

DATE: 2/15/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00144545

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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

14 days

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

14 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days

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) 69381

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

FIRM NAME:

UNITI FIBER

SIGNATURE:

(Must be signed here) John Tiblier

TITLE:

NOA Director

PRINT OR TYPE NAME:

John Tiblier

ADDRESS:

3501 N. CAUSEWAY BLVD. STE 550

CITY, STATE:

METairie, LA

ZIP:

70002

TELEPHONE:

(251) 753-1435

FAX:

()

EMAIL ADDRESS:

john.tiblier@uniti.com

TOTAL PRICE OF ALL BID ITEMS: \$ 25,560.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00144545

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>TWO (2) YEAR CONTRACT TO SUPPLY FIBER OPTIC SECURED DEDICATED LINES TO FIRST AND SECOND PARISH CIRCUIT COURTS FOR JEFFERSON PARISH COMMUNITY JUSTICE</p> <p>0001 CABLE, FIBER OPTIC Point to Point 200mb layer 2 Ethernet</p> <p>circuit between First Parish Court at 924 David Dr. Metairie, LA 70003 to Second Parish Court at 100 Huey P. Long Ave. Gretna, LA 70053. Optical Fiber delivered into building with at least 85% of all cabling paths for circuits must be underground. Carrier's network must have backup generators at the Distribution and Switching Centers. Circuit must be dedicated, can not be a shared connection, with bandwidth at full advertised speed.</p>	\$ 530. ⁰⁰	\$ 12,720. ⁰⁰
2	24.00	MO	<p>0002 CABLE, FIBER OPTIC A 200mb layer 2 Internet circuit to</p> <p>First Parish Court at 924 David Dr. Metairie, LA 70003 Optical Fiber delivered in the building with at least 85% of all cabling paths for these circuits must be underground. Carrier's network must have backup generators at the Distribution and Switching Centers. Circuit must be dedicated, can not be a shared connection, with bandwidth to us at full advertised speeds</p>	\$ 485. ⁰⁰	\$ 11,640. ⁰⁰
3	24.00	MO	<p>0003 Telecommunication Parts and Accessory Eight (8) Internet routable IP Address (network with 29bit subnet mask) and DNS domain name hosting will be hosted on the current ISP Network Servers</p> <p>Jefferson Parish will not pay Construction Cost.</p> <p>This shall be a 24 month contract paid monthly.</p> <p>The recurring monthly cost shall include both sites, and internet routable IP Addresses.</p> <p>***AS PER BID SPECIFICATIONS***</p>	\$ 50. ⁰⁰	\$ 1,200. ⁰⁰



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2023

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 Stephens Insurance, LLC 111 Center Street, Suite 100 Little Rock, AR 72201 www.stephensinsurance.com	CONTACT NAME: Lori Prescott	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 501-377-8451	E-MAIL ADDRESS: lori.prescott@stephens.com	
INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Fire Insurance Of Hartford		20478
	INSURER B: Continental Insurance Company		35289
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 73188553**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"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			7012347039	3/1/2023	3/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15000
							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 checked="" 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			7012165356	3/1/2023	3/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			7012165387	3/1/2023	3/1/2024	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
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 checked="" type="checkbox"/> N	N/A	7012165373	3/1/2023	3/1/2024	<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)

See Attached Addendum for Additional Coverage Details

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

**** ** ****

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

Stan Payne

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ACORD 25 (2016/03)

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ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Stephens Insurance, LLC		NAMED INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: For Information Purposes Only

ADDRESS: ***** ** ** **

NAMED INSURED SCHEDULE:
 FIRST NAMED INSURED: UNITI GROUP INC
 Uniti Group LP LLC
 Uniti Group LP
 Uniti Group Finance Inc
 CSL Capital, LLC
 Talk America Services, LLC
 CSL National GP, LLC
 CSL National, LP - Below Entities are Holding Companies for REIT Assets
 CSL Alabama System, LLC
 CSL Arkansas System, LLC
 CSL Florida System, LLC
 CSL Georgia System, LLC
 CSL Iowa System, LLC
 CSL Kentucky System, LLC
 CSL Mississippi System, LLC
 CSL Missouri System, LLC
 CSL New Mexico, LLC
 CSL North Carolina Realty GP, LLC
 CSL North Carolina System, LP
 CSL North Carolina Realty, LP
 CSL Tennessee Realty Partner, LLC
 CSL Tennessee Realty, LLC
 CSL Ohio System, LLC
 CSL Oklahoma System, LLC
 CSL Texas System, LLC
 CSL Realty, LLC
 CSL Georgia Realty, LLC
 Uniti Holdings GP, LLC
 Uniti Holdings LP
 Uniti Fiber Holdings, Inc.
 Uniti Fiber LLC
 Uniti QRS Holdings GP LLC
 Uniti LATAM GP LLC
 Uniti QRS Holdings LP
 Uniti Leasing LLC
 Uniti Dark Fiber LLC
 Uniti Towers LLC
 PEG Bandwidth Services, LLC
 Contact Network, LLC
 PEG Bandwidth DC, LLC
 PEG Bandwidth DE, LLC
 Inline Services, LLC
 PEG Bandwidth LA, LLC
 PEG Bandwidth MA, LLC
 PEG Bandwidth MD, LLC
 PEG Bandwidth MS, LLC
 PEG Bandwidth NJ, LLC
 PEG Bandwidth PA, LLC
 PEG Bandwidth TX, LLC
 PEG Bandwidth VA, LLC
 PEG Bandwidth NY Telephone Corp



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Stephens Insurance, LLC		NAMED INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

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FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: For Information Purposes Only

ADDRESS: ***** **

Hunt Telecommunications, LLC
 Hunt Brothers of LA, LLC
 Integrated Data Systems, LLC
 Nexus Systems, Inc.
 Nexus Wireless, LLC
 Southern Light, LLC
 Uniti Wireless Holdings LLC
 Uniti LATAM LP
 Uniti Leasing X LLC
 Uniti Leasing XI LLC
 Uniti Leasing XII LLC
 Information Transport Solutions, Inc.
 Uniti Group Holdco Inc
 ANS Connect, LLC
 Uniti National, LLC
 Uniti Towers NMS, LLC
 BB Fiber Holdings, LLC
 Uniti Group Finance 2019 Inc.
 Uniti Fiber 2020, LLC



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Stephens Insurance, LLC		NAMED INSURED Uniti Group Inc. (See Complete Named Insured Addendum) 2101 Riverfront Drive, Suite A Little Rock AR 72201
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability (03/16)

HOLDER: For Information Purposes Only

ADDRESS: ***** **

NOTE - COPIES OF THE FORMS REFERENCED BELOW ARE AVAILABLE UPON REQUEST:

The General Liability Policy includes a blanket automatic additional insured endorsement that provides additional insured status to any persons or organizations to which you are obligated by a written agreement to procure additional insured coverage per form CNA75079XX (10-16)

The "Other Insurance - Primary/Excess provision" with respect to additional insured's per form CNA7470XX (1-15)

The General Liability policy includes blanket automatic waiver of subrogation provision where required by written agreement per form CNA7470XX (1-15)

The General Liability policy includes thirty (30) day notice of cancellation endorsement, for reasons other than non-payment of premium, to persons or organizations on file with agent or broker at the time of cancellation if required by contract per form CNA74702XX (1-15)

The Auto Liability Policy includes a blanket automatic additional insured endorsement that provides additional insured status to any persons or organizations to which you are obligated by a written agreement to procure additional insured coverage per form SCA 23 500 D (10-11)

The "Other Insurance - Primary/Excess provision" with respect to additional insured's per form CNA74705XX (1-15)

The Auto Liability includes a blanket automatic waiver of subrogation provision where required by written agreement per form CA 04 44 (10-13)

The Auto Liability policy includes thirty (30) day notice of cancellation endorsement, for reasons other than non-payment of premium, to persons or organizations on file with agent or broker at the time of cancellation if required by contract per form CNA72315XX (04-19)

The Workers Compensation includes a blanket automatic waiver of subrogation provision where required by written agreement per forms WC 00 03 13 (04-84) or Texas WC 42 03 04B (06-14)

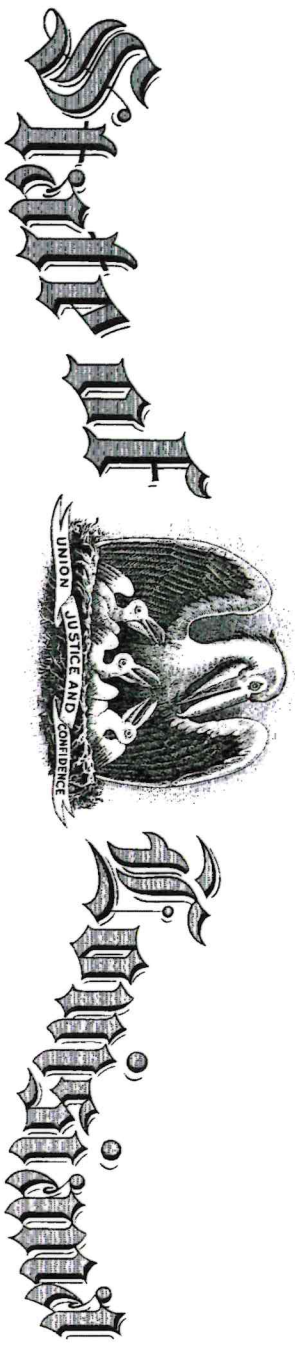
The Work Comp policy includes thirty (30) day notice of cancellation endorsement, for reasons other than non-payment of premium, to persons or organizations on file with agent or broker at the time of cancellation if required by contract per form CC68021A (02-13)

Longshore and Harbor Workers' Compensation Act endorsement (WC 00 01 06 A) is attached to the policy This endorsement amends the basic policy definition of workers compensation law to include the LHWCA

The Umbrella Liability follows over underlying General Liability, Auto Liability and Work Comp policies. The Umbrella policy includes additional insured as in underlying per form CNA75504XX (03-15). The Umbrella policy includes blanket waiver of subrogation per form CNA75504XX (03-15)

General Liability & Umbrella Liability policies both include separation of insured provisions that are automatically built into coverage forms CG0001 (04-113) and CNA75504XX (03-15). The General Liability & Excess policies "do not" include cross suits exclusion endorsements.

Contractors' GL Extension Endorsement per form CNA7470XX (1-15) includes Contractual Liability Railroad (#7)



State Licensing Board for Contractors

This is to Certify that:

SOUTHERN LIGHT, LLC
107 St. Francis Street Ste. 1800
Mobile, AL 36602

is duly licensed and entitled to practice the following classifications

SPECIALTY: TELECOMMUNICATIONS (EXCLUDING PROPERTY PROTECTION AND LIFE SAFETY SYSTEMS)



Expiration Date: September 3, 2024

License No: 69381

Witness our hand and seal of the Board dated,
Baton Rouge, LA 4th day of September 2021

Willis Macoy

Director

Lee M. Webb

Chairman

This License Is Not Transferrable

Andy Starnes

Treasurer

**Request for Taxpayer
Identification Number and Certification**

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

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

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.

Uniti Fiber Holdings Inc.

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

Uniti Fiber LLC

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) ► _____
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.

107 Saint Francis Street, Suite 1800

Requester's name and address (optional)

6 City, state, and ZIP code

Mobile, AL 36602

7 List account number(s) here (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 1 - 0 9 8 1 8 5 8

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 for Part II, later.

**Sign
Here**

Signature of
U.S. person ►

Septifera

Date ► 1/4/2024

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.