

Date: 04/27/2021

To: Jefferson Parish Purchasing Department
P.O. Box 9
Gretna, LA 70054

Subject: Bid Proposal for Bid No: 50-00133974, *PRE-PLACED EMERGENCY CONTRACT FOR A THREE (3) YEAR CONTRACT FOR AN EMERGENCY SUPPLY OF PORTABLE TOILETS AND PORTABLE HAND WASHING STATIONS BEFORE/DURING AND AFTER A NATURAL AND/OR MAN-MADE DISASTER FOR JEFFERSON PARISH DEPARTMENT OF EMERGENCY MANAGEMENT AND ALL JEFFERSON PARISH AGENCIES AND MUNICIPALITIES*

ATTENTION: Daphne Nelson

All of us here at Garbologist, LLC are excited and proud to provide this response to the Jefferson Parish Purchasing department for **Bid No: 50-00133974**. Please allow this letter to confirm our intent to provide timely, efficient, and safe waste management services as called for in this bid and in strict accordance with the requirements and provisions stipulated in the solicitation.

Garbologist, LLC possesses the proper experience and resources that you can rely on and trust. Key factors include:

- Experienced staff in disaster response, relief, and recovery projects.
- Extensive experience FEMA regulations and requirements.
- A professional team that stretches across (4) states with a strong reputation and presence in Louisiana.
- 24/7 dispatch service.
- Current inventory of (778) Portable Toilets, (134) Hand Wash Stations --- and counting.

With extensive experience and understanding of emergency services programs, Garbologist has a proven track and know-how necessary to provide immediate emergency response services for the Parish of Jefferson. Jefferson Parish and its municipalities can rest assured—especially as we face the challenges of COVID-19--- that Garbologist, LLC is committed to providing professional emergency services, as needed, for the 3 years as referenced in this bid solicitation.

Thank you for the opportunity to participate in the **Bid No: 50-00133974, As-Needed Emergency Portable Toilet and Hand Wash Station Services**. Our team stands ready to assist in any capacity for Jefferson Parish.

DATE: 3/23/2021

Page: 6

BID NO.: 50-00133974

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 X NO _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED 2.0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 04/27/2022

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

04/30/2021

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Garbologist, LLC

ADDRESS: 3867 Plaza Tower Dr.

CITY, STATE: Baton Rouge, LA ZIP: 70816

TELEPHONE: (720) 673-8998 FAX: ()

EMAIL ADDRESS: scoe@garbologist.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 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: N/A

NUMBER: N/A

NUMBER: N/A

NUMBER: N/A

TOTAL PRICE OF ALL BID ITEMS: \$ 86,700.00

AUTHORIZED Daniel Fachini
SIGNATURE: Daniel Fachini (Apr 27, 2021 12:51 MDT)

Daniel Fachini

Printed Name

TITLE: Authorized Signature

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133974

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|------------|
| 1 | 100.00 | EA | PRE-PLACED EMERGENCY CONTRACT FOR A THREE (3) YEAR CONTRACT FOR THE SUPPLY & SERVICING OF PORTABLE TOILETS & PORTABLE HAND WASHING STATIONS FOR JEFFERSON PARISH DEPT. OF EMERGENCY MANAGEMENT | | |
| | | | 0010 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY | \$50.00 | \$5,000.00 |
| 2 | 100.00 | EA | 0020 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY | | |
| | | | | \$80.00 | \$8,000.00 |
| 3 | 100.00 | EA | 0030 - CLEANING AND PUMPING PER REGULAR UNIT, DAILY SERVICING (ONCE PER DAY) FOR PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE | | |
| | | | | \$20.00 | \$2,000.00 |
| 4 | 100.00 | EA | 0040 - CLEANING AND PUMPING PER REGULAR UNIT, WEEKLY SERVICING (ONCE PER WEEK) FOR PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE | | |
| | | | | \$20.00 | \$2,000.00 |
| 5 | 100.00 | EA | 0050 - CLEANING AND PUMPING PER REGULAR UNIT, AS NEEDED SERVICING FOR PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE (THIS IS IN ADDITION TO THE DAILY OR WEEKLY CLEANING OPTION) | | |
| | | | | \$25.00 | \$2,500.00 |
| 6 | 100.00 | EA | 0060 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: WEEKLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY | | |
| | | | | \$50.00 | \$5,000.00 |
| 7 | 100.00 | EA | 0070 - REGULAR UNIT - PORTABLE TOILET, UNIT COST: MONTHLY RENTAL FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY | | |
| | | | | \$80.00 | \$8,000.00 |
| 8 | 100.00 | EA | 0080 - CLEANING AND PUMPING PER REGULAR UNIT, DAILY SERVICING (ONCE PER DAY) FOR THE PORTABLE TOILETS AT THE REQUEST | | |
| | | | | \$20.00 | \$2,000.00 |

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133974

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|----------------------|------------|
| 9 | 100.00 | EA | OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE | | |
| | | | 0090 - CLEANING AND PUMPING PER REGULAR UNIT, WEEKLY SERVICING (ONE PER WEEK) FOR THE PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE | \$20.00 | \$2,000.00 |
| 10 | 100.00 | EA | 0100 - CLEANING AND PUMPING PER REGULAR UNIT, AS NEEDED SERVICING FOR THE PORTABLE TOILETS AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE (THIS IS IN ADDITION TO THE DAILY OR WEEKLY CLEANING OPTION) | \$25.00 | \$2,500.00 |
| | | | 0110 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR FIBERGLASS TOILET FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY | \$65.00 | \$650.00 |
| 12 | 10.00 | EA | 0120 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR FIBERGLASS TOILET FOR THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE | \$120.00 | \$1,200.00 |
| | | | 0130 - CLEANING AND PUMPING PER HANDICAP UNIT, DAILY SERVICING (ONCE PER DAY) FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE | \$20.00 | \$2,000.00 |
| 14 | 100.00 | EA | 0140 - CLEANING AND PUMPING PER HANDICAP UNIT, WEEKLY SERVICING (ONCE PER WEEK) FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE | \$20.00 | \$2,000.00 |
| | | | 0150 - CLEANING AND PUMPING PER HANDICAP UNIT, AS NEEDED SERVICING FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE (THIS IS IN ADDITION TO THE DAILY OR WEEKLY | \$25.00 | \$2,500.00 |

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133974

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|--|----------------------|------------|
| | | | CLEANING OPTION) | | |
| 16 | 10.00 | EA | 0160 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: WEEKLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY | \$65.00 | \$650.00 |
| 17 | 10.00 | EA | 0170 - HANDICAP UNIT - HANDICAPPED TOILET UNIT COST: MONTHLY RENTAL FOR FIBERGLASS TOILET FOR THE TOWN OF GRAND ISLE FOR AN ESTIMATED QUANTITY | \$120.00 | \$1,200.00 |
| 18 | 100.00 | EA | 0180 - CLEANING AND PUMPING PER HANDICAP UNIT, DAILY SERVICING (ONCE PER DAY) FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE | \$20.00 | \$2,000.00 |
| 19 | 100.00 | EA | 0190 - CLEANING AND PUMPING PER HANDICAP UNIT, WEEKLY SERVICING (ONCE PER WEEK) FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN OF GRAND ISLE | \$20.00 | \$2,000.00 |
| 20 | 100.00 | EA | 0200 - CLEANING AND PUMPING PER HANDICAP UNIT, AS NEEDED SERVICING FOR HANDICAPPED TOILET AT THE REQUEST OF THE PARISH PER UNIT FOR THE TOWN ON GRAND ISLE (THIS IS AN ADDITION TO THE DAILY OR WEEKLY CLEANING OPTION) | \$25.00 | \$2,500.00 |
| 21 | 100.00 | EA | 0210 - PORTABLE 2-STALL HAND WASHING STATION: WEEKLY RENTAL FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AN ESTIMATED QUANTITY | \$20.00 | \$2,000.00 |
| 22 | 100.00 | EA | 0220 - PORTABLE 2-STALL HAND WASHING STATION: MONTHLY RENTAL FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE FOR AND ESTIMATED QUANTITY | \$70.00 | \$7,000.00 |
| 23 | 100.00 | EA | 0230 - CLEANING AND SERVICING FOR EACH PORTABLE 2-STALL HAND WASHING STATION. DAILY SERVICING (ONCE PER DAY) SERVICING FOR 2-STALL HAND WASHING STATION AT THE REQUEST OF THE PARISH PER UNIT FOR | \$20.00 | \$2,000.00 |

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00133974

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|----------------|----------|-----|---|----------------------|------------|
| 24 | 100.00 | EA | JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE. | | |
| | | | 0240 - CLEANING AND SERVICING FOR EACH PORTABLE 2-STALL HAND WASHING STATION. WEEKLY SERVICING (ONCE PER WEEK) FOR 2-STALL HAND WASHING STATION AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE | \$20.00 | \$2,000.00 |
| 25 | 100.00 | EA | 0250 - CLEANING AND SERVICING FOR EACH PORTABLE 2-STALL HAND WASHING STATION. AS NEEDED SERVICING FOR 2-STALL HAND WASHING STATION AT THE REQUEST OF THE PARISH PER UNIT FOR JEFFERSON PARISH AND THE TOWN OF JEAN LAFITTE. (THIS IS IN ADDITION TO THE DAILY OR WEEKLY CLEANING OPTION) | \$25.00 | \$2,500.00 |
| | | | 0260 - PORTABLE 2-STALL HAND WASHING STATION: WEEKLY RENTAL FOR GRAND ISLE FOR AN ESTIMATED QUANTITY | \$20.00 | \$2,000.00 |
| 27 | 100.00 | EA | 0270 - PORTABLE 2-STALL HAND WASHING STATION: MONTHLY RENTAL FOR GRAND ISLE FOR AN ESTIMATED QUANTITY | \$70.00 | \$7,000.00 |
| | | | 0280 - CLEANING AND SERVICING FOR EACH PORTABLE 2-STALL HAND WASHING STATION. DAILY SERVICING (ONCE PER DAY) SERVICING FOR 2-STALL HAND WASHING STATION AT THE REQUEST OF THE PARISH PER UNIT FOR GRAND ISLE | \$20.00 | \$2,000.00 |
| 29 | 100.00 | EA | 0290 - CLEANING AND SERVICING FOR EACH PORTABLE 2-STALL HAND WASHING STATION. WEEKLY SERVICING (ONCE PER WEEK) FOR 2-STALL HAND WASHING STATION AT THE REQUEST OF THE PARISH PER UNIT FOR GRAND ISLE | \$20.00 | \$2,000.00 |
| | | | 0300 - CLEANING AND SERVICING FOR EACH PORTABLE 2-STALL HAND WASHING STATION. AS NEEDED SERVICING FOR 2-STALL HAND WASHING STATION AT THE REQUEST OF THE PARISH PER UNIT FOR GRAND ISLE. (THIS IS IN ADDITION TO THE DAILY OR WEEKLY CLEANING OPTION) | \$25.00 | \$2,500.00 |

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, Daniel Fachini, Agent, hereby certify on
(name and title of bidder's official)
behalf of Garbologist, LLC that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 27th day of April, 2021.

By *Daniel Fachini*
Daniel Fachini (Apr 27, 2021 12:51 MDT)
(signature of authorized official)

Agent
(title of authorized official)

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.

Daniel Fachini, Agent

(Name and Title of bidder's official)

Garbologist, LLC

(Name of bidder/company)

3867 Plaza Tower Dr

(Address)

Baton Rouge, LA 70816

(Address)

PHONE (720)673-8998 FAX _____

EMAIL dfachini@tyton.holdings _____

Daniel Fachini

Daniel Fachini (Apr 27, 2021 12:51 MDT)

Signature 04/27/2021 Date

COMPANY RESOLUTION

EXCERPT FROM MIINUTES OF A MEETING OF THE MEMBERS OF
GARBOLOGIST, LLC, A COLORADO LIMITED LIABILITY COMPANY.

AT THE MEETING OF MEMBERS ON APRIL 27, 2021, WITH NOTICE DULY
WAIVED BY WRITTEN CONSENT AND A QUORUM BEING THERE PRESENT,
ON MOTION DULY MADE AND SECONDED, IT WAS:

RESOLVED THAT **DANIEL FACHINI** BE AND IS HEREBY IS APPOINTED, CONSTITUTED
AND DESIGNATED AS AGENT AND ATTORNEY-IN- FACT OF THE COMPANY WITH
FULL POWER AND AUTHORITY TO ACT ON BEHALF OF THIS COMPANY 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 AND RECEIPT THEREFOR ALL PURCHASE ORDERS AND NOTICES ISSUED
PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS COMPANY
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
MEMBERS OF SAID COMPANY, AND THE
SAME HAS NOT BEEN REVOKED OR
RESCINDED.



**TYTON HOLDINGS, INC., MEMBER
BY CHRISTOPHER FRAIN, PRESIDENT**

CHRISTOPHER FRAIN, MANAGER

DATE: APRIL 27, 2021

Non-Public Works Bid

AFFIDAVIT

STATE OF Colorado

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared: _____
Daniel Fachini, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Signature of Garbologist, LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00133974, 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 X 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

Daniel Fachini

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 27th DAY OF April, 2021.



Notary Public

Raven Furlong

Printed Name of Notary

20204010679-Notary ID

Notary/Bar Roll Number



My commission expires March 17th, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/02/2021

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 Van Wyk Risk Solutions 150 Ottawa Ave NW Suite 1000 Grand Rapids, MI 49503 | CONTACT NAME: Justin Haan | FAX (A/C, No): |
| | PHONE (A/C, No, Ext): 616-942-5070 | |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : National Union Fire Insurance Co | NAIC # A0257 |
| | INSURER B : New Hampshire Insurance Company | NAIC # A0235 |
| INSURED Garbologist, LLC 8361 N. Rampart Range Rd., Ste. B208 Littleton, CO 80125 | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |
| | | |
| | | |

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 4611528 | 3/01/2021 | 3/01/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 7093482 | 3/01/2021 | 3/01/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | 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 type="checkbox"/> | N / A | 014122632 | 3/01/2021 | 3/01/2022 | <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 |

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

Blanket additional insured status applies to the general liability and auto liability where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department
P.O. Box 9
Gretna, LA 70054

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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Van Wyk Risk Solutions - Patti Zuk

Bond Number: SLA21600846

Contractor Information

Principal: Garbologist, LLC 720-812-1482

Address: 8361 N Rampart Range Rd, Ste B208 Littleton Colorado 80125 United States

Owner/Obligee Information

Bond Form: Bid Bond in accordance with Contract Specifications

Owner/Obligee: Jefferson Parish

Address: 200 Derbigny Street Gretna Louisiana 70053 United States

Bond Information

Bid Date: 4/27/2021

Surety: Western Surety Company

Rider Present: [Click here to view](#)

Estimated Contract Price:

Time For Completion:

Liquidated Damages:

Estimated Work On Hand:

Amount of Bid Security: 5%

Contract ID Number: 50-00133974

Description of Job: Supply and servicing of portable toilets and portable hand washing stations

Job Breakdown:

Electronic Bidding Information

Bid Security Percentage: 5

Bid Security Maximum:

Contractor's State Vendor ID Number: 3102280120

Primary Agency:

Van Wyk Risk Solutions

Agency Power of Attorney Limited to: unlimited

Executed

Bond Entered By: Patti Zuk - 4/27/2021 1:31:23 PM ET

Bond Approved & Executed By: Patti Zuk - 4/27/2021 1:32:20 PM ET 

Know all men by these presents that Western Surety Company, a Corporation duly organized under the laws of the State of South Dakota, are held and firmly bound unto the above owner/obligee by this transmission. The surety agrees to waive the Statute of Fraud defense and further agrees that the owner/obligee is a third party beneficiary of the waiver for the purposes of enforcing this bid bond.

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Garbologist, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **P**
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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

8361 N Rampart Range Road, STE B208

6 City, state, and ZIP code

Littleton, CO 80125

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

8 5 - 1 2 4 9 5 5 7

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 for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ► **01/06/21**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

LOUISIANA

DEPARTMENT of REVENUE

2087789-001

Effective date 09/11/2020

Date Issued

Sales Tax Registration Certificate

GARBOLOGIST
GARBOLOGIST, LLC
3867 PLAZA TOWER DR
BATON ROUGE LA 70816-4378



Secretary of Revenue and Taxation

See reverse side for important information.



GARBOLOGIST
8361 N RAMPART RANGE RD STE B208
LITTLETON CO 80125-9366

384



| | |
|------------------------|-----------------|
| Date of Notice: | 05-Oct-2020 |
| Letter ID: | L0317895648 |
| Account ID: | 2087789-001-400 |
| Tax Type: | Sales |

RE: Louisiana Department of Revenue Account Number

Dear Louisiana Taxpayer:

Welcome and thank you for applying for a/an Sales account number. Your account number is 2087789-001 and is set up for Monthly filing frequency. You should include it on all tax returns and correspondence submitted to the department.

The Louisiana Department of Revenue (LDR) offers a free online business tax account management application called Louisiana Taxpayer Access Point (LaTAP). With LaTAP, you can file most returns, make payments, reprint letters, request a payment plan, and review historical account information. To sign up for this free service, visit www.revenue.louisiana.gov/latap and click on the *Register for a LaTAP Account* link.

Another valuable resource is LDR's website at www.revenue.louisiana.gov. You will find resources that include tutorials, important announcements, news releases, and downloadable forms.

Businesses registering for Corporation Income & Franchise taxes should be aware that every new corporation or entity taxed as a corporation for federal income tax purposes is subject to franchise tax and must file the initial franchise tax return (Form R-6906A). This return can be found on our website at www.revenue.louisiana.gov/forms and is due on or before the fifteenth day of the third month following the month in which the tax accrues. Additional information can be found in the instructions for this return.

Feel free to contact LDR at 855-307-3893 with any questions.

Respectfully,
Louisiana Department of Revenue

LaTAP Functionality by Tax Type:

| Tax Type | File Returns | Make Payments | Reprint Letters | View Historical |
|---|--------------|---------------|-----------------|-----------------|
| Automobile Rental | X | X | X | X |
| Corporation Income and Franchise | | X | X | X |
| Composite Partnership (Register Only) | | | | |
| Consumer Use Tax | X | X | X | X |
| Direct Marketer | X | X | X | X |
| Excise Alcohol | | X | X | X |
| Excise Beer | X | X | X | X |
| Excise Dyed Diesel Violation | | X | X | X |
| Excise Hazardous Waste | | X | X | X |
| Excise Inspection / Supervision | | X | X | X |
| Excise Telecommunication | X | X | X | X |
| Excise Tobacco | | X | X | X |
| Excise Transportation / Communication | | X | X | X |
| Excise Wine Direct Supplier | | X | X | X |
| Fiduciary Income | | X | X | X |
| Fuel Tax Aviation Fuel Dealer | | X | X | X |
| Fuel Tax Distributor / Exporter / Blender | | X | X | X |
| Fuel Tax Importer | | X | X | X |
| Fuel Tax Motor Fuel Backup Tax | | X | X | X |
| Fuel Tax Motor Fuel Transporter | | X | X | X |
| Fuel Tax Supplier | | X | X | X |
| Fuel Tax Terminal Operator | | X | X | X |
| IFTA | X | X | X | X |
| Individual Income | | X | X | X |
| Industrial Hemp-Derived CBD | X | X | X | X |
| New Orleans Exhibition Hall | X | X | X | X |
| New Orleans Hotel / Motel | X | X | X | X |
| Oilfield Restoration Gas | X | X | X | X |
| Oilfield Restoration Oil | X | X | X | X |
| Prepaid Cell Phone | X | X | X | X |
| Sales | X | X | X | X |
| Severance Gas | | X | X | X |
| Severance Minerals | | X | X | X |
| Severance Oil | | X | X | X |
| Severance Timber | | X | X | X |
| Statewide Hotel / Motel | X | X | X | X |
| Withholding | X | X | X | X |






FINAL.BidResponsePackage.OLD

Final Audit Report

2021-04-27

| | |
|-----------------|--|
| Created: | 2021-04-27 |
| By: | Brian Barraco (bbarraco@tytonholdings.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAKwUfO5z7GWiHX9G_LUiT1Ct_lkWOluRQ |

"FINAL.BidResponsePackage.OLD" History

-  Document created by Brian Barraco (bbarraco@tytonholdings.com)
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-  Document emailed to Daniel Fachini (dfachini@tyton.holdings) for signature
2021-04-27 - 6:51:15 PM GMT
-  Email viewed by Daniel Fachini (dfachini@tyton.holdings)
2021-04-27 - 6:51:21 PM GMT- IP address: 38.140.33.123
-  Document e-signed by Daniel Fachini (dfachini@tyton.holdings)
Signature Date: 2021-04-27 - 6:51:56 PM GMT - Time Source: server- IP address: 38.140.33.123
-  Agreement completed.
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