

**LOUISIANA UNIFORM PUBLIC WORK BID FORM**

**TO: Purchasing Department** \_\_\_\_\_

Room Suite 4400 \_\_\_\_\_

Jefferson Parish General Governmental Building \_\_\_\_\_

200 Derbigny Street, Gretna, La 70053 \_\_\_\_\_

*(Owner to provide name and address of owner)*

**BID FOR: A New Library for the City of Avondale** \_\_\_\_\_

Avondale Garden Road \_\_\_\_\_

Avondale, Louisiana 70094 \_\_\_\_\_

*(Owner to provide name of project and other identifying information)*

The undersigned bidder hereby declares and represents that she/he: a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: N-Y Associates, Inc. and dated: October 17, 2022

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1, 2

**TOTAL BASE BID:** For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" \* but not alternates) the sum of:

Two Million Six Hundred Thirteen Thousand Seven Hundred Dollars (\$2,613,700)

**ALTERNATES:** For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

**Alternate No. 1** *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

N/A \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**Alternate No. 2** *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

N/A \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**Alternate No. 3** *(Owner to provide description of alternate and state whether add or deduct)* for the lump sum of:

N/A \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

**NAME OF BIDDER:** Stallings Construction Company Inc. \_\_\_\_\_


**ADDRESS OF BIDDER:** 424 S. Anthony St. \_\_\_\_\_

New Orleans, Louisiana 70119 \_\_\_\_\_

**LOUISIANA CONTRACTOR'S LICENSE NUMBER:** 21833 \_\_\_\_\_

**NAME OF AUTHORIZED SIGNATORY OF BIDDER:** Mark C. Stallings \_\_\_\_\_

**TITLE OF AUTHORIZED SIGNATORY OF BIDDER:** Vice President \_\_\_\_\_

**SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*:**  \_\_\_\_\_

**DATE:** 1/5/23 \_\_\_\_\_

**THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:**

\* The Unit Price Form shall be used if the contract includes unit prices. Otherwise it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

\*\* **A CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public work as prescribed by LA R.S. 38:2212(B)(5).

**BID SECURITY** in the form of a bid bond, certified check or cashier's check as prescribed by LA R.S. 38:2218(A) attached to and made a part of this bid

## CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
Stallings Construction Company  
INCORPORATED.

AT THE MEETING OF DIRECTORS OF Stallings Construction Company  
INCORPORATED, DULY NOTICED AND HELD ON January 2, 2023,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT  
WAS:

RESOLVED THAT Mark C. Stallings, 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.

  
\_\_\_\_\_  
SECRETARY-TREASURER

January 2, 2023

DATE

**Public Works Bid**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** Orleans

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

Mark C. Stallings, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Vice President of Stallings Construction Co., Inc (Entity), the party who submitted a bid in response to Bid Number 50-00140629, 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.

Affiant further said:

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

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.

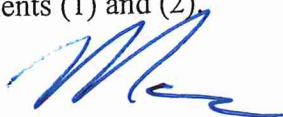
Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).



Signature of Affiant

Mark C. Stallings

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

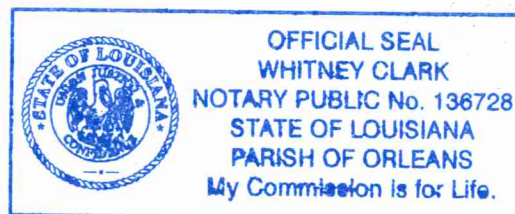
ON THE 4<sup>th</sup> DAY OF January, 2023.

  
Notary Public

Whitney Clark  
Printed Name of Notary

136728  
Notary/Bar Roll Number

My commission expires For Life.



NOTARY AS TO SIGNATURES ONLY  
NOTARY DID NOT PREPARE  
THIS DOCUMENT.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2022

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).

|   |   |                                    |
|---|---|------------------------------------|
| <b>PRODUCER</b><br>Eustis Insurance & Benefits,<br>a Marsh & McLennan Agency LLC Company<br>830 W. Causeway Approach<br>Mandeville LA 70471 | <b>CONTACT NAME:</b> Christy Mangin       |                                    |
|   | <b>PHONE (A/C, No, Ext):</b> 985-624-7021 | <b>FAX (A/C, No):</b> 504-565-5219 |
| <b>E-MAIL ADDRESS:</b> Christy.Mangin@MarshMMA.com  |   |                                    |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |                                    |
| <b>INSURER A:</b> American Casualty Company of Reading PA   |   |                                    |
| <b>INSURER B:</b> Louisiana Workers' Compensation Corp.   |   |                                    |
| <b>INSURER C:</b> Travelers Indemnity Company of CT   |   |                                    |
| <b>INSURER D:</b> Continental Insurance Company   |   |                                    |
| <b>INSURER E:</b>   |   |                                    |
| <b>INSURER F:</b>   |   |                                    |

|   |                                      |                         |
|---|--------------------------------------|-------------------------|
| <b>COVERAGES</b>  | <b>CERTIFICATE NUMBER:</b> 854230396 | <b>REVISION NUMBER:</b> |
| 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:   |           |          | C4034459536   | 10/15/2022              | 10/15/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |           |          | BUA4034459505 | 10/15/2022              | 10/15/2023              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| D        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | CUE4034459519 | 10/15/2022              | 10/15/2023              | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000<br>\$  |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 171816B       | 10/15/2022              | 10/15/2023              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                       |
| C        | Leased/Rented Equip   |           |          | 6606442M145   | 10/15/2022              | 10/15/2023              | Per Item Max Limit \$150,000<br>Basic Deductible \$2,500  |

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

General Contractor (State of LA General Contractor License #21833)  
\*The policies shown above do not provide coverage for Pollution or Professional Liability.

Project Name: New Library for the City of Avondale  
Project Location: 558 Avondale Gardens Rd; Avondale, LA 70094  
Jefferson Parish Bid No. 50-00140629  
N-Y Job Number: 20055  
See Attached...

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>Jefferson Parish Government<br>Jefferson Parish Purchasing Dept.<br>Jefferson Parish Government Building<br>200 Derbigny St, Suite 4400<br>Gretna LA 70053<br>USA | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

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# ADDITIONAL REMARKS SCHEDULE

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|  |           |   |
|--|-----------|---|
| AGENCY<br>Eustis Insurance & Benefits, |           | NAMED INSURED<br>Stallings Construction Co., Inc.<br>424 S Anthony St<br>New Orleans LA 70119 |
| 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 INSURANCE

CERTIFICATE HOLDER: Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and the Parish Council

The General Liability, Business Auto, and Umbrella policies include blanket additional insured, blanket waiver of subrogation, and Primary and NonContributory wording that may apply when there is a written contract between the named insured and certificate holder that requires such status and is agreed to prior to a loss. The Work Comp includes blanket waiver of subrogation wording that may apply when there is a written contract between the named insured and certificate holder that requires such status and is agreed to prior to a loss.

The General Liability and Business Auto policies include a blanket notice of cancellation endorsement to the certificate holder, providing for (30) days' advance written notice if the policy is canceled by the company, or 10 days' written notice before the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation to the certificate holder if the named insured requests cancellation.

Additional Insured form CNA75081XX edition 0115 applies to the General Liability policy.  
 Additional Insured (limited Completed Operations) form CNA75081XX edition 0115 applies to the General Liability policy.  
 Per Project Aggregate form #CNA74705XX edition 0115 applies to the General Liability policy.  
 Waiver of subrogation form #CNA74705XX edition 0115 applies to the General Liability policy.  
 Primary & Non-Contributory form #CNA74705XX edition 0115 applies to the General Liability policy.  
 Notice of Cancellation form #CNA74072XX edition 0115 applies to the General Liability policy.

Additional Insured form #CNA63359XX edition 0412 applies to the Business Auto policy.  
 Waiver of subrogation form #CA0444 edition 1013 applies to the Business Auto policy.  
 Primary & Non-Contributory per coverage form #CNA63359XX edition 0412 applies to the Business Auto policy.  
 Notice of Cancellation form #G-140327-B edition 0711 applies to the Business Auto policy.

Waiver of subrogation form #WC000313 edition 0484 applies to the Work Comp policy.  
 Notice of Cancellation form #LWCC7A applies to the Work Comp policy.

Additional Insured form CNA88301XX edition 0817 applies to the Umbrella policy.  
 Waiver of Subrogation form CNA75504XX edition 0315 applies to the Umbrella policy.  
 Primary & Non-Contributory via form CNA75504XX edition 0315 to the Umbrella policy.  
 Notice of Cancellation form #CNA75525XX edition 0315 applies to the Umbrella policy.