

DATE: 1/20/2023

INVITATION TO BID
THIS IS NOT AN ORDER

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BID NO.: 50-00140938

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: 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

AT NTP

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

NOT APPLICABLE

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

NOT APPLICABLE

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: NOT APPLICABLE

NUMBER: _____

NUMBER: _____

NUMBER: _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 72724

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***	
FIRM NAME: PURE ELEGANCE CLEANING SERVICE LLC	
SIGNATURE: (Must be signed here) <i>Sharon Richard</i>	TITLE: OWNER
PRINT OR TYPE NAME: SHARON RICHARD	
ADDRESS: 10950 JEFFERSON HWY UNIT U22	
CITY, STATE: RIVER RIDGE, LA	ZIP: 70123
TELEPHONE: (504) 215-8089	FAX: (888) 865-9565
EMAIL ADDRESS: INFO@PUREELEGANCECLEANING.COM	

TOTAL PRICE OF ALL BID ITEMS: \$ 56,233.60

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140938

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			FURNISH LABOR, MATERIAL AND EQUIPMENT NECESSARY TO PROVIDE A TWO (2) YEAR CONTRACT FOR JANITORIAL SERVICES FOR THE JEFFERSON PARISH DEPARTMENT OF ENGINEERING		
1	24.00	MO	0010-LABOR, MATERIAL, AND EQUIPMENT NECESSARY FOR JANITORIAL SERVICES AT ENGINEERING INSPECTORS OFFICES 1887 AMES BLVD MARRERO, LA. 70072 APPROX: 5910 SQUARE FEET BASEMENT, 1ST FLOOR, 2ND FLOOR, 3RD FLOOR, AND 4TH FLOOR.	\$ 1,773.00	\$ 42,552.00
2	1.00	SQFT	0020-PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOTAGES TO BE CLEANED IN ENGINEERING INSPECTORS OFFICES: 1887 AMES BLVD MARRERO, LA FLOORS B,1,2,3,AND 4 PER THE SUBMITTED SPECIFICATIONS.	\$ 0.30	\$ 0.30
3	24.00	MO	0030-LABOR MATERIAL AND EQUIPMENT NECES- SARY FOR JANITORIAL SERVICES AT THE ENGINEERING SCADA OFFICES EB 4901 JEFFERSON HWY., SUITE C JEFFERSON, LA 70123 RESTROOMS, AND COMMON AREA FOR SUITE C. APPROXIMATELY 1900 SQUARE FEET.	\$ 570.00	\$ 13,680.00
4	1.00	SQFT	0040-PROVIDE A SQUARE FOOTAGE COST FOR THE ADDITION OR DELETION OF SQUARE FOOT- AGE TO BE CLEANED IN ENGINEERING: DEPARTMENT OF SCADA EB 4901 JEFFERSON HWY SUITE C JEFFERSON, LA 70123 AS PER SUBMITTED SPECIFICATIONS	\$ 0.30	\$ 0.30
5	1.00	SQFT	0050-PROVIDE A SQUARE FOOTAGE COST FOR TILE AND HARD SURFACES FLOOR REFINISHING AS NEEDED, WHICH INCLUDES EVERYTHING FOR STRIPPING, CLEANING, WAXING, AND BUFFING AT: ENGINEERING INSPECTIONS WB 1887 AMES BLVD MARRERO, LA	\$ 0.50	\$ 0.50

DATE: 1/20/2023

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INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00140938

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
6	1.00	SQFT	<p>FLOORS B, 1, 2, 3 AND 4</p> <p>0060-PROVIDE A SQUIRE FOOTAGE COST FOR TILE AND HARD SURFACES FLOOR REFINISHING AS NEEDED, WHICH INCLUDES EVERYTHING FOR STRIPPING, CLEANING, WAXING, BUFFING, AND CARPET CLEANING, AT: SCADA EB OFFICE 4901 JEFFERSON HWY. SUITE C JEFFERSON, LA 70123</p> <p>PLEASE SEE ATTACHED BID SPECIFICATIONS</p>	\$ 0.50	\$ 0.50



(504) 215-8089

info@pureelegancecleaning.com

10950 Jefferson Hwy, Unit U22, River Ridge, LA 70123

**50-00140938 LABOR, MATERIAL, EQUIPMENT NECESSARY TO PROVIDE A TWO
(2) YEAR CONTRACT FOR JANITORIAL SERVICES FOR THE JEFFERSON
PARISH DEPARTMENT OF ENGINEERING**

JEFFERSON PARISH

EQUIPMENT STORAGE LIST (EACH LOCATION)

ITEM	Quantity
Ecolab Broom – Indoor/Outdoor	2
Ecolab Dustpan	2
Ecolab Mop	2
Ecolab Bucket	2
Ecolab Wringer	2
Ecolab Wet Floor Signs	3
Brute Mobile Trash Can (w/Caddy)	2
Ecolab Dusters	2
Ecolab Commode Brush	4
Ecolab Window Cleaning Tools	4



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/17/2022

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 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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10200
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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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.365.862.2	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER**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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2022

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 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  Taylor Lambert 3330 Lake Villa, Suite 101 Metairie, LA 70002	CONTACT NAME: Taylor Lambert PHONE (A/C, No, Ext): 504-454-3456 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

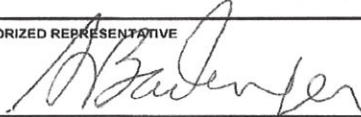
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			396 4824-C01-18D-001	11/14/2022	03/01/2023	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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

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

CERTIFICATE HOLDER

CANCELLATION

STATE OF LOUISIANA OFFICE OF PROCUREMENT 1201 N. THIRD STREET, SUITE 2160 BATON ROUGE, LA 70802	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 Licensing Board for Contractors

This is to Certify that:

PURE ELEGANCE CLEANING SERVICE LLC
10950 Jefferson Hwy Apt. U22
New Orleans, LA 70123

is duly licensed and entitled to practice the following classifications

SPECIALTY: SOFT ABRASIVE CLEANING, JANITORIAL SERVICES, AND HOUSEHOLD WASTE REMOVAL



Expiration Date: September 28, 2023

License No: 72724

Witness our hand and seal of the Board dated,
Baton Rouge, LA 29th day of September 2022

Will B. McP

Director

Lee Mallett

Chairman

Andy D...

Treasurer

This License Is Not Transferrable