

DATE: 1/02/2019

Page: 5

BID NO.: 50-00125130

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 _____ NO ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF MAY 2, 2019

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.

(Notice to proceed)

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

typically
30 days after N.T.P.

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 426666

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Heritage Flooring, Inc

ADDRESS: 63124 LA Highway 434

CITY, STATE: Lacombe, LA ZIP: 70445

TELEPHONE: (985) 276-3793 FAX: (985) 882-2688

EMAIL ADDRESS: FRANK4@HFILA.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 as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: 1 (ONE)

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 107,614.⁰⁰

AUTHORIZED SIGNATURE: [Signature]

FRANK MISTRETTA III
Printed Name

TITLE: PRESIDENT

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.

DATE: 1/02/2019

Page 6

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00125130

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH ALL LABOR, MATERIAL, AND EQUIPMENT NECESSARY TO REMOVE AND REPLACE FLOOR TILES IN THE GYM AT PARD PLAYGROUND FOR THE JEFFERSON PARISH DEPARTMENT OF PARKS AND RECREATIONS</p> <p>0010 Provide labor and materials to remove and replace approximately 9810 square feet of VCT floor tile at Pard Playground 5185 Eighty Arpent Rd, Marrero, LA 70072</p>	\$107,614. ⁰⁰	\$107,614. ⁰⁰

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Heritage Flooring, Inc
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Heritage Flooring, Inc
INCORPORATED, DULY NOTICED AND HELD ON 1-17-19,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT FRANK MISTRETTA III, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION 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 ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION 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 BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.

Kim Mistretta
SECRETARY-TREASURER

1-29-2019
DATE

Non-Public Works Bid

AFFIDAVIT


STATE OF LouisianaPARISH/COUNTY OF St. Tammany

BEFORE ME, the undersigned authority, personally came and appeared: FRANK
MISTRETTA III, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized PRESIDENT of Heritage Flooring (Entity),
the party who submitted a bid in response to Bid Number 50-00125130, to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures


(Choose A or B, if option A is indicated please include the required
attachment):

- Choice A _____ Attached hereto is a list of all campaign contributions, including the date and amount of each contribution, made to current or former elected officials of the Parish of Jefferson by Entity, Affiant, and/or officers, directors and owners, including employees, owning 25% or more of the Entity during the two-year period immediately preceding the date of this affidavit or the current term of the elected official, whichever is greater. Further, Entity, Affiant, and/or Entity Owners have not made any contributions to or in support of current or former members of the Jefferson Parish Council or the Jefferson Parish President through or in the name of another person or legal entity, either directly or indirectly.
- Choice B  there are NO campaign contributions made which would require disclosure under Choice A of this section.

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the Parish to the Affiant.

Choice B  _____ There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

[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.



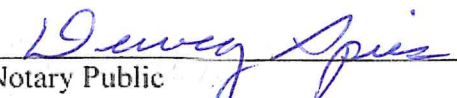
Signature of Affiant

FRANK MISTRETTA III

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 29th DAY OF January, 2019.



Notary Public

Dewey Spiers

Printed Name of Notary

52-7

Notary/Bar Roll Number

My commission expires 12-31-20.



(/)

Jeff Landry (/JeffLandry) Divisions (/Divisions)**Services (/Services) Media Room (/MediaRoom)****Contact (/Contact) Collections (/Collections)**

Justice Court

Justices of the Peace & Constables Directory**Search**

Name:	<input type="text" value="spies"/>
Title:	<input type="text" value="v"/>
Parish:	<input type="text" value="v"/>
Region:	<input type="text" value="v"/>
Arrest Warrant Certified:	<input type="checkbox"/>
<input type="button" value="Search"/> <input type="button" value="Reset"/>	

Arrest Warrant Certified	Name/Position	Telephone Number
Yes	Spies, Dewey Justice of the Peace Region: 7: Parish of St. Tammany: Ward 7	(985) 882-6861

Our Office (/OurOffice) Contact (/Contact) Careers (/Careers)**Home (/)**

Search Site:

Search

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CERTIFICATE OF LIABILITY INSURANCE

HERIT-6

OP ID: SW

DATE (MM/DD/YYYY)

12/20/2018

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 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 Brown & Brown of Louisiana New Orleans Office 1515 Poydras Street, Ste 1150 New Orleans, LA 70112 David N. Watts		CONTACT NAME: Sylvia Wampler PHONE (A/C, No, Ext): 504-586-1000 FAX (A/C, No): 504-586-8600 E-MAIL: swampler@bbgno.com ADDRESS:		
INSURED Heritage Flooring, Inc. 63124 Hwy 434 Lacombe, LA 70445		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Milford Casualty Insurance Co		26662
		INSURER B : Wesco Insurance Company		25011
		INSURER C : LA WORKERS COMP CORP		22350
		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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPP1015660 04	08/24/2018	08/24/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			WPP1646593-00	08/24/2018	08/24/2019	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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			MMB1015661 04	08/24/2018	08/24/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	137233B	08/24/2018	08/24/2019	<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)

Flooring Sales, Installation and Service

CERTIFICATE HOLDER**CANCELLATION**

0000001 Heritage Flooring Inc. 63124 Hwy 434 Lacombe, LA 70445	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 <i>Sylvia D. Wampler</i>
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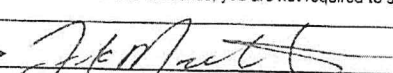
© 1988-2014 ACORD CORPORATION. All rights reserved.

**Request for Taxpayer
Identification Number and Certification**

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Heritage Flooring, Inc	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.) 63124 Highway 434	Requester's name and address (optional)
	6 City, state, and ZIP code Lacombe, LA 70445	
	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 Part I instructions on page 3. 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> on page 3.																			
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																			
Social security number	Employer identification number																		
<table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>				-					<table border="1"><tr><td>7</td><td>2</td><td>-</td><td>1</td><td>4</td><td>3</td><td>3</td><td>2</td><td>4</td><td>5</td></tr></table>	7	2	-	1	4	3	3	2	4	5
			-																
7	2	-	1	4	3	3	2	4	5										

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 on page 3.	
Sign Here	Signature of U.S. person > 
Date > 1-4-2019	

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 🗨 Text-To-Verify: 1 (855) 999-7896



Louisiana State Licensing Board for Contractors

Contractor Information

Business Name HERITAGE FLOORING, INC. ✓
Mailing Address 63124 HWY 434
LACOMBE, LA 70445
Phone Number (504) 452-8701
Fax Number (985) 882-2688
Email Address frank@HFILA.COM
Website http://null

Active Licenses

License Number 42666 ✓
Type Commercial License
Status LICENSED
Effective 10/22/2018
Expiration 10/21/2019
First Issued 10/21/2004

Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Frank Mistretta III	ALL
✓ SPECIALTY: FLOORING AND DECKING	Frank Mistretta III	ALL
SPECIALTY: PAINTING AND INTERIOR DECORATING, CARPETING	Frank Mistretta III	ALL

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. IF COPIED THE WORD "VOID" WILL ALSO APPEAR.



04-482
1111

CASHIER'S CHECK

9104075466

DATE 01/29/2019

ISSUING REGION 081

BRANCH Lacombe

BRANCH DID 41482

FIVE THOUSAND FOUR HUNDRED DOLLARS AND 00 CENTS

PAY TO THE
ORDER OF

*** JEFFERSON PARISH ***

\$ 5,400.00

Drawer: Capital One, N.A.

Kathryn McDonald
AUTHORIZED SIGNATURE

RE: HERITAGE FLOORING INC

Read the reverse side for important information on the reissuance of lost, destroyed, or stolen cashier's check.

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

100-1250 (R 7/11)
SUPER SAFETY ARTIFICIAL PROTECTION

CASHIER'S CHECK

9104075466

DATE 01/29/2019 FEE \$0.00

ISSUING REGION 081

BRANCH Lacombe

BRANCH DID 41482

FIVE THOUSAND FOUR HUNDRED DOLLARS AND 00 CENTS

PAY TO THE
ORDER OF:

*** JEFFERSON PARISH ***

\$ 5,400.00

RE: HERITAGE FLOORING INC

CUSTOMER COPY
NON-NEGOTIABLE