

DATE: 6/21/2022

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00138817

**JEFFERSON PARISH**

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

VENDOR:

BUYER: MBUTTERY

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

6-28-2022

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

0

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

0

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 by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 33480

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

FIRM NAME: Central Monitoring Inc. dba Alarm Protection Services

SIGNATURE:

(Must be signed here)

TITLE:

President

PRINT OR TYPE NAME:

Spencer Smith

ADDRESS:

4440 Trenton St

CITY, STATE:

Metairie, LA

ZIP:

70006

TELEPHONE:

( 504) 455-5277

FAX:

(504) 454-5079

EMAIL ADDRESS:

kim@securitybyaps.com

TOTAL PRICE OF ALL BID ITEMS: \$ 6,720.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00138817

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	Two (2) Year Contract to Provide Fire and Security Alarm Monitoring for Seven (7) JeffCap Community Centers		
			0001-FIRST LOCATION	\$40.00	\$960.00
2	24.00	MO	GRETNA COMMUNITY CENTER 1700 MONROE ST. GRETNA, LA/ 70053		
			0002-SECOND LOCATION	\$40.00	\$960.00
3	24.00	MO	HARVEY COMMUNITY CENTER 1501 ESTALOT STREET HARVEY, LA. 70058		
			0003-THIRD LOCATION	\$40.00	\$960.00
4	24.00	MO	J.C. SIMMONS COMMUNITY CENTER 4008 U.S. HWY 90 AVONDALE, LA. 70094		
			0004-FOURTH LOCATION	\$40.00	\$960.00
5	24.00	MO	BRIDGE CITY COMMUNITY CENTER 301 THIRD EMMANUEL STREET BRIDGE CITY, LA. 700094		
			0005-FIFTH LOCATION	\$40.00	\$960.00
6	24.00	MO	DOROTHY B. WATSON COMMUNITY CENTER 1300 S. MYRTLE STREET METAIRIE, LA. 70003		
			0006-SIXTH LOCATION	\$40.00	\$960.00
7	24.00	MO	HAZEL HURST COMMUNITY CENTER 1121 S. CAUSEWAY BLVD JEFFERSON, LA. 700121		
			0007-SEVENTH LOCATION	\$40.00	\$960.00
			MARRERO COMMUNITY CENTER 1861 AMES BLVD MARRERO, LA. 70072		
			CONTACT FOR ALL LOCATIONS: GENIKA GREEN-JUPITER, 504.736.6850 Between 8:30 - 3PM		

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.

Spencer Smith - President

\_\_\_\_\_  
(Name and Title of bidder's official)

Central Monitoring Inc. dba Alarm Protection Services

\_\_\_\_\_  
(Name of bidder/company)

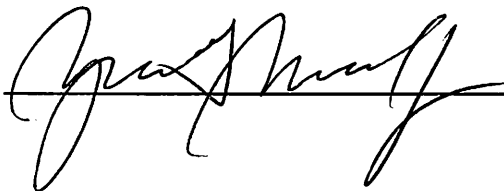
4440 Trenton St., Metairie, LA 70006

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

PHONE (504) 455-5277 FAX (504) 454-5079

EMAIL kim@securitybyaps.com



Signature 6-27-2022 Date



# JEFFERSON PARISH

## DEPARTMENT OF PURCHASING

CYNTHIA LEE SHENG  
PARISH PRESIDENT

RENNY SIMNO  
DIRECTOR

June 24, 2022

### ADDENDUM # 1

Bid Number: 50-00138817

Bid Opening Date: June 28, 2022, 11:00 am

For: Two (2) Year Contract to Provide Fire and Security Alarm Monitoring for Seven (7) JeffCap Community Centers

#### Correction

In response to vendor question:

Question: would there be any desire to have cellular communication to replace the two (2) hard-wired phone lines at each of the panels and the one (1) hard-wired line at the security system?

Department Response: No, we are currently updating the centers for cellular communication.

This Addendum will not change the bid opening date

Sincerely,

  
\_\_\_\_\_  
Mark Buttery  
Buyer I

**Bidders must acknowledge all addenda on the bid form. Bidder acknowledges receipt of this addendum on the bid form by indicating the addendum number listed above. Failure to list each addenda number on the bid form will result in bid rejection.**

**This addendum is a part of the contract documents and modifies the original bidding documents and specifications. The contents of this addendum shall be included in the contract documents. Changes made by this addendum shall take precedence over the documents of earlier date.**

JOSEPH S. YENNI BUILDING - 1221 ELMWOOD PARK BLVD - SUITE 404 - JEFFERSON, LA 70123 - PO BOX 10242 JEFFERSON, LA 70181-0242  
OFFICE 504.364-2678

GENERAL GOVERNMENT BUILDING - 200 DERBIGNY ST - SUITE 4400 - GRETNA, LA 70053 - PO BOX 9 - GRETNA - LA 70054  
OFFICE 504.364.2678

EMAIL: [PURCHASING@JEFFPARISH.NET](mailto:PURCHASING@JEFFPARISH.NET)

WEBSITE: [WWW.JEFFPARISH.NET](http://WWW.JEFFPARISH.NET)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/27/2022

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> Alpha Insurance Agency, LLC 831 Lafayette St.  Gretna LA 70053		<b>CONTACT NAME:</b> Meredith Brayden <b>PHONE (A/C, No, Ext):</b> (504) 227-1026 <b>FAX (A/C, No):</b> (504) 227-1047 <b>E-MAIL ADDRESS:</b> meredith@alphala.com																						
<b>INSURED</b>  Central Monitoring, Inc. d/b/a Alarm Protection Services 4440 Trenton St  Metairie 70006		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Underwriters at Lloyds, London</td><td></td></tr><tr><td>INSURER B:</td><td>Progressive Paloverde Ins. Co.</td><td>44695</td></tr><tr><td>INSURER C:</td><td></td><td></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></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Underwriters at Lloyds, London		INSURER B:	Progressive Paloverde Ins. Co.	44695	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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## COVERAGES

CERTIFICATE NUMBER: CL2281303715

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y	OPL00333-5	08/09/2021	08/09/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																			
	\$																			
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	06394464	08/12/2022	12/12/2022	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>					<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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AGGREGATE	\$																			
	\$																			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			

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

Alarm & Alarms Systems - Installation, Servicing or Repair, including incidental sales.  
BID No. 50-0013887 JEFFCAP. The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish and the Parish Council are named as Additional Insureds regarding negligence by the contractor for the Commercial General Liability Insurance and the Automobile Liability Policies.

## CERTIFICATE HOLDER

## CANCELLATION

Jefferson Parish, Bid No. 50-00138817  
Purchasing Dept  
P O Box 9  
Gretna LA 70054

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



CENTR-3

OP ID: MS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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PRODUCER  
Bryan Duplantier  
Alliance Insurance Agency Serv  
4444 York St., Ste. 100  
Metairie, LA 70001-7407  
Bryan Duplantier

504-831-2196

CONTACT NAME: Alliance Insurance Agency

PHONE (A/C, No, Ext): 504-831-2196

FAX (A/C, No): 504-837-3389

E-MAIL ADDRESS: Lindsay@alliance-ins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Retailers Casualty Insurance

INSURER B: Houston Specialty Insurance Co

12936

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Central Monitoring Inc  
Alarm Protection Services &  
Audio Professional Services  
Spencer Smith  
4440 Trenton Street  
Metairie, LA 70006-6527

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COM/PROP AGG \$
							\$
B	AUTOMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS	Y		DBHS18-00002-04	12/12/2021	12/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		0999 11126	05/10/2022	05/10/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				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)

BID 50-00138817 JEFFCAP

The Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council are named as additional insureds regarding negligence by the contractor for the Commercial General Liability Insurance & Automobile Liability Policies

## CERTIFICATE HOLDER

JEFFER4

Jefferson Parish Purchasing  
Department, BID No 50-00138817  
PO Box 9  
Gretna, LA 70054

## 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

Michelle C St. Martin