

INVITATION TO BID
JEFFERSON PARISH SHERIFF'S OFFICE
1233 WESTBANK EXPRESSWAY, ROOM 411
HARVEY, LA 70058

Bids/Requests for proposals can be submitted to the purchasing division until
10:00 a.m. on Wednesday March 17, 2021

Bids will be publicly opened at **10:00 a.m. on Wednesday March 17, 2021**

Note: Only bids written in ink or typewritten, and properly signed
 by a member of the firm or authorized representative
 will be accepted. Pencil and/or photographic copies of signatures disqualify bid.

DESCRIPTION OF ARTICLES
<p style="text-align: center;"><u>JPCC Uniform Shirts</u></p> <p style="text-align: center;">Men's Shirts-Fech (Flying Cross) UD12000, or equal</p>

Delivery Date must be indicated:

7-30 days ARO

Starting Time (In Days):

N/A

Must be indicated for construction work.

Completion Time (In Days):

N/A

Unless specified your bid may not be considered.

N/A

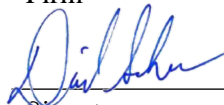
20-3545989

Louisiana Contractor License #

Tax ID #

Galls, LLC

Firm



Signature

Chief Financial Officer

Title

David Scheve

Print or Typed Name

Rose-Lindsay@galls.com

Email Address

1340 Russell Cave Road

Address

859-800-1402

Telephone

Lexington

City

KY

State

40505

Zip

	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	800	Fech (Flying Cross) UD12000 (or equal)- Men's Shirts-Size Small-6x	\$26.90	\$21,520.00

SPECIFICATIONS:

Dark Navy 100% Polyester
Shirts.

All shirts- with zipper.

Arm patches, small flags, oval Velcro,
and three Velcro strips provided by
JPSO are to be sewn on all shirts.

All pieces must be folded separately and boxed by size.

Contract is valid for one year from awarding date.

SHIRT SPECIFICATIONS

Flying Cross by Fechheimer Item: UD12000

FABRIC:

Content:

100% Textured Polyester with Visa System 3

Weight:

9.5 to 10.0 oz. / linear yard

COLOR:

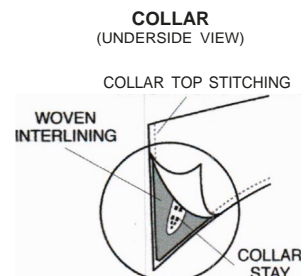
LAPD Navy

STYLE:

To be Flying Cross Model UD 12000. Dress style, top center placket front with zipper, full cut tapered fit, convertible collar, short sleeves, and dress shirttail. Two pleated breast pockets with topstitched scalloped flaps. Topstitched shoulder straps. Full badge reinforcement. Back to have a double yoke of shirting material. Work wear industrial style shirt construction is unacceptable and shall be cause for rejection.

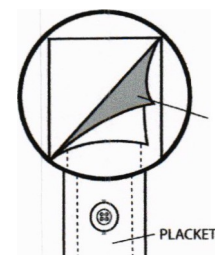
COLLAR:

Convertible collar shall be one piece. Collar points to measure 3-1/8" long with ultrasonically fused-in Mylar stays. Collar to have woven interlining of #250 Dacron. Stays to be 2 1/2" long, 3/8" minimum width, and to be fused to under side of collar interlining. Stays applied directly to collar material itself unacceptable. Collar topstitched 1/4" off the edge. Collar material itself (top or underside) shall have no fusing to Mylar stays or collar interlining.



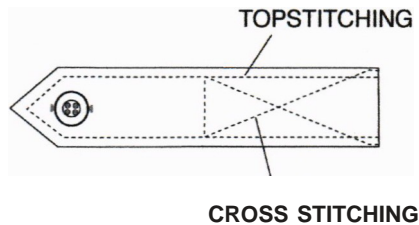
FRONT:

Each front shall have a facing approximately 3" in width. The left front shall have a top center placket 1-1/2" wide with two rows of stitches 7/8" apart. Stitching on top center is not to be visible on the tum-back facing. The shirt will have 7 buttons and buttonholes on the front; spacing between each will be 3-" except the spacing between the neck button and the first button on the front, which will be approximately 2 1/2". Top center placket to have woven interlining of #250 Dacron. Non-woven interlining unacceptable and shall be cause for rejection. The fronts shall be joined to the yoke so that both raw edges of the yoke are turned under, with the front sandwiched between, and then all three are stitched down with a 1/16" raised stitch. Safety stitch joining unacceptable. A 15" nylon zipper, to be set below the second button and buttonhole, shall accomplish front closure. The top, second and bottom buttons to be attached to the right front, the balance to be sewn over the buttonholes on the left front.



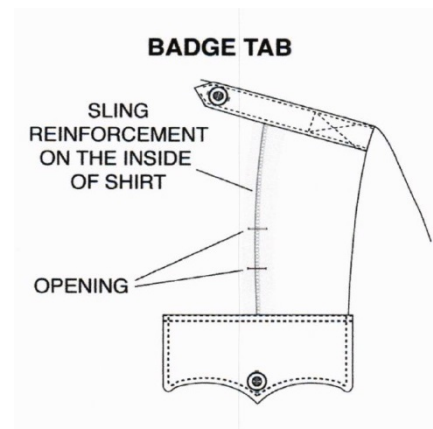
SHOULDER STRAPS:

Shoulder straps to be two-piece pointed, $1\frac{1}{4}$ " topstitched and to be set on yoke with leading topstitch conforming with front joining seam. To measure 2" at sleeve tapering to $1\frac{3}{8}$ " and set not more than $\frac{1}{2}$ " from collar set seam. Cross-stitched approximately 2" from sleeve seam. Shoulder strap to have functional buttonhole to attach to sewn button on shoulder of shirt. Edge stitched shoulder strap construction unacceptable.



BADGE REINFORCEMENT:

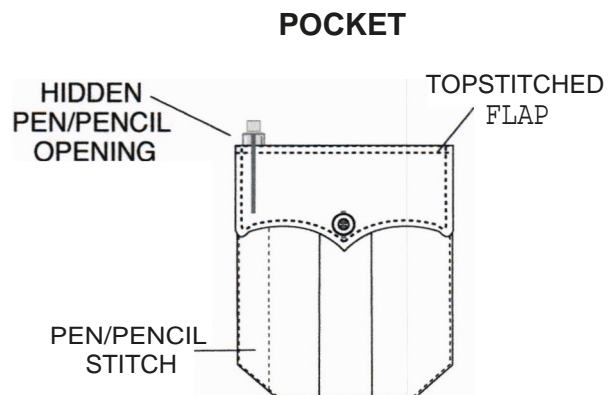
Two-ply sling 1" wide centered over left pocket and stitched to shoulder seam and flap setting stitch. It shall have 2 (two) buttonhole eyelets $1\frac{1}{4}$ " from top of pocket flap spaced $1\frac{1}{4}$ " apart and centered on sling.



POCKETS:

Two breast patch pockets with mitered corners and $1\frac{1}{2}$ " stitched pleats. Pleats shall be stitched top and bottom and full length of pleat to prevent spreading. Pocket to measure $5\frac{5}{8}$ " wide, 6" deep. Left breast pocket to have $1\frac{1}{2}$ " pencil stitch. Each pocket to have hook Velcro, $\frac{3}{4}$ " long by $\frac{1}{2}$ " wide, positioned on both

edges of pocket to correspond with outer scalloped flap points as specified. Velcro to be stitched all sides and to be sewn through pocket and shirt for added reinforcement.



FLAPS:

Two piece deep scalloped design to measure 5-7/8" across and 2-3/4" in depth at center point, 2-1/4" at sides. Secured to shirtfront approximately 3/8" above pocket. Left flap to have invisible pencil opening 1-1/2" to correspond precisely with pencil slot of pocket. (Stop & start stitching for pencil opening unacceptable and shall be cause for rejection.)

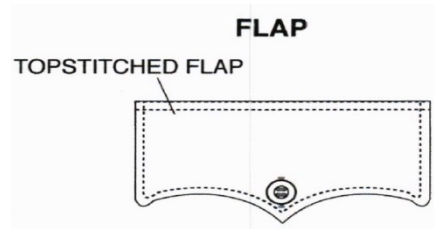
Flaps to be 1/4" topstitched. Flaps to have woven

interlining of #250 Dacron. Creased and edge

stitched pocket flap construction unacceptable.

Under side of the flap to have looped Velcro 3/4"

long by 1/2" wide stitched all sides, positioned on



SLEEVES:

Sleeve are to be straight and whole and to have a 3/4" hem and to finish at a minimum of 9 1/2" long from shoulder seam.

BUTTONS

First grade 20-ligne melamine.

SEWING:

Collar, shoulder straps, and pocket flaps to be topstitched 1/4" off the edge. Sleeve inserting and side close felling seams are to be safety stitched.

THREAD:

All sewing threads to be color fast polyester wrap to match.

INTERLININGS:

Collar, pocket flaps and top center to be interlined with #250 Dacron.

MILITARY CREASES:

There shall be five stitched-in sharp military creases on all shirts. One crease on each front to be centered vertically. Front creases shall not be through pockets and flaps. Spacing for three military creases across shirt back to be proportionate to the size of the shirt.

CONSTRUCTION:

Collars and flaps are made with conventional construction. Top ply, bottom ply and interlining are first stitched together, then turned right side out and finally topstitched.

STOCK SIZES:

Shirts must be available in the following sizes:

Neck sizes: 14-1/2 to 18-1/2, 19, 20, 21, 22



Flying Cross Urban Defender Zippered Polyester S/S Uniform Shirt

Flying Cross #UD12000/Galls #SHo43



Product Specs:

- Shoulder straps cross-stitched symmetrically for neater appearance.
- 7-button placket front 5 permanent sewn-in creases-2 in front, and 3 in back.
- Pleated pockets and scalloped flaps with hook and loop closures.
- Hidden pencil compartment inside left breast pocket. Full badge sling.
- High luster. Twill finish on collar and yoke. Concealed zipper.

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. GALLS PARENT HOLDINGS, LLC	
	2 Business name/disregarded entity name, if different from above GALLS, LLC (FEIN: 20-3545989)	
	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. <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) ► 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. <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. PO BOX 71628		Requester's name and address (optional)
6 City, state, and ZIP code CHICAGO, IL 60694-1628		
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	2		-	4	0	9	9	4	6

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 ► 	Date ► 2/25/2021
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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.



1340 Russell Cave Road
Lexington, KY 40505

To Whom It May Concern,

Our W-9 is filled out properly for a Single Member LLC that files its Federal Income Tax return under its Parent Company.

Galls LLC is a valid legal entity with FEIN # 20-3545989. For Federal Income Tax purposes only, Galls LLC files as a division of its Parent Company, Galls Parent Holdings LLC and pays Federal Income Tax under FEIN # 82-4099469.

Galls' legal staff together with our Parent Company have issued this W-9 in accordance with Federal law and the use of this form.

A handwritten signature in blue ink, appearing to read 'David Scheve'.

David Scheve
CFO

ACORDTM**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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 312 Elm Street, 24th Floor Cincinnati, OH 45202 513 852-6300	CONTACT NAME: PHONE (A/C, No, Ext): 513 852-6300 FAX (A/C, No): 513 852-6428 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="816 426 1433 447">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1442 426 1559 447">NAIC #</th> </tr> <tr> <td data-bbox="816 457 1433 478">INSURER A : QBE Insurance Corporation</td> <td data-bbox="1442 457 1559 478">39217</td> </tr> <tr> <td data-bbox="816 489 1433 510">INSURER B : General Casualty Company of Wisconsin</td> <td data-bbox="1442 489 1559 510">24414</td> </tr> <tr> <td data-bbox="816 520 1433 541">INSURER C : Praetorian Insurance Company</td> <td data-bbox="1442 520 1559 541">37257</td> </tr> <tr> <td data-bbox="816 552 1433 573">INSURER D : The Cincinnati Insurance Company</td> <td data-bbox="1442 552 1559 573">10677</td> </tr> <tr> <td data-bbox="816 583 1433 604">INSURER E : Regent Insurance Company</td> <td data-bbox="1442 583 1559 604">24449</td> </tr> <tr> <td data-bbox="816 615 1433 636">INSURER F :</td> <td data-bbox="1442 615 1559 636"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : QBE Insurance Corporation	39217	INSURER B : General Casualty Company of Wisconsin	24414	INSURER C : Praetorian Insurance Company	37257	INSURER D : The Cincinnati Insurance Company	10677	INSURER E : Regent Insurance Company	24449	INSURER F :	
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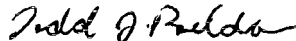
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CGA1365959	03/01/2021	03/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CBA1365959	03/01/2021	03/01/2022	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"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CCU1365959	03/01/2021	03/01/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CWC1365959	03/01/2021	03/01/2022	<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
D	Excess Liability			EXS0570374	03/01/2021	03/01/2022	\$15,000,000

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

Evidence of Coverage.**CERTIFICATE HOLDER****CANCELLATION**

Galls, LLC 1340 Russell Cave Road Lexington, KY 40505-3114	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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**JEFFERSON PARISH SHERIFF'S OFFICE
BIDDERS CHECK LIST**



CHECK OFF EACH LINE AS YOU COMPLETE INSTRUCTIONS:

- X Vendor has read the Instructions to Bidders and General Conditions.
- X Vendor has read the Bid Proposal and Specifications Sheet.
- X Terms and delivery and/or completion date are in accordance with the bid specifications.
- X Confirmation that the bid price will hold firm for term of contract is included.
- N/A The Bid Proposal is completed and signed **in ink** by authorized representative. **One (1)**
Electronic Submission **ORIGINAL BID and ONE (1) COPY** will be absolutely necessary as part of this bid
requirement. The bid may not be considered if you fail to comply with this requirement.
- N/A The Louisiana Preference Affidavit (see page 3 of instructions) is completed and attached if the
Vendor is claiming the preference allowed under state statutes.
- N/A Bid proposal and required copies are sealed in an envelope.
Electronic Submission
- N/A You must clearly and boldly indicate the Bid Number on the **outer** envelope.
Electronic Submission The following information **must** appear on the outside of the sealed envelope:

**Jefferson Parish Sheriff's Office
1233 Westbank Expressway, Room 411
Harvey, LA 70058**

**ATTN: Karen Leonard
Purchasing Department**

BID NUMBER: (refer to JPSO bid number)

OTHER INFORMATION AND DOCUMENTS

The Jefferson Parish Sheriff requires other information and documents prior to the award of the bid to the successful "Lowest Responsible Bidder". This other information and documents must be provided to the Sheriff's Office within ten (10) days of the bidder being notified that he is the lowest bidder.

- X Bid Affidavit (see page 6 of instructions) has been signed and notarized.
- X Tax Identification Number (TIN).