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Tidy Building Services, LLC
609 W. William David Pkwy, Ste 202 Metairie, LA 70005
(504) 838-9843 fax (504) 833-6585
www.tidyusa.com

**FACSIMILE
TRANSMISSION**

To: Ms. DREAMEY

FAX #: 504.364.2693

Date: 4/14/15

Time: _____

From: JEFFERY RAMIREZ

Notes _____

This fax transmission contains 5 page(s) including this cover sheet. If reception is incomplete or illegible, please call (504) 838-9843.

THANK YOU.

DATE: 3/26/2015

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00112768

JEFFERSON PARISH
PURCHASING DEPARTMENT
P.O. BOX 9
GRETN, LA. 70054-0009
504-364-2678

VENDOR: Tidy Building Services, LLC

BUYER: DREAMEY

Bids will be received until 11:00 AM, 4/13/2015 via fax: 504-364-2693 or via online at www.jeffparish.net

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 is to be done in a workman-like manner, according to standard practices. Any deviations or alterations from the specifications must be indicated and backup documentation supplied with your quotation.

| | |
|--|-------|
| 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: 1

NUMBER: 2

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 59546

| | |
|--|----------------------------------|
| *** ALL BIDDERS MUST COMPLETE SECTION BELOW *** | |
| FIRM NAME: | Tidy Building Services, LLC |
| SIGNATURE: (Must be signed here) | TITLE: Business Manager |
| PRINT OR TYPE NAME: | Jeffery Ramirez |
| ADDRESS: | 609 W. Wm. David Pkwy, Suite 202 |
| CITY, STATE: | Metairie, LA ZIP: 70005 |
| TELEPHONE: | FAX: (504) 833-6585 |
| | (504) 838-9843 |
| EMAIL ADDRESS: | jramirez@tidyusa.com |

TOTAL PRICE OF ALL BID ITEMS: \$ 25,800.00

DATE: 3/26/2015

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 5

BID NO.: 50-00112768

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|---|-------------------|-------------|
| 1 | 12.00 | MO | <p>ONE YEAR CONTRACT FOR JANITORIAL SERVICES FOR JEFFERSON PARISH INSPECTION & CODE ENFORCEMENT OFFICE. 400 MAPLE STREET , HARVEY LA. 70058</p> <p>0001 Janitorial Services For Jefferson Parish Inspection & Code Enforcement Office, 400 Maple Street, Harvey, LA.</p> <p>Work Days Mon thru Friday, 4-Hours a day (11am - 3pm) Successful Bidder to provide List of Holidays and Policy for providing and/or replacing hours for Holidays and for employee no-show or unavailable due to illness.</p> <p>Daily Five (5) Times a Week 1. Spot Clean Entrance Glass 2. Dust & Damp Kitchen and Tile Floor 3. Spot Clean Interior Glass (Reception windows) 4. Sweep Outside Entrances 5. Clean Water Fountains 6. Empty Trash Cans including exterior can 7. Clean Kitchen/Sinks, Tables, Counter Tops, Cabinets, Outside of Appliances (not inside, no dishes) 8. Clean and Disinfect Restroom Fixtures Sinks, Mirrors, Urinals and Toilets, Empty Trash Cans, Clean Receptacles, Refill Dispensers as needed in Restroom Sweep & Wet Mop Floors, Spot Clean Walls and Partitions 9. Remove Trash to Outside Designated Area</p> <p>Three (3) Times a Week 1. Vacuum All Carpet</p> <p>Weekly (1) Once A Week 1. Clean Light Switches 2. Spot Clean Walls</p> <p>Monthly (1) Once A Month 1. Dust Furniture 2. Dust Window Sills 3. Clear Air Vents</p> <p>Quarterly (4) Four Times A Year 1. Dust Blinds</p> <p>Annually (1) Once A Year 1. Clean Windows Inside</p> <p>Note: 1. Work Center is to supply all labor, equipment and cleaning supplies. 2. Customer to provide restroom supplies</p> | \$2,150.00 | \$25,800.00 |

DATE: 3/26/2015

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page: 6

BID NO.: 50-00112768

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|-----|--|-------------------|--------|
| | | | <p>including hand soap, toilet tissue, hand towels, and trashcan liners. 3. These Specifications are based on those agreed upon by the Jefferson Parish Code Enforcement Office and the successful bidder. These Specifications are to be used by the Vendor to Guide and set up their cleaning schedules and and may also be used as the basis for an Inspection Report for Internal Control Purposes and for communicating with Code Enforcement for all cleaning issues</p> | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2015

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 Eagan Insurance Agency, LLC 2629 N. Causeway Blvd. P. O. Box 8590 Metairie LA 70002 | CONTACT NAME: Lisa Neathamer PHONE (A/C, No, Ext): (504) 836-9600 FAX (A/C, No): (504) 836-9621 E-MAIL ADDRESS: neathamerl@eaganins.com | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|--|--------|-----------|-----------------------------|--|-----------|------------------------------|--|-----------|-------|-------|------------|--|--|------------|--|--|------------|--|--|
| INSURED Tidy Building Services, LLC 609 W. William David Parkway Suite 202 Metairie LA 70005 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A</td> <td>Mesa Underwriters Specialty</td> <td></td> </tr> <tr> <td>INSURER B</td> <td>Scottsdale Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C</td> <td>LUISA</td> <td>12472</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A | Mesa Underwriters Specialty | | INSURER B | Scottsdale Insurance Company | | INSURER C | LUISA | 12472 | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A | Mesa Underwriters Specialty | | | | | | | | | | | | | | | | | | | | | |
| INSURER B | Scottsdale Insurance Company | | | | | | | | | | | | | | | | | | | | | |
| INSURER C | LUISA | 12472 | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 15-16 Revised cert 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 SUBR | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|---|-----------|-----|-----------------|-------------------------|-------------------------|---|-----------------------------|--------------|
| | | INSD | WVD | | | | | | |
| 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | MP0017003001203 | 9/19/2014 | 9/19/2015 | EACH OCCURRENCE | \$ 1,000,000 | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | |
| | | | | | | | MED EXP (Any one person) | \$ EXCLUDED | |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | |
| | | | | | | | | \$ | |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> | | | MP0017003001203 | 9/19/2014 | 9/19/2015 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000 | | | XBS0043813 | 9/19/2014 | 9/19/2015 | EACH OCCURRENCE | \$ 5,000,000 | |
| | | | | | | | AGGREGATE | \$ 5,000,000 | |
| | | | | | | | | \$ | |
| 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 | N/A | 028000019145115 | 3/31/2015 | 3/31/2016 | PER STATUTE OTHER | |
| | | | | | | | | 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)

| | |
|--|--|
| CERTIFICATE HOLDER SAMPLE CERTIFICATE FOR BID PURPOSES | CANCELLATION 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 Ron Paulin/LISAN |
|--|--|

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