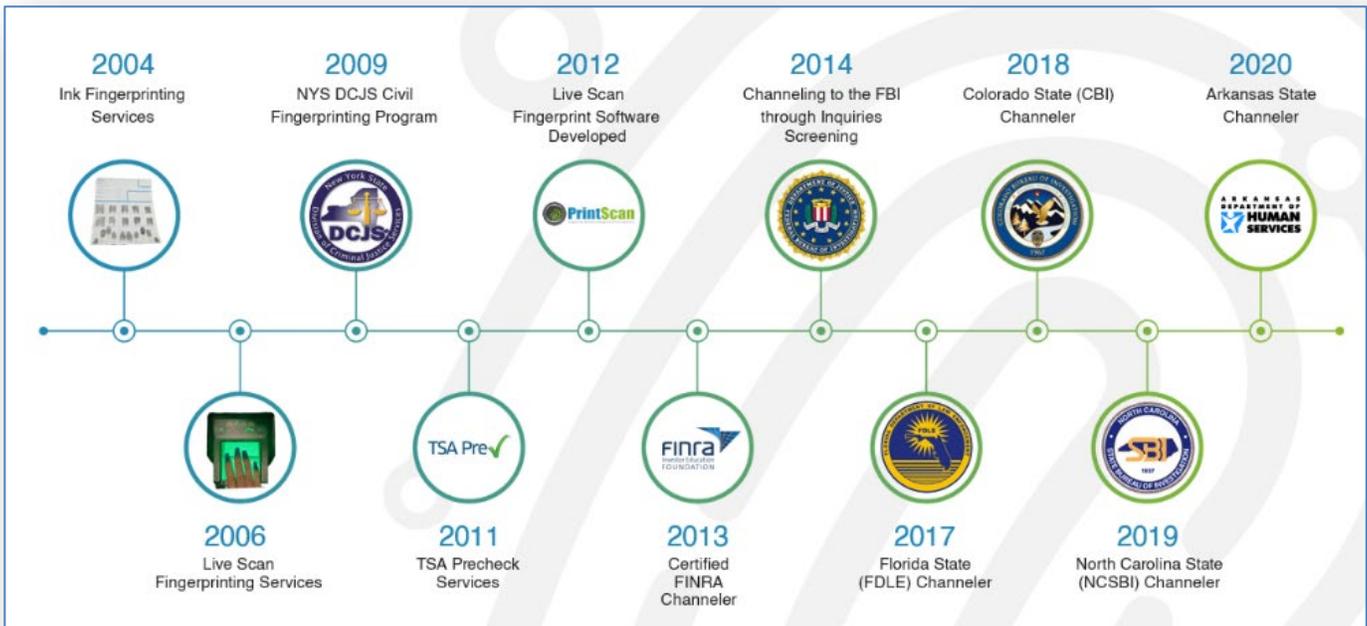
Bid Due Date and Time:  
February 4, 2021 11:00AM

Submitted By:  
Shirley Fong  
PrintScan LLC  
958 S. Broadway  
Hicksville, NY 11801  
Phone: 631-782-1700  
Email: sfong@printscan.com  
Date Submitted: February 3, 2021

Submitted To:  
Rae Lynn Hartman  
Jefferson Parish Purchasing Department  
200 Derbigny Street General Government  
Building, Suite 4400  
Gretna, LA 70053  
Phone: 504-364-2688  
Email: rscott@jeffparish.net

### Company Profile

PrintScan is a New York based fingerprinting and background screening company operating for 16 years, founded by Thomas Van Schuyler in 2004. As an active New York Police Department (NYPD) detective since 1997, Mr. Van Schuyler realized the civilian fingerprinting population and background screening services was underserved. PrintScan was established as Kid-Scan LLC in 2004 and would later take on the d/b/a of PrintScan. Detective Van Schuyler spent 20 years with the NYPD as a fingerprinting expert, training others within the department while also growing PrintScan. Detective Van Schuyler retired in 2017 to direct his focus on the PrintScan business. PrintScan employs over 40 staff members and has a network of over 1000 fingerprint collection locations in the United States built by using FBI certified PrintScan proprietary live scan software and strategic fingerprint service provider partnerships. PrintScan has been fingerprinting for New York State Department of Criminal Justice Services (DCJS) since 2009. In 2017, PrintScan became an authorized live scan submitter and certified live scan vendor for Florida Department of Law Enforcement (FDLE). PrintScan’s company timeline below displays the experience necessary to meet Louisiana Jefferson Parish Recreation Department’s fingerprinting needs. Today, PrintScan collects fingerprints for approximately 500,000 people on an annual basis, across multiple states including agencies similar in size and scope to Louisiana’s Jefferson Parish Recreation Department. PrintScan prints approximately 3,500 FD-258 fingerprint cards monthly.



The following pages contain Kid-Scan LLC dba PrintScan’s W-9 and Certificate of Insurance.

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the requester. Do not send to the IRS.</b>
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Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Kid-Scan LLC</b> 2 Business name/disregarded entity name, if different from above <b>dba PrintScan LLC</b> 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <b>P</b> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>21 Pulaski Road</b> 6 City, state, and ZIP code <b>Kings Park, NY 11754</b> 7 List account number(s) here (optional)	Requester's name and address (optional)

<b>Part I Taxpayer Identification Number (TIN)</b>																															
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number <table border="1" style="width:100%; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> or Employer identification number <table border="1" style="width:100%; text-align: center;"> <tr><td>3</td><td>2</td><td>-</td><td>0</td><td>1</td><td>2</td><td>0</td><td>8</td><td>7</td><td>8</td></tr> </table>													-								3	2	-	0	1	2	0	8	7	8
		-																													
3	2	-	0	1	2	0	8	7	8																						

<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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 for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>5/22/2020</u>
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<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> 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, later.
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PRINT-1

OP ID: CM

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
02/01/2021

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).

PRODUCER J N Grace Group Inc 8 Main Street Kings Park, NY 11754 John L Flynn, CPCU	631-499-5100	CONTACT NAME: John L Flynn, CPCU
		PHONE (A/C, No, Ext): 631-499-5100 FAX (A/C, No): 631-499-5680
		E-MAIL ADDRESS:
		INSURER(S) AFFORDING COVERAGE
		INSURER A : Arch Insurance Company NAIC # 11150
		INSURER B : Hartford Ins. Co. of Midwest 37478
		INSURER C : Scottsdale Insurance Co. 41297
		INSURER D :
		INSURER E :
		INSURER F :

INSURED  
Kid-Scan, LLC  
dba Print Scan  
21 Pulaski Rd  
Kings Park, NY 11754

**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 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 <input checked="" type="checkbox"/> E&O GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BIPKG0164603	08/03/2020	08/03/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BIPKG0189200	08/03/2020	08/03/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			BIFXS0046303	08/03/2020	08/03/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	12WECZT2451	08/03/2020	08/03/2021	<input checked="" type="checkbox"/> 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
C	Network Scrty Liab			EKS3341600	08/14/2020	08/14/2021	Network \$ 5,000,000
C	Privacy Liability			EKS3341600	08/14/2020	08/14/2021	Privacy \$ 5,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
PROOF01  Proof 123 Proof Proof, NY 11754	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 

ACORD 25 (2016/03)

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DATE: 1/22/2021

INVITATION TO BID  
THIS IS NOT AN ORDER

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BID NO.: 50-00133334

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: RSCOTT

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

February 9, 2021

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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 by placing the addendum number 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)  N/A

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME: Kid-Scan LLC dba PrintScan LLC	
SIGNATURE: (Must be signed here)	TITLE: Director of Programs
PRINT OR TYPE NAME: Shirley Fong	
ADDRESS: 21 Pulaski Road	
CITY, STATE: Kings Park, NY	ZIP: 11754
TELEPHONE: ( 631 ) 782-1700	FAX: ( 516 ) 342-6965
EMAIL ADDRESS: sfong@printscan.com	

TOTAL PRICE OF ALL BID ITEMS: \$  53,187.20

DATE: 1/22/2021

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133334

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1,000.00	EA	<p>1-YEAR CONTRACT TO COLLECT FINGERPRINTS FOR THE JEFFERSON PARISH RECREATION DEPARTMENT</p> <p>0001 Provide One (1) Standard Fingerprint Card, Form No. FD-258</p> <p>to record fingerprint images.</p> <p>The following items are for a 1-year as-needed, contract to collect fingerprints for the Jefferson Parish Parks &amp; Recreation Department. Fingerprints are to be collected at the vendor location and/or at a designated Recreation Department site, as requested by the Recreation Department. During certain times of the year, vendors will be required to be present at a designated Recreation Department facility at least two times per week between the hours of 3PM and 8PM (Monday - Thursday only). No fingerprints should be taken for the Recreation Department without signed, written approval on department letterhead. All completed fingerprint cards should be given to authorized JPRD employee with the permission letter attached.</p> <p>The amounts listed below are estimates based on use for a 12-month period.</p>	\$20.00 per card	\$20,000.00
2	20.00	EA	<p>0002 - Traveling fee to collect fingerprints between the hours of</p> <p>3:00 PM - 8:00 PM at Nicholson Playground, 7101 11th Street, Marrero, LA 70072</p>	\$193.46	\$3,869.20
3	20.00	EA	<p>0003 - Traveling fee the collect fingerprints between the hours of</p> <p>3:00 PM - 8:00 PM at PARD Playground 5185 Eighty Arpent Road, Marrero LA 70072</p>	\$194.24	\$3,884.80
4	20.00	EA	<p>0004 - Traveling fee to collect fingerprints at between the hours of</p> <p>3:00 PM - 8:00 PM at Terrytown Playground, 641 Heritage Ave., Terrytown 70056</p>	\$188.19	\$3,763.80
5	20.00	EA	<p>0005 - Traveling fee to collect fingerprints at between the hours of</p>	\$178.67	\$3,573.40

DATE: 1/22/2021

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133334

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
6	20.00	EA	3:00 PM - 8:00 PM at Pontiff Playground, 1521 Palm Street, Metairie, LA 70001  0006 - Traveling fee to collect fingerprints at between the hours of -  3:00 PM - 8:00 PM at Girard Playground, 5300 Irving St., Metairie, LA 70003	\$173.97	\$3,479.40
7	20.00	EA	0007 - Traveling fee to collect fingerprints at between the hours of  3:00 PM - 8:00 PM at Eastbank Main Office	\$173.30	\$3,466.00
8	20.00	EA	0008 - Traveling fee to collect fingerprints at between the hours of  3:00 PM - 8:00 PM at Miley Playground, 6716 W. Metairie Ave., Metairie, LA 70003	\$173.18	\$3,463.60
9	20.00	EA	0009 - Traveling fee to collect fingerprints at between the hours of  3:00 PM - 8:00 PM at Oakdale Playground, 650 Wall Blvd., Gretna, LA 70056	\$190.88	\$3,817.60
10	20.00	EA	0010 - Traveling fee to collect fingerprints at between the hours of 3:00 PM - 8:00 PM at Belle Terre Playground, 5600 Belle Terre Rd., Marrero, LA 70072	\$193.47	\$3,869.40