

DATE: 8/31/2017

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00120736

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: DMEVANS

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

3-5 days

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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Duraline Medical Products, Inc.	
SIGNATURE: (Must be signed here) <i>Kathy J. Peck</i>	TITLE: General Manager
PRINT OR TYPE NAME: Kathy J. Peck	
ADDRESS: 324 Werner St. PO Box 67	
CITY, STATE: Leipsic, OH	ZIP: 45856
TELEPHONE: (800) 654-3376	FAX: (419) 943-3637
EMAIL ADDRESS: duraline@fairpoint.net	

TOTAL PRICE OF ALL BID ITEMS: \$ 28,635.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120736

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	75.00	CS	TWO YEAR CONTRACT TO SUPPLY DIAPERS TO HEAD START PROGRAMS		
			0001- HUGGIES LITTLE MOVERS DIAPERS SIZE: 6 COUNT: 72 KC: 40799	\$47.60	\$3,570.00
2	50.00	CS	***2 YEAR CONTRACT FOR EARLY HEAD START WITH AN OPTION TO RENEW***		
			0002- HUGGIES LITTLE SNUGLERS SIZE:2 COUNT: 128 KC- 40765	\$47.60	\$2,380.00
3	60.00	CS	0003- HUGGIES LITTLE MOVERS DIAPERS SIZE:3		
			COUNT: 112 KC: 40766	\$47.60	\$2,856.00
4	40.00	CS	0004- HUGGIES PULL-UPS COOL & LEARN TRAINING PANTS-BOYS		
			SIZE:2T-3T COUNT: 100 KC- 45138	\$49.30	\$1,972.00
5	40.00	CS	0005- HUGGIES PULL-UPS COOL & LEARN DESIGNS TRAINING PANTS-BOYS		
			SIZE:4T-5T COUNT: 72 KC 45143	\$49.30	\$1,972.00
6	40.00	CS	0006- HUGGIES PULL-UPS COOL & LEARN TRAINING PANTS-GIRLS		
			SIZE:2T-3T COUNT: 100 KC: 45132	\$49.30	\$1,972.00
7	40.00	CS	0007- HUGGIES PULL-UPS LEARNING DESIGNS TRAINING PANTS-GIRLS		
			SIZE:4T-5T COUNT: 72 KC- 45142	\$49.30	\$1,972.00
8	60.00	CS	0008- HUGGIES LITTLE MOVERS DIAPERS SIZE:4		
				\$47.60	\$2,856.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00120736

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
9	75.00	CS	COUNT: 96 KC- 40767 0009- HUGGIES LITTLE MOVERS DIAPERS SIZE:5	\$47.60	\$3,570.00
10	250.00	CS	COUNT: 84 KC- 40798 0010- HUGGIES NATURAL CARE BABY WIPES PACKAGE TYPE:REFILL PACKS	\$19.50	\$4,875.00
11	50.00	CS	COUNT: 8/56-448 KC- 31803 0011- HUGGIES ONE AND DONE CLUTCH N' CLEAN BABY WIPES COUNT: 4/64-256 KC- 39333	\$12.80	\$ 640.00

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Duraline Medical Products, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 324 Werner St	Requester's name and address (optional)
	6 City, state, and ZIP code Leipsic, OH 45856	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									
3	6	-	4	0	5	7	0	0	6

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Kathy J. Pak</i>	Date ▶ 9/6/17
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.