



CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Thu November 15, 2018 3:21:00 PM GMT-6

Place a Bid for 5000124647 - FURNISH ALL LABOR, MATERIALS AND EQUIPMENT
NEEDED TO INSTALL SPEAKERS, WIRING, AMP AND ASSOCIATED EQUIPMENT AT
MIKE MILEY PLAYGROUND STADIUM

Please enter your best bid proposal for this project

Louisiana Contractor ID#

62175

Enter all information required on the outside of the sealed envelope in the box below

Bid # 50-00124647	
TCE Electric Inc	
Tyrone Clark	
225-268-5465	

Bid Bond #

Jefferson Parish Vendor #:

309002

Upload Attachment(s)

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

Upload a file

Click the Upload button in order to upload bid related documents

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Central Auction House, LTD



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Central Bidding Time: Thu November 15, 2018 3:21:16 PM GMT-6

Location: **BATON ROUGE > Louisiana > USA**

Name: **Tyrone Clark**

Email: **t.clarkenterprise@yahoo.com**

Address: **345 Springhaven Dr**

Zip code: **70810**

Contact number: **2252685465**

Official Company/Business Name: **TCE Electric Inc**

Is your company/organization registered as a Disadvantaged Business Enterprise (DBE)?: **No**

Is your company owned by a female?: **No**

Is your company owned by a minority?: **Yes**

Contractor's License Number/Certificate of Responsibility Requirement Number:: **62175**

NIGP Codes: (Commodity code categories) **28569 - Misc. Electrical Equipment and Supplies (Not Otherwise Classified)**
91438 - Electrical
92531 - Electrical Engineering (Incl. Cogeneration Design Services)

Where To?



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Central Auction House, LTD

DATE: 10/29/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00124647

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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 _____

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK _____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK _____

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: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 62175

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: <u>TCE ELECTRIC COMPANY</u>	
SIGNATURE: (Must be signed here) <u>Tyrone Clark</u>	TITLE: <u>CEO</u>
PRINT OR TYPE NAME: <u>Tyrone Clark</u>	
ADDRESS: <u>3412 Woodcrest Drive Ste B</u>	
CITY, STATE: <u>BATON Rouge LA</u>	ZIP: <u>70814</u>
TELEPHONE: <u>(225) 268-5465</u>	FAX: <u>(225) 273-7473</u>
EMAIL ADDRESS: <u>t.clarkenterprise@yahoo.com</u>	

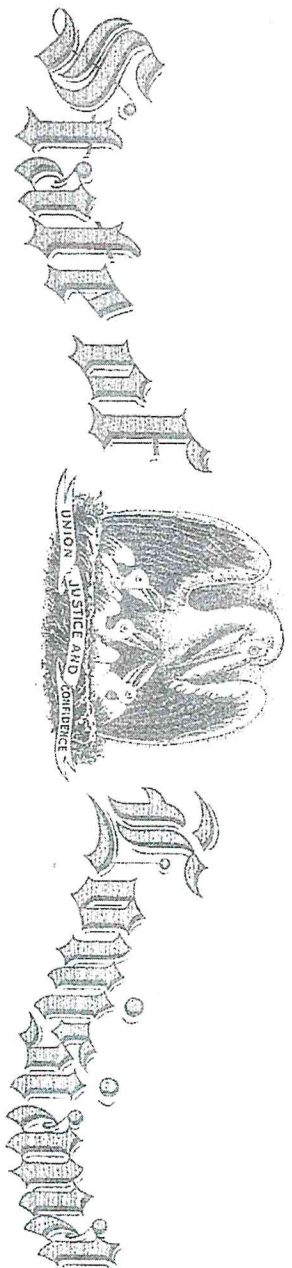
TOTAL PRICE OF ALL BID ITEMS: \$ 22,100.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124647

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH ALL LABOR, MATERIALS AND EQUIPMENT NEEDED TO INSTALL SPEAKERS, WIRING, AMP AND ASSOCIATED EQUIPMENT AT MIKE MILEY PLAYGROUND STADIUM</p> <p>0010 - Vendor to furnish labor, material and equipment to supply, deliver and install 8 new speakers at the following location:</p> <p>Mike Miley Playground Stadium 6716 W. Metairie Avenue Metairie, LA 70003</p> <p>To make an appointment to view the site, contact Scott Muhoberac at 504-736-6999.</p>	22,100.00	22,100.00



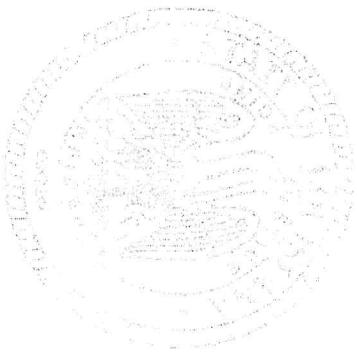
State Licensing Board for Contractors

This is to Certify that

T. CLARK ENTERPRISE, INC.
P.O. Box 41977
Baton Rouge, LA 70835-1977

is duly licensed and entitled to practice the following classifications

ELECTRICAL WORK (STATEWIDE)



Expiration Date: August 21, 2019

License No: 62175

Witness our hand and seal of the Board dated,
Baton Rouge, LA 25th day of October 2018

W. S. MacCP

Director

Joe M. Mott

Chairman

This License Is Not Transferable

Amelia Spaw

Treasurer

Binder for State Farm Automobile Insurance

Applicant

TYRONE R CLARK
4455 NOBLE CANE DR
BATON ROUGE, LA 70814-8042

Agent

DOUGLAS, STANLEY G
14635 S Harrells Ferry A
Rd, Suite 5B
BATON ROUGE, LA 70816
(225) 272-7777

Vehicle

Year: 2011
Make: CHEVROLET
Model: EXPRESS
Bodystyle: CARGO 2500 2WD
VIN: 1GCVGFCA8B1166728
Customized: No

Lienholder

STANDARD FINANCIAL
PO BOX 65144
BATON ROUGE, LA 70896-5144

The premium shown below must be in compliance with the Company's rules and rates and is subject to revision.

Coverage Applied for:

	Limits	Semi-Annual Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY	1M/1M/1M	\$2068.22
MEDICAL PAYMENTS COVERAGE	\$5000	\$77.09
COMPREHENSIVE \$1000 DEDUCTIBLE		\$173.11
COLLISION \$1000 DEDUCTIBLE		\$319.73
EMERGENCY ROAD SERVICE		\$16.56

Total	\$2654.71
Total of 6 month premium	\$2654.71
Payment received	SFPP
Balance due	SFPP

* Denotes thousands

Binder Effective Date: August 31, 2018

STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois, hereby binds coverage for the insurance applied for as of the requested effective date for a period of 60 days from such date, subject to all the terms and conditions of the applicable policy and endorsements in current use by such Company. Coverage under this binder will terminate (1) when the Declarations Page of a policy is issued to you or (2) when canceled in accordance with law.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/15/18

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATEHOLDER. 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 CERTIFICATEHOLDER.

IMPORTANT: If the certificateholder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL UNINSURED provisions or be endorsed. If SUBROGATIONS 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 certificateholder in lieu of such endorsement(s).

PRODUCER COMPLUS LTD PO Drawer 40418 Baton Rouge, LA 70835-0418	CONTACT NAME William Ogden
	PHONE (AC No. Ext.) (225) 927-6365 FAX (AC No.) 888-222-5951
	E-MAIL ADDRESS complus@hotmail.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Crum & Forster Specialty Ins Co
	INSURER B: LC&I
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED
T. Clark Enterprise, Inc.
dba TCE Electric
P.O. Box 41977
243 East Holly St., BR, LA 70819
Baton Rouge, LA 70835

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.

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			BAK-31636-2	7/16/18	7/16/19	OCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPO/PAGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY			25629-17	12/6/17	12/6/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
	DESCRIPTION OF OPERATIONS below	N/A					
							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 room space is required)

Electrical work (Statewide)
License Board for Contractors-License No.62175 (Electrical Work statewide)

CERTIFICATE HOLDER

CANCELLATION

MASTER COPY

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

**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.

#309002

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.	
	2 Business name/disregarded entity name, if different from above <u>T Clark Enterprise Inc</u>	
	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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <u> </u> 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) <u> </u>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u> </u> Exemption from FATCA reporting code (if any) <u> </u> <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. <u>P.O. Box 41977</u>	Requester's name and address (optional)
	6 City, state, and ZIP code <u>Baton Rouge, LA 70833</u>	
	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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																				
Social security number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											Employer identification number <table border="1"><tr><td>4</td><td>5</td><td>-</td><td>6</td><td>5</td><td>9</td><td>0</td><td>0</td><td>9</td></tr></table>	4	5	-	6	5	9	0	0	9
4	5	-	6	5	9	0	0	9												

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 <u><i>James R. Clark</i></u>	Date <u>05/04/2018</u>
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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.

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Interactive TIN Session:Interactive Results

This screen provides you with the results of your TIN Match request. The 'Match Indicator' displays a code next to the TIN and name combination. Use the codes below to interpret your results:

- 0 = TIN and Name combination matches IRS records.
- 1 = TIN was missing or TIN not 9-digit numeric.
- 2 = TIN entered is not currently issued.
- 3 = TIN and Name combination does not match IRS records.
- 4 = Invalid TIN Matching request.
- 5 = Duplicate TIN Matching request.
- 6 = TIN and Name combination matches IRS SSN records.
- 7 = TIN and Name combination matches IRS EIN records.
- 8 = TIN and Name combination matches IRS SSN and EIN records.

Important: Before leaving this screen, you may want to do a **Print Screen** of the results. Once you exit this screen, the interactive results will no longer be available for viewing.

Using the TIN Matching system allows you to verify the accuracy of taxpayer TIN and name information prior to submitting information to IRS. Internal Revenue Code 6724 provides any penalties under Section 6721 may be waived if the filer shows the failure to file a correct TIN on an information return was due to reasonable cause and not willful neglect. Filers may prove due diligence and receive a waiver from proposed penalties if they prove the TIN and name combination they submitted matched IRS records. Providing a copy of the Print Screen of your Interactive Results will be considered proof of due diligence.

ID	TIN Type	TIN	Name	Result Code
1	Unknown	450559004	I clark enterprise inc	7

You may do either of the following:

- Select *Another Tin Matching Request* to check more TIN and Name combinations.
- Select *Done* to return to the TIN Matching home page.

[ANOTHER TIN MATCHING REQUEST](#)[DONE >](#)

[IRS Privacy Policy](#) | [Privacy Notice](#)
version 18.5.2

📍 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 T. CLARK ENTERPRISE, INC.
Mailing Address 3412 Woodcrest Dr Ste B
BATON ROUGE, LA 70814
Phone Number (225) 268-5465
Email Address t.clarkenterprise@yahoo.com
Website http://

Active Licenses

License Number 62175
Type Commercial License
Status LICENSED
Effective 10/25/2018
Expiration 08/21/2019
First Issued 08/21/2015

Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Tyrone Rodney Clark	ALL
ELECTRICAL WORK (STATEWIDE)	Tyrone Rodney Clark	ALL