

FOSTER & COMPANY CONTRACTORS, INC.

Electronic Bid Cover Sheet

Date: 10-03-23

Bid For: 5000143415 - Furnish Labor, Materials and Equipment to Clean, Prep, Prime and Paint Guardrails, Spindles and Roof Support Framing for Jefferson Parish Department of Streets Jefferson Parish Government

Solicitation: 41277510

Submitted By: Foster & Company Contractors, Inc.

LSLBC License No: 37749

JP Vendor No: 331216

Documents Include:

- Cover Sheet
- Bid Form
- Proof of Insurance: (2 pages) General Liability, Worker's Compensation, Auto Liability (per "STANDARD INSURANCE REQUIREMENTS FOR BIDDING PURPOSES")
- LSLBC License
- W9

DATE: 9/27/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00143415

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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	10-09-23
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	1
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	10

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) 37749

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: Foster & Company Contractors, Inc.	
SIGNATURE: (Must be signed here)	TITLE: President
PRINT OR TYPE NAME: William Michael Foster	
ADDRESS: 368 Soniat Avenue	
CITY, STATE: Harahan, LA	ZIP: 70123
TELEPHONE: (504) 346-9825	FAX: ()
EMAIL ADDRESS: fostercontractors@live.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 25,740.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143415

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	JOB	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO CLEAN, PREP, PRIME AND PAINT GUARDRAILS, SPINDLES AND ROOF SUPPORT FRAMING FOR JEFFERSON PARISH DEPARTMENT OF STREETS</p> <p>0010 PROPOSAL TO FURNISH ALL LABOR, MATERIALS, TOOLS, EQUIPMENT, AND SUPERVISION REQUIRED TO COMPLETE THE FOLLOWING WORK:</p> <p>**THOROUGHLY CLEAN ALL HANDRAILS, GUARDRAILS, SPINDLES, CONNECTIONS, METAL ROOF SUPPORT FRAMING, ROOF PURLINS, ETC. AS REQUIRED TO REMOVE OIL, GREASE, AND DIRT CONTAMINANTS **SURFACE PREPARATION SHALL BE PERFORMED PER SSPC-SP2/SP3 TO REMOVE LOOSE RUST, MILL SCALE, AND DETERIORATED COATINGS **PRIME ALL COMPONENTS USING 1 COAT SINGLE COMPONENT MULTIPRIME/DEVGARD OR EQUAL **PAINT ALL COMPONENTS USING 2 COATS SINGLE COMPONENT BRP ACRYLIC URETHANE OR EQUAL</p> <p>SITE VISIT AVAILABLE PLEASE CONTACT: RANDY BRANIFF 504-416-2014</p> <p>LOCATION: JEFFERSON PARISH DEPARTMENT OF STREETS 200 SHREWBERRY RD JEFFERSON, LA 70121</p>	\$ 25,740.00	\$ 25,740.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2023

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 	Barclay J Steib Insurance Agency Inc 5700 Citrus Blvd Ste A4 Harahan LA 70123	CONTACT NAME: Barclay J Steib PHONE (A/C, No, Ext): 504-733-0808 E-MAIL ADDRESS: barclay@bsteibsf.com	FAX (A/C, No): 504-736-9222
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED William Michael Foster 368 Soniat Ave Harahan LA 70123	INSURER A: State Farm Mutual Automobile Insurance Company	INSURER B: <input type="checkbox"/>	INSURER C: <input type="checkbox"/>
	INSURER D: <input type="checkbox"/>	INSURER E: <input type="checkbox"/>	INSURER F: <input type="checkbox"/>

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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y		6179877-D19-18	03/13/2023	03/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Department of Purchasing, Jefferson Parish, its Districts Departments and Agencies under the direction of the Parish President and the Parish Council as additional Insureds regarding negligence by the contractor for the Automobile Liability policy.

CERTIFICATE HOLDER Jefferson Parish Purchasing Department 200 Derbigny Street, Ste. 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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State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

FOSTER & COMPANY CONTRACTORS, INC.
368 Soniat Avenue
Harahan, LA 70123

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: PAINTING, COATING AND BLASTING (INDUSTRIAL AND COMMERCIAL); SPECIALTY: WATERPROOFING, COATING, SEALING, CONCRETE/MASONRY REPAIR



Witness our hand and seal of the Board dated,
Baton Rouge, LA 19th day of January 2023

Director

Chairman

Expiration Date: January 18, 2024

License No: 37749

This License Is Not Transferrable

Treasurer

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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.	
2 Business name/disregarded entity name, if different from above Foster & Company Contractors, Inc.	
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) ▶ _____ Note: 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 not 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. 368 Soniat Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Harahan, LA 70123	
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	4	8	1	0	9	9

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.

Sign Here	Signature of U.S. person ▶		Date ▶	1/9/23
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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.

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.