

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 0 %

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

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

7/15/2020

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

N/A

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: DiPietro & Associates, Inc.

ADDRESS: 101 W. McKnight Way, Ste. B #255

CITY, STATE: Grass Valley, CA ZIP: 95949

TELEPHONE: (530) 477-6818 FAX: (530) 477-6850

EMAIL ADDRESS: kelsey@dipietroassociates.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 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: \$ 31,175.00

AUTHORIZED

SIGNATURE: Kelsey Treat

Kelsey Treat
Printed Name

TITLE: Client Support Manager

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00131070

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	29.00	EA	<p>ONE TIME PURCHASE OF AUTOMATED EXTERNAL DEFIBRILLATORS FOR THE JEFFERSON PARISH RECREATION DEPARTMENT</p> <p>0010 Automated External Defibrillator (AED) with accessories as described herein</p> <p>Zoll Fully Auto AED Plus (PN 8000-004007-01), or equal. Each AED comes with:</p> <ul style="list-style-type: none"> - Soft Case (Zoll PN 8000-0802-01), or equal - Surface Wall Mounting Box (Zoll PN 8000-0817), or equal - Lithium Batteries, Type 123, 10 per tube, P-series (Zoll PN 8000-0807-01) or equal - CPR D-Padz - one piece defibrillation and CPR System Adult Electrode (Zoll PN 8900-0800-01), or equal - Medical Prescription <p>Vendor must provide product training.</p> <p>Should a vendor submit a bid on a brand other than Zoll; all of the specifications provided by the Zoll brand must be met or exceeded in order for that bid to be accepted.</p> <p>→ Surface Wall Cabinet, Non Alarmed PN: CB1-LN Manufacturer: Cubix Safety</p>	\$1,075.00	\$31,175.00

AED Cabinets

Installation Instructions

Drywall with Wood Studs: Align 2 vertical holes of cabinet with stud.

Pre-drill holes, (3/32nd" recommended drill bit) and use provided screws. Do not utilize the white plastic drywall anchors when screwing directly into wood stud.

For the other 2 holes not going into a stud, utilize included plastic drywall anchors and screws, pre-drilling anchor holes, utilizing 1/8" recommended drill bit.

Drywall with Metal Studs: Although securing to metal studs is possible, we recommend avoiding metal studs and utilizing provided drywall anchors and screws for all 4 holes:

Pre-drill for the anchors, with 1/8" drill bit recommended.

Concrete, Block and Brick: Pre-drill and utilize concrete anchors (blue screws) for all 4 holes. Recommended: 3/16" X 1 3/4" concrete anchors.

Cabinet Specifications

COMPACT CABINET DIMENSIONS

- Width: 14 3/4"
- Depth: 6 3/4"
- Height: 11 5/8"

LARGE CABINET DIMENSIONS

- Width: 16"
- Depth: 8 3/8"
- Height: 14 5/8"

Alarm System

Alarm System Volume

The alarm has a high decibel level at 80-120 dB. The alarm system is designed to deter theft and to notify those in the vicinity of a possible emergency. As an industry standard, AED cabinets are not lockable so that AEDs are never unavailable in an emergency.

Alarm Settings

For alarmed cabinets, the included keys can be used to activate or deactivate the audible alarm (and strobe light if equipped). Your cabinet is shipped with the alarm in the OFF position (arrow on keyhole pointing up). In order to activate the alarm (and strobe if equipped), use the provided keys and turn the keyhole clockwise 90°. Once activated, the alarm will sound when the cabinet door is opened, and continue alarming until the cabinet door is closed, at which point it will silence.

Battery and Maintenance

The alarm system requires an included 9-volt alkaline battery. The battery lifespan is estimated at 2 years. To check the battery make sure the alarm key is turned to the on position, then open the cabinet door. The alarm will clearly sound if the battery remains functional. If the alarm does not sound, or the sound is diminished or altered, replace the alarm battery with a new 9-volt alkaline battery. Battery replacement is accomplished

Product Warranty



ZOLL Medical Corporation (ZOLL) warrants to the Customer that from the date of installation, or thirty (30) days after the date of shipment from ZOLL's facility, whichever first occurs, ZOLL AED Plus defibrillators will be free from defects in material and workmanship under normal use and service for a period of five (5) years. Accessories and electrodes shall be warranted for ninety (90) days from date of shipment. During such period ZOLL will at no charge to the Customer, either repair or replace (at ZOLL's sole option) any part of the equipment found to be defective in material or workmanship. If ZOLL's inspection detects no defects in material or workmanship, ZOLL's regular service charges shall apply.

ZOLL shall not be responsible for any equipment defect, the failure of the equipment to perform any specified function, or any other nonconformance of the equipment caused by or attributable to: (i) any modification of the equipment by the Customer, unless such modification is made with the prior written approval of ZOLL; (ii) the use of the equipment with any associated or complementary equipment, accessory or software not supplied by ZOLL; (iii) any misuse or abuse of the equipment; (iv) exposure of the equipment to conditions beyond the environmental, power or operating constraints specified by ZOLL; or (v) installation or wiring of the equipment other than in accordance with ZOLL's instructions.

This warranty does not cover items subject to normal wear and burnout during use, including but not limited to lamps, fuses, batteries, patient cables and accessories. The foregoing warranty does not apply to software included as part of the equipment (including software embodied in read-only memory, known as "firmware"). The foregoing warranty constitutes the exclusive remedy of the Customer and the exclusive liability of ZOLL for any breach of any warranty related to the equipment supplied hereunder. THE WARRANTY SET FORTH HEREIN IS EXCLUSIVE AND ZOLL EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER WRITTEN, ORAL, IMPLIED, OR STATUTORY, INCLUDING BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY OF FITNESS FOR A PARTICULAR PURPOSE.

***5 YEAR WARRANTY APPLIES TO ZOLL AED PLUS FOR PUBLIC ACCESS
DEFIBRILLATION MARKET**

Non-Public Works Bid

AFFIDAVIT

STATE OF California

PARISH/COUNTY OF Nevada

BEFORE ME, the undersigned authority, personally came and appeared: Kelsey
Treat, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized representative of DiPietro Associates, Inc (Entity),
the party who submitted a bid in response to Bid Number 50-00131070, 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.

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.

Kelsey Treat
Signature of Affiant

Kelsey Treat
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 15th DAY OF June, 2020.

[Signature]
Notary Public
Chelsea M Stephens
Printed Name of Notary

2181122
Notary/Bar Roll Number



My commission expires 01/23/2021.

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF

INCORPORATED.

AT THE MEETING OF DIRECTORS OF DIPINETRO & ASSOCIATES, INC.
INCORPORATED, DULY NOTICED AND HELD ON June 15, 2020,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Kelsey Treat, 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.

Kathy DiPietro

SECRETARY-TREASURER

6/15/2020

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2020

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 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 Hays Companies IDS Center, Suite 700 80 South 8 th Street Minneapolis, MN 55402	CONTACT NAME: Plan Administrator	
	PHONE (A/C, No, Ext): 1-888-767-2159	FAX (A/C, No):
INSURED DiPietro & Associates, Inc. David DiPietro 101 W. McKnight Way Grass Valley, CA 95949	E-MAIL ADDRESS: Programs@hayscompanies.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Certain Underwriters at Lloyds, London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 15792		

COVERAGES**CERTIFICATE NUMBER:****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 INSU	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			2003MFA009060	03/07/2020	03/07/2021	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability			2003MFA009060	03/07/2020	03/07/2021	PER CLAIM	\$ 1,000,000
							AGGREGATE	\$ 3,000,000

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

THIS CERTIFICATE OF INSURANCE SERVES AS PROOF OF COMBINED PROFESSIONAL AND GENERAL LIABILITY COVERAGE.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE

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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ACORD 25 (2009/09)

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