

DATE: 12/13/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146997

**JEFFERSON PARISH**

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
SDUMAS

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**

4 weeks from approved contract

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

1 day

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

4 days

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: N/a  
NUMBER: N/a  
NUMBER: N/a  
NUMBER: N/a

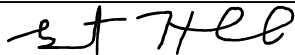
LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 77832

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

FIRM NAME: Howell Fencing

SIGNATURE:

(Must be signed here)



TITLE: owner

PRINT OR TYPE NAME:

Grant Howell

ADDRESS:

1410 Alvarez Drive

CITY, STATE:

Saraland Alabama

ZIP:

36571

TELEPHONE:

( )

251-656-5274

FAX:

( )

EMAIL ADDRESS:

grantwhowell@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 18,500.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146997

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS, AND NECCESSARY ESSENTIALS TO INSTALL ORNAMENTAL STEEL FENCE WITH GATE AND REMOVE EXISTING FENCING AND DEBRIS FOR THE JEFFERSON PARISH RECREATION DEPARTMENT</p> <p>0010 Install (4') high black ornamental steel fence powder coated.</p> <p>Maintenance free, 2 1/2" x 7' (16) gauge square black post set 3,000# psi concrete, Ameristar Montage Plus 3/4" picket, 3 rail Majestic style</p>	\$ 15,000.00	\$ 15,000.00
2	1.00	JOB	<p>0020 Install (1) - (4') wide and (1) - (5') wide ornamental steel</p> <p>single swing gates, 3"x7' (12) gauge square blak gate hinge and latch posts, self closing hinges, top pull pool latch</p>	\$ 2,000.00	\$ 2,000.00
3	1.00	JOB	<p>0030 Remove existing vinyl fence and haul away all debris</p> <p>****SEE ATTACHED SPECS****</p> <p>*****NOTE*****</p> <p>IF A SITE VISIT IS NEEDED PLEASE CONTACT GARY SCHMIDT AT 504-736-6999 X89346 OR VIA EMAIL AT GARY.SCHMIDT@JEFFPARISH.GOV *****</p> <p>SITE LOCATION: Bent Tree Lot Project 2701 Fooliage Dr Marrero,LA 70072</p>	\$ 1,500.00	\$ 1,500.00



## State Licensing Board for Contractors

This is to Certify that:

Grant Wesley Howell  
1410 Alvarez Drive  
Saraland, AL 36571

is duly licensed and entitled to practice the following classifications

LIMITED SPECIALTY SERVICES



Expiration Date: December 8, 2027

License No: 77832

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 9th day of December 2024

Director

Chairman

Treasurer

This License Is Not Transferrable



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/22/2023

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).

PRODUCER  
FEDERATED MUTUAL INSURANCE COMPANY  
HOME OFFICE: P.O. BOX 328  
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER

PHONE  
(A/C, No, Ext): 888-333-4949FAX  
(A/C, No): 507-446-4664

E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: FEDERATED MUTUAL INSURANCE COMPANY

13935

INSURER B: FEDERATED RESERVE INSURANCE COMPANY

16024

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
HOWELL FENCING  
1410 ALVAREZ DR  
SARALAND, AL 36571-9252

199-501-8

## COVERAGES

CERTIFICATE NUMBER: 0

REVISION NUMBER: 0

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		COMMERCIAL GENERAL LIABILITY				N	N	6140192	02/17/2024	02/17/2025	EACH OCCURRENCE		\$1,000,000		
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000		
	<input checked="" type="checkbox"/>	BUSINESS OWNER'S LIABILITY									MED EXP (Any one person)				
											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 & COMP/OP AGG		\$2,000,000	
		OTHER:													
A	AUTOMOBILE LIABILITY					N	N	6140193	02/17/2024	02/17/2025	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO									BODILY INJURY (Per Person)				
		OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS									BODILY INJURY (Per Accident)				
		HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY									PROPERTY DAMAGE (Per Accident)				
		UMBRELLA LIAB			<input type="checkbox"/>	OCCUR					EACH OCCURRENCE				
		EXCESS LIAB			<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE				
		DED		RETENTION											
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					N/A	N	1813754	02/17/2024	02/17/2025	<input checked="" type="checkbox"/>	PER STATUTE	<input type="checkbox"/>	OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										E.L EACH ACCIDENT		\$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below										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)

**THIS COPY IS NOT TO BE REPRODUCED FOR ISSUANCE OF CERTIFICATES.**

## CERTIFICATE HOLDER

A CERTIFICATE HAS BEEN FILED WITH EACH OF YOUR CERTIFICATE HOLDERS.

0 0

## 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