



...your *shelter* from the storm.

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**Jefferson Parish Purchasing Department**

200 Derbigny Street  
General Government Building, Suite 4400  
Gretna, LA 70053

**BIDS ON CONSTRUCTION OF**

Labor, Materials & Equipment Necessary to Replace  
Damaged/ Missing Roof Flashing & Expansion joints  
for the Department of General Services

Bid Number: 50-00137080

**TO BE OPENED:** January 21, 2021

**Bidder:**

Roof Technologies, Inc.  
631 Manhattan, Blvd.  
Harvey, LA 70058

**Louisiana Contractor's License Number:**

26099

DATE: 1/13/2022

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00137080

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

VENDOR: Roof Technologies, Inc.

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.

<b>DELIVERY: FOB JEFFERSON PARISH</b>	
INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES	TBD _____
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	TBD _____
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	TBD _____

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: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 26099

<b>*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***</b>	
FIRM NAME: Roof Technologies, Inc.	
SIGNATURE:  (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: William "Bill" Luebbert	
ADDRESS: 631 Manhattan Blvd.	
CITY, STATE: Harvey, LA	ZIP: 70058
TELEPHONE: ( 504 ) 366-9283	FAX: ( 504 ) 364-6411
EMAIL ADDRESS: Cory@rooftech-no.com - Project Manager	

TOTAL PRICE OF ALL BID ITEMS: \$ 11,719.19

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00137080

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>Labor, Materials and Equipmet Necessary to Replace Damaged/Missing Roof Flashing and Expansion Joints for the Department of General Services</p> <p>0010 - PROVIDE ALL LABOR, MATERIALS, AND EQUIPMENT NECESSARY TO COMPLETE THE FOLLOWING REPAIRS:</p> <p>1) METAL EXPANSION JOINT: - REMOVE AND REPLACE DAMAGED EXPANSION JOINT METAL</p> <p>2) METAL EDGE FLASHING: - SUPPLY AND INSTALL NEW METAL PERIMETER FLASHING TO ROOF SECTION (WING)</p> <p>NEEDED TO REPAIR THE ROOF FLASHING AND EXPANSION JOINT THE WAS DAMAGED DURING HURRICANE IDA AT THE GENERAL GOVERNMENT BUILDING.</p> <p>REF NO. 9526 21</p> <p>CONTACT: J.P. GENERAL SERVICES ATTN: TIM HOSKINS 200 DERBIGNY STREET GRETNA, LA 70053 (504)364-3470</p>		

Anti-Lobbying Form

**CERTIFICATION OF RESTRICTIONS ON LOBBYING**

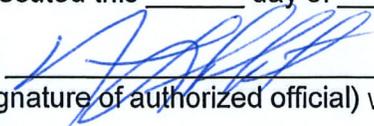
I, William Luebbert, hereby certify on  
(name and title of bidder's official)

behalf of Roof Technologies, Inc. that:  
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 21st day of January, 2022.

By   
(signature of authorized official) William "Bill" Luebbert

President  
(title of authorized official)

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.

William Luebbert, President

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

Roof Technologies, Inc.

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

631 Manhattan Blvd, Harvey, LA 70058

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

P.O. Box 1328, Harvey, LA 70059

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

PHONE 504-366-9283

FAX 504-364-6411

EMAIL Cory@rooftech-no.com

  
\_\_\_\_\_  
William "Bill" Luebbert, President

Signature January 21, 2022

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2022

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 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> Frank H. Furman, Inc. 1314 East Atlantic Blvd. P. O. Box 1927 Pompano Beach FL 33061	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 800-344-4838		FAX (A/C, No): (954)943-5417
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Roof Technologies Inc P O Box 1328 Harvey LA 70059	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: National Fire Ins of Hartford		20478
	INSURER B: American Guarantee & Liability Ins Co		26247
	INSURER C: American Casualty Co of Reading PA		20427
	INSURER D: Columbia Casualty Company		31127
	INSURER E:		
INSURER F:			

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

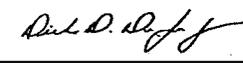
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			5092135192	5/1/2021	5/1/2022	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> Contractual Liab Incl						MED EXP (Any one person)	\$ 15,000
	<input checked="" type="checkbox"/> XCU Hazard Incl						PERSONAL & ADV INJURY	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b>			5092135189	5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		AUC925940814	5/1/2021	5/1/2022	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		Umbrella is follow form of			AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> RETENTION \$	0	the GL AL and EL				\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			5092135208	5/1/2021	5/1/2022	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				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
D	<b>Contractors E&amp;O/Professional</b>			CEO6080436842	5/1/2021	5/1/2022	Each Occurrence Limit	\$2,000,000
	Retro Date: 06/21/2012						Aggregate Limit	\$2,000,000

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

INSTALLATION FLOATER COVERAGE is provided through Continental Casualty Co under Policy #4016231327 Effective 5/1/2021 to 5/1/2022; Installation Property Limit is \$2,500,000; Transit Limit is \$500,000; Temporary Storage Limit is \$500,000; AOP Deductible is \$5,000.

**CERTIFICATE HOLDER****CANCELLATION**

For Bidding Purposes	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 Dirk DeJong/JC 

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Roof Technologies, Inc.  
P.O. Box 1328, Harvey, LA 70059  
(504) 366-9283 \*FAX (504) 364-6413

### RESOLUTION OF THE BOARD OF DIRECTORS

Be it resolved by the Board of Directors of Roof Technologies, Inc., domiciled in the City of Harvey, Louisiana, that William "Bill" Luebbert, President is hereby authorized and empowered to execute any and all contracts of whatever kind on behalf of Corporation.

### CERTIFICATE

I, Manuel G. Gutierrez, III, Vice President of Roof Technologies, Inc., do hereby certify that the foregoing resolution is a true and exact copy unanimously adopted by the Board of Directors of Roof Technologies, Inc., at a meeting thereof legally held on the 3rd day of January, 2022; that said resolution is duly entered into the records of said corporation; that it has not been rescinded or modified and that it is now in full force and effect.

In testimony whereof, I have hereunto set my hand and the seal of said corporation this 21st day of January, 2022.

Manuel G. Gutierrez III  
Vice President

State of  Louisiana

State Licensing Board for Contractors

This is to Certify that:

ROOF TECHNOLOGIES, INC.  
P. O. Box 1328  
Harvey, LA 70059

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: ROOFING AND SHEET METAL, SIDING



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 20th day of February 2021

\_\_\_\_\_  
Director

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Treasurer

Expiration Date: February 19, 2024

License No: 26099

This License Is Not Transferrable

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Roof Technologies, Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. <b>631 Manhattan Blvd.</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Harvey, Louisiana 70058</b>	
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
7	2	-	1	1	7	6	9	9	0

## 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Courtesy Nagie</i>	Date ▶ <i>8/17/2021</i>
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*