

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: Jeferson Parish Purchasing  
200 Derbigny Street, Suite 4400  
Gretna, La. 70053

(Owner to provide name and address of owner)

BID FOR: Johnny Jacobs Playground  
Splash Pad  
Bid # 50-00142374

**Revised per Addenda #1**

(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: Manning APC and dated: 6/22/2023

(Owner to provide name of entity preparing bidding documents.)

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

**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:

**One million seven hundred twenty thousand** Dollars (\$1,720,000.00)

**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: C M Combs Construction, LLC

ADDRESS OF BIDDER: 301 HWY 21  
Madisonville, LA 70447

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 55237

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Christopher M. Combs

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Owner/Agent

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER \*\*: 

DATE: 06.27.23

**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.

**Public Works Bid**

**AFFIDAVIT**

**STATE OF** Louisiana

**PARISH/COUNTY OF** St. Tammany

BEFORE ME, the undersigned authority, personally came and appeared: Christopher M. Combs, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Owner/Agent of C M Combs Construction, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00142374, 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)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

*[The remainder of this page is intentionally left blank.]*

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).



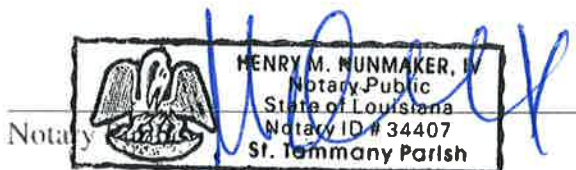
Signature of Affiant

**Christopher M. Combs**

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 15th DAY OF June, 20 23.



**Henry M. Nunmaker, IV**

Printed Name of Notary

**34407**

Notary/Bar Roll Number

My commission expires At Death.

## **CORPORATE RESOLUTION**

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF  
**C M Combs Construction, LLC**  
INCORPORATED.

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AT THE MEETING OF DIRECTORS OF **C M Combs Construction, LLC**  
INCORPORATED, DULY NOTICED AND HELD ON **03.02.11**,  
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED, IT  
WAS:

RESOLVED THAT **Christopher M. Combs**, 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



**Christopher M. Combs**

**SECRETARY-TREASURER**

**06.15.23**

**DATE**

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 |
|-----------------------------|---------------------------|--------------|--------|
| C M COMBS CONSTRUCTION, LLC | Limited Liability Company | MADISONVILLE | Active |

**Previous Names**

**Business:** C M COMBS CONSTRUCTION, LLC  
**Charter Number:** 40444278K  
**Registration Date:** 3/2/2011  
**Domicile Address**

301 HWY 21  
MADISONVILLE, LA 70447

**Mailing Address**

301 HWY 21  
MADISONVILLE, LA 70447

**Status**

**Status:** Active  
**Annual Report Status:** In Good Standing  
**File Date:** 3/2/2011  
**Last Report Filed:** 3/21/2023  
**Type:** Limited Liability Company

**Registered Agent(s)**

**Agent:** CHRISTOPHER COMBS  
**Address 1:** 40 DOGWOOD DRIVE  
**City, State, Zip:** COVINGTON, LA 70433  
**Appointment Date:** 3/2/2011

**Officer(s)**

Additional Officers: No

**Officer:** CHRISTOPHER COMBS  
**Title:** Manager, Member  
**Address 1:** 40 DOGWOOD DRIVE  
**City, State, Zip:** COVINGTON, LA 70433

**Amendments on File (5)**

| Description                              | Date       |
|--|------------|
| Appointing, Change, or Resign of Officer | 3/2/2011   |
| Appointing, Change, or Resign of Officer | 4/7/2011   |
| Domestic LLC Agent/Domicile Change       | 1/17/2012  |
| Appointing, Change, or Resign of Officer | 12/20/2013 |
| Domestic LLC Agent/Domicile Change       | 8/13/2014  |

Print



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/14/2023

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>ERWIN INSURANCE AGENCY, INC.<br>410 S Tyler Street<br>PO Box 970<br>Covington LA 70434-0970 | <b>CONTACT NAME:</b> Kim Prevost<br><b>PHONE (A/C, No, Ext):</b> (985) 892-1500<br><b>E-MAIL ADDRESS:</b> kprevost@erwinins.net<br><b>FAX (A/C, No):</b> (985) 893-2590  |                               |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
|--|--|-------------------------------|--|--------|------------|---------------------------|--|------------|----------------------------|--|------------|--------------------------|-------|------------|--------------------------------|-------|------------|--|--|------------|--|--|
| <b>INSURED</b><br>C M Combs Construction, LLC<br>301 Hwy 21<br>Madisonville LA 70447                           | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Admiral Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td>Allstate Insurance Company</td><td></td></tr><tr><td>INSURER C:</td><td>Colony Insurance Company</td><td>36927</td></tr><tr><td>INSURER D:</td><td>LA Worker's Compensation Corp.</td><td>22350</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: | Admiral Insurance Company |  | INSURER B: | Allstate Insurance Company |  | INSURER C: | Colony Insurance Company | 36927 | INSURER D: | LA Worker's Compensation Corp. | 22350 | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE  |  | NAIC #                        |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
| INSURER A:   | Admiral Insurance Company  |                               |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
| INSURER B:   | Allstate Insurance Company   |                               |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
| INSURER C:   | Colony Insurance Company   | 36927                         |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
| INSURER D:   | LA Worker's Compensation Corp.   | 22350                         |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
| INSURER E:   |  |                               |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |
| INSURER F:   |  |                               |  |        |            |                           |  |            |                            |  |            |                          |       |            |                                |       |            |  |  |            |  |  |

**COVERAGES****CERTIFICATE NUMBER:** 23-24WC;22-23GL,UM,AU**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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  |          | CA00004739001 | 12/07/2022              | 12/07/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                       |  |          | 648859214     | 07/21/2022              | 07/21/2023              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| C        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |  |          | XS175618      | 12/07/2022              | 12/07/2023              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000   |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> N | N/A      | 147324-B      | 04/15/2023              | 04/15/2024              | <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                                |

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

**CERTIFICATE HOLDER**

Jefferson Parish

**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

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