

DATE: 2/05/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00121542

**JEFFERSON PARISH**

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

VENDOR:

BUYER: MOVALLE

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) 58830

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

FIRM NAME:

Accent Lawn Care Services, LLC

SIGNATURE:

(Must be signed here)

Amanda Lightfoot

TITLE:

Member

PRINT OR TYPE NAME:

Amanda Lightfoot

ADDRESS:

P.O. Box 5401

CITY, STATE:

Covington, LA

ZIP:

70434

TELEPHONE:

(985) 893-1928

FAX:

( )

EMAIL ADDRESS:

ACCENTLAWN1@AOL.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 25,200<sup>00</sup>

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00121542

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	21.00	EA	ONE (1) YEAR CONTRACT FOR GRASS CUTTING AND LANDSCAPE MAINTENANCE FOR FIVE (5) JEFFERSON PARISH JEFFCAP HEAD START CENTERS  0001-TER - GRASS CUTTING AND LANDSCAPE MAINTENANCE  LOCATION: TERRYTOWN HEAD START 2315 PARK PLACE GRETN, LA 70053	250 <sup>00</sup>	5250 <sup>00</sup>
2	21.00	EA	0002 - EMPTY LOT GRASS CUTTING AND LANDSCAPE MAINTENANCE  LOCATION: EMPTY LOT 2850 MONTERY COURT GRETN, LA 70056	100 <sup>00</sup>	2100 <sup>00</sup>
3	21.00	EA	0003-JUT - GRASS CUTTING AND LANDSCAPE MAINTENANCE  LOCATION: JUTLAND HEAD START 1821 JUTLAND DRIVE HARVEY, LA 70058	250 <sup>00</sup>	5250 <sup>00</sup>
4	21.00	EA	0004-LAP - GRASS CUTTING AND LANDSCAPE MAINTENANCE  LOCATION: LAPALCO HEAD START 2001 LINCOLNSHIRE DRIVE MARRERO, LA 70053	300 <sup>00</sup>	6300 <sup>00</sup>
5	21.00	EA	0005-KEN - GRASS CUTTING AND LANDSCAPE MAINTENANCE  LOCATION: KENNER HEAD START 200 DECATUR STREET KENNER, LA 70062	300 <sup>00</sup>	6300 <sup>00</sup>

## Debarment/Suspension Form

## DEBARMENT/SUSPENSION CERTIFICATION

## Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: [www.sam.gov](http://www.sam.gov) and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Amanda Lightfoot, Member

(Name and Title of bidder's official)

Accent Lawn Care Services, LLC

(Name of bidder/company)

PO Box 5401

(Address)

Covington, LA 70434

(Address)

PHONE (985)893-1928 FAX \_\_\_\_\_

EMAIL ACCENTLAWN1@AOL.COM

Amanda Lightfoot

Signature 2-21-18 Date





## Louisiana State Licensing Board for Contractors

### Contractor Information

**Business Name** ACCENT LAWN CARE SERVICES, L.L.C.  
**Mailing Address** P.O. Box 5401  
Covington, LA 70434  
**Phone Number** (985) 893-1928  
**Email Address** [accentlawn1@aol.com](mailto:accentlawn1@aol.com)  
**Website** <http://www.accentlawn.com>

### Active Licenses

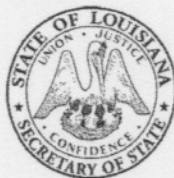
**License Number** 58830  
**Type** Commercial License  
**Status** LICENSED  
**Effective** 02/05/2018  
**Expiration** 11/05/2018  
**First Issued** 11/05/2013

### Classifications

Class	Qualifying Party	Parishes
BUSINESS AND LAW	Amanda J. Lightfoot	ALL
SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION	Amanda J. Lightfoot	ALL

Tom Schedler  
Secretary of State

State of  
Louisiana  
Secretary of  
State



**COMMERCIAL DIVISION**  
**225.925.4704**

Fax Numbers  
225.932.5317 (Admin. Services)  
225.932.5314 (Corporations)  
225.932.5318 (UCC)

Name	Type	City	Status
ACCENT LAWN CARE SERVICES, L.L.C.	Limited Liability Company	COVINGTON	Active

#### Previous Names

**Business:** ACCENT LAWN CARE SERVICES, L.L.C.

**Charter Number:** 35710069K

**Registration Date:** 5/21/2004

#### Domicile Address

421 OZONE PARK DRIVE  
COVINGTON, LA 70434

#### Mailing Address

C/O MELODY LIGHTFOOT  
PO BOX 5401  
COVINGTON, LA 70434

#### Status

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 5/21/2004

**Last Report Filed:** 10/27/2017

**Type:** Limited Liability Company

#### Registered Agent(s)

<b>Agent:</b>	DANIEL LIGHTFOOT
<b>Address 1:</b>	43106 W PLEASANT RIDGE RD
<b>City, State, Zip:</b>	HAMMOND, LA 70403
<b>Appointment Date:</b>	10/25/2007

<b>Agent:</b>	MELODY LIGHTFOOT
<b>Address 1:</b>	43106 W PLEASANT RIDGE RD
<b>City, State, Zip:</b>	HAMMOND, LA 70403
<b>Appointment Date:</b>	1/12/2012

<b>Agent:</b>	AMANDA LIGHTFOOT
<b>Address 1:</b>	43106 W PLEASANT RIDGE RD

**City, State, Zip:** HAMMOND, LA 70403

**Appointment Date:** 11/9/2015

## Officer(s)

**Additional Officers:** No

**Officer:** DANIEL LIGHTFOOT  
**Title:** Member  
**Address 1:** 43106 W PLEASANT RIDGE RD  
**City, State, Zip:** HAMMOND, LA 70403

**Officer:** MELODY LIGHTFOOT  
**Title:** Manager  
**Address 1:** 43106 W PLEASANT RIDGE RD  
**City, State, Zip:** HAMMOND, LA 70403

**Officer:** AMANDA LIGHTFOOT  
**Title:** Member  
**Address 1:** 43106 W PLEASANT RIDGE RD  
**City, State, Zip:** HAMMOND, LA 70403

## Amendments on File (2)

Description	Date
Domestic LLC Agent/Domicile Change	10/25/2007
Domestic LLC Agent/Domicile Change	11/9/2015

Print





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/20/2018

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).

<b>PRODUCER</b> Apron Agencies, LLC 1000 Veterans Blvd, SuMetarieite 309 Metairie, LA 70005	<b>CONTACT NAME:</b> Marcel Leveque	
	<b>PHONE</b> (A/C, No. Ext): 504-416-0237	<b>FAX</b> (A/C, No): 877-587-3863
	<b>E-MAIL</b> ADDRESS: melleveque@yahoo.com	
	<b>PRODUCER</b> CUSTOMER ID #:	
<b>INSURED</b>  Accent Lawn Services, LLC PO BOX 5401 Covington, LA 70434	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Milwaukee Casualty Ins Company	
	<b>INSURER B:</b> Technology Ins Company, Inc	
	<b>INSURER C:</b> Wesco Insurance Company	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>NAIC #</b>	

**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	GENERAL LIABILITY			MPP1020714	07/31/2017	07/31/2018	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COM/OP AGG	\$ 2,000,000	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	B	AUTOMOBILE LIABILITY						TPP 1225148 00	03/29/2017
<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> Y	<input type="checkbox"/>	BODILY INJURY (Per person)	\$				
<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$				
<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
<input type="checkbox"/> HIRED AUTOS					\$				
<input type="checkbox"/> NON-OWNED AUTOS					\$				
					\$				
					\$				
					\$				
		UMBRELLA LIAB							
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR	<input type="checkbox"/>	AGGREGATE				\$	
	<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/>					\$	
	<input type="checkbox"/>							\$	
	<input type="checkbox"/>							\$	
	<input type="checkbox"/>							\$	
	<input type="checkbox"/>							\$	
	<input type="checkbox"/>							\$	
	<input type="checkbox"/>							\$	
	C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WWC 3299069	07/31/2017
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		<input type="checkbox"/> Y/N	<input type="checkbox"/>	E.L. EACH ACCIDENT	\$ 1,000,000				
(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		<input type="checkbox"/> Y	<input type="checkbox"/> N/A	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				

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

Certificate Holder Recognized as Additional Insured/Waiver of Subrogation as indicated and appropriate policy boxes checked, as per contract for the Jefferson Community Action Programs, Community Centers per bid Number 50-00121613.

**CERTIFICATE HOLDER****CANCELLATION**

The Jefferson Parish, its Districts Departments and agencies  
under the direction of the Parish President and tParish Council  
Purchasing Department ATTN: Melissa Ovalle  
200 Derbigny St Suite 4400 Gretna LA 70053

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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