

DATE: 5/17/2023

Page: 6

BID NO.: 50-00142225

BID FORM
Non Public Works

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO x

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF 01/15/23.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

5 DAYS AFTER NTP

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 48155

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: KMT Painting & Decorating LLC

ADDRESS: 909 S. Broad St

CITY, STATE: New Orleans, LA ZIP: 70125

TELEPHONE: (504) 821.7899 FAX: (504) 821.7887

EMAIL ADDRESS: kenny@kmtllc.com

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: _____
NUMBER: _____
NUMBER: _____
NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ _____

AUTHORIZED SIGNATURE: *Kenneth M Tamm*

Kenneth Tamm
Printed Name

TITLE: Owner

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

DATE: 5/17/2023

INVITATION TO BID FROM JEFFERSON PARISH - continued

Page 7

BID NO.: 50-00142225

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>LABOR, MATERIALS & EQUIPMENT NECESSARY TO CLEAN, PRESSURE WASH, SEAL/CAULK/WATERPROOF, WET GLAZE & CLEAN INTERIOR & EXTERIOR OF ALL WINDOWS AT THE THOMAS DONELON BUILDING FOR GENERAL SERVICES.</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, DELIVERY, EQUIPMENT, AND ALL OTHER INCIDENTALS NECESSARY TO PRESSURE WASH, CLEAN, SEAL/CAULK/WATERPROOF, WET-GLAZE WINDOWS, AND CLEAN INTERIOR AND EXTERIOR OF ALL WINDOWS OF THE THOMAS F. DONELON BUILDING LOCATED AT 200 DERBIGNY STREET, GRETNA, LA 70053.</p> <p>PER THE ATTACHED SPECIFICATIONS</p>	\$ 292,000	\$ 292,000

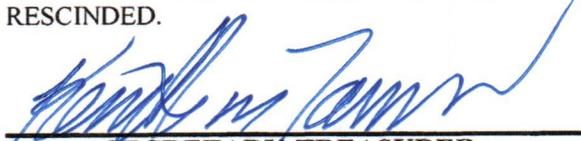
CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
KMT Painting & Decorating LLC
INCORPORATED.

AT THE MEETING OF DIRECTORS OF **KMT Painting & Decorating LLC**
INCORPORATED, DULY NOTICED AND HELD ON **May 11, 2005**,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT **Kenneth Tamm**, 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.

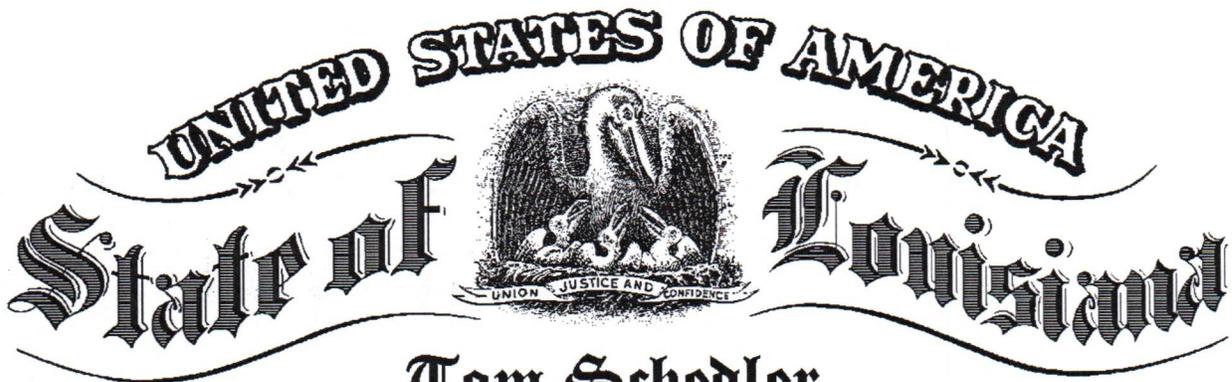


SECRETARY-TREASURER

06/08/23

DATE

SEARCHED
INDEXED
SERIALIZED
FILED
JUN 10 2005
FBI - MEMPHIS



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the attached document(s) of

KMT PAINTING AND DECORATING, L.L.C.

are true and correct and are filed in the Louisiana Secretary of State's Office.

35938362K	ORIGF	5/12/2005	2 page (s)
42698266	17 AR	6/19/2017	1 page (s)

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 15, 2017

Secretary of State

WEB 35938362K



Certificate ID: 10859377#S9R93

To validate this certificate, visit the following web site, go to **Business Services**, Search for **Louisiana Business Filings**, Validate a **Certificate**, then follow the instructions displayed.

www.sos.la.gov

ARTICLES OF ORGANIZATION
(R.S. 12:1301)

State of Louisiana

Parish of Orleans

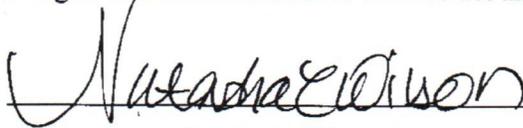
1. The name of this limited liability company is: KMT Painting and Decorating, L.L.C.
2. This company is formed for any lawful purpose.
3. The duration of this limited liability company is perpetual.
4. This company has a written operating agreement signed by the member(s) and all management duties and responsibilities are defined therein.

Signatures:



Kenneth M. Tamm

On this 11th day of May, 2005, before me, personally appeared Kenneth M. Tamm, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he executed it as his free act and deed.



Notary Public

Natasha Z Wilson LA Bar # 22672

Notary Printed Name and Notary/Bar Roll Number

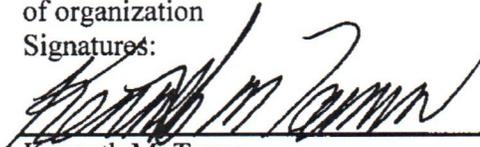
LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305(E))

1. The name of this limited liability company is: KMT Painting and Decorating, L.L.C.
2. The location and municipal address, not a post office box only, of this limited liability company's registered office is:
25 Normandy Dr.
Kenner, LA 70062
3. The full name and municipal address, not a post office box only, of each of this limited liability company's registered agent is:
Kenneth M. Tamm
25 Normandy Dr.
Kenner, LA 70062
4. The names and municipal address, not a post office box only, of its first managers, or the members:
Kenneth M. Tamm
25 Normandy Dr.
Kenner, LA 70062

To be signed by each person who signed the articles of organization

Signatures:

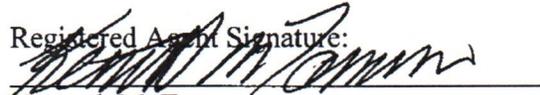


Kenneth M. Tamm

AGENT'S AFFIDAVIT AND ACKNOWLEDGEMENT OF ACCEPTANCE

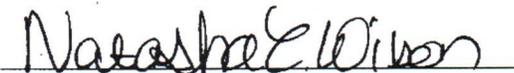
I hereby acknowledge and accept the appointment of registered agent for and on behalf of the above named limited liability company.

Registered Agent Signature:



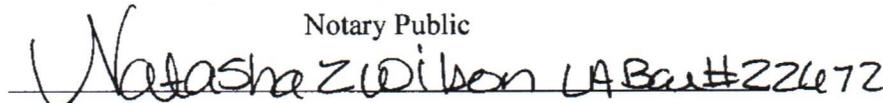
Kenneth M. Tamm

Sworn to and subscribed before me, the undersigned Notary Public on this 14th day of May, 2005.



Notary Public

Notary Public



Notary Printed Name and Notary/Bar Roll Number

Notary Printed Name and Notary/Bar Roll Number

Tom Schedler Secretary of State 	LIMITED LIABILITY COMPANY ANNUAL REPORT For Period Ending 5/12/2017	 35938362K  2017
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Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX) 35938362 K KMT PAINTING AND DECORATING, L.L.C. C/O KENNETH M. TAMM 909 S. BROAD ST. NEW ORLEANS, LA 70125	(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX) 1 Registered Office Address in Louisiana (Do not use P. O. Box) 909 S. BROAD ST. NEW ORLEANS, LA 70125 Federal Tax ID Number
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Our records indicate the following registered agents for the company. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box. **A**

NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE.
 KENNETH M. TAMM
 5401 MARCIA NEW ORLEANS, LA 70124

I hereby accept the appointment of registered agent(s). <hr/> <p style="text-align: center;">New Registered Agent Signature</p>	Sworn to and subscribed before me on NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY # <hr/> <table style="width: 100%;"> <tr> <td style="text-align: center;">Notary Signature</td> <td style="text-align: center;">Date</td> </tr> </table>	Notary Signature	Date
Notary Signature	Date		

This report reflects a maximum of three members/managers for the company. Indicate any changes or deletions below. Include a listing of all names and addresses. Do not use a P. O. Box. If additional space is needed attach an addendum. *Officer titles, such as president or secretary are not acceptable.*

KENNETH M. TAMM 5401 MARCIA NEW ORLEANS, LA 70124	Member, Manager
--	-----------------

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.

SIGN →	To be signed by a manager, member, or agent Kenneth Tamm (SIGNED ELECTRONICALLY)	Title Business Owner	Phone	Date 06/19/2017
	Signee's address	Email Address Stacy@kmtllc.com		(For Office Use Only)

Enclose filing fee of \$30.00 Make remittance payable to Secretary of State Do Not Send Cash Do Not Staple web site: www.sos.louisiana.gov	Return by: 5/12/2017 To: Commercial Division P. O. Box 94125 Baton Rouge, LA 70804-9125 Phone (225) 925-4704
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DO NOT STAPLE

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: Kenneth Tamm
Kenneth Tamm, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Owner of KMT Painting & Decorating LLC (Entity),
the party who submitted a bid in response to Bid Number 5000142225, 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 there are **NO** campaign contributions made which would require disclosure under Choice A of this section.

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

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

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.



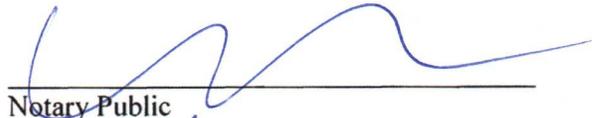
Signature of Affiant

Kenneth Tamm

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 8 DAY OF June, 2023.



Notary Public

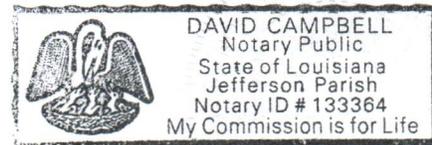
David Campbell

Printed Name of Notary

133364

Notary/Bar Roll Number

My commission expires on my death





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2023

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 Eustis Insurance & Benefits, a Marsh & McLennan Agency LLC Company 110 Veterans Memorial Blvd. Ste 200 Metairie LA 70005	CONTACT NAME: Casey Erskin	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
E-MAIL ADDRESS: Casey.Erskin@MarshMMA.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : XL Specialty Insurance Company		37885
INSURER B : Travelers Cas & Surety Co of America		31194
INSURER C : Louisiana Workers' Compensation Corp.		22350
INSURER D : Travelers Indemnity Co of America		25666
INSURER E : Travelers Property Casualty Co of Amer		25674
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 509992586 **REVISION NUMBER:**

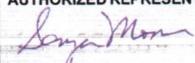
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			4TCO7834L55ATIA22	11/27/2022	11/27/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA0L892807222SG	11/27/2022	11/27/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP7S722071222S	11/27/2022	11/27/2023	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	127569	11/27/2022	11/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Equipment Floater			UM00053870MA22A	11/27/2022	11/27/2023	Rented/Leased	510,000
B	Fiduciary/Crime			107353732	11/27/2022	11/27/2023	Fidelity	500,000

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

General Liability contains:
 CG T1 00 02-19 Commercial General Liability Coverage Form - Primary & Non-Contributory Insurance if Required by Written Contract
 CG D6 04 02-19 Blanket Additional Insured - Automatic Status if Required by Written Contract
 CG D3 16 02-19 Contractors Xtend Endorsement - Waiver of Subrogation

Auto Liability Contains:
 CA F1 06 02-15 Business Auto Extension Endorsement - Waiver of Subrogation
 CA T4 99 02-16 Blanket Additional Insured - Primary and Non Contributory with Other Insurance
 See Attached...

CERTIFICATE HOLDER Jefferson Parish Purchasing Department 200 Derbigny St. General Government Building, Suite 4400 Gretna LA 70053	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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AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Eustis Insurance & Benefits,		NAMED INSURED KMT Painting & Decorating, LLC 909 South Broad Street New Orleans LA 70125	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Workers Compensation contains:
WC 00 03-13 Waiver of Our Right to Recover From Others Endorsement
WC 00 01-06A Longshore and Harbor Workers' Compensation Act Coverage Endorsement
WC 00 03 01A Alternate Employer Endorsement

Excess Liability contains:
EU 00 02 09 20 Excess Follow Form and Umbrella Liability Insurance

Excess Liability is Follow Form and is excess over the General Liability and Auto Liability policies above subject to the Excess Liability's terms, conditions and exclusions.

Certificate holder: Jefferson Parish it's Districts, Departments and Agencies under the direction of the Parish President and Parish Counsel

Certificate holder, as required by written contract, is additional insured on general liability and automobile liability subject to the endorsements' (CG D6 04 02-19, CG D3 16 02-19, CA T4 99 02-16) terms and conditions.

Excess Liability is excess over the General Liability, Auto Liability and Workers Compensation policies above, including Additional Insured clauses subject to the Excess Liability's terms, conditions and exclusions, per policy form MAUB 0001 01 15.
Form copy is available upon request.