

DATE: 5/10/2023

Page: 6

BID NO.: 50-00142116

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 ✓

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____ %

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

8/15/23

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

71380

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Grizzly Roofing, LLC

ADDRESS: 206 Specialty Ln

CITY, STATE: Scott, LA ZIP: 70583

TELEPHONE: (337) 243-6700 FAX: ()

EMAIL ADDRESS: info@grizzlyroofing.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: \$ 241,139.00

AUTHORIZED SIGNATURE: [Signature]

Clint D Baer

Printed Name

TITLE: Owner, managing member

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.

**UNANIMOUS WRITTEN CONSENT OF THE MEMBERS
OF
GRIZZLY ROOFING, LLC**

In lieu of a meeting of the Members of Grizzly Roofing, LLC, the undersigned, being all of the Members of Grizzly Roofing, LLC with voting rights (hereinafter referred to as the "Company"), do hereby take and authorize by unanimous written consent each and all of the following actions as hereinafter set forth:

WHEREAS, the company is a roofing and sheet metal, siding contractor, licensed under the laws of the State of Louisiana, and from time to time is required to submit a bid in connection with public and private works projects;

WHEREAS, the members desire to confirm and ratify that Clint Baer is authorized to sign bids and associated documents involving public and private works projects as well as signing contracts and agreements, binding the company.

NOW, THEREFORE, the Members of the Company hereby adopt the following resolutions:

RESOLVED, that the members of the company hereby confirm and ratify that Clint Baer be and is hereby authorized to sign on behalf of the company, binding the company, bids on public and private work projects, and is further authorized to sign, on behalf of the company, binding the company, contracts in public and private works projects.

There being no further business to be taken by the undersigned Members pursuant to this Action by Unanimous Written Consent, the Members having signed this Action as of the date indicated below, and that this Action by Unanimous Written Consent shall be filed with or otherwise entered on the Minutes and other appropriate records of the corporation.

IN WITNESS WHEREOF, this Unanimous Written Consent has been executed by each Member of the Company on the 5th day of April 2021.



Clint Baer, Member



Philip Devey, Member

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION

225.925.4704

Fax Numbers

225.932.5317 (Admin. Services)

225.932.5314 (Corporations)

225.932.5318 (UCC)

Name	Type	City	Status
GRIZZLY ROOFING, LLC	Limited Liability Company	SCOTT	Active

Previous Names

Business: GRIZZLY ROOFING, LLC

Charter Number: 43506019K

Registration Date: 6/24/2019

Domicile Address

206 SPECIALTY LANE

SCOTT, LA 70583

Mailing Address

206 SPECIALTY LANE

SCOTT, LA 70583

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 6/24/2019

Last Report Filed: 5/30/2023

Type: Limited Liability Company

Registered Agent(s)

Agent:	PHILIP DEVEY
Address 1:	3909 AMBASSADOR CAFFERY SUITE G2
City, State, Zip:	LAFAYETTE, LA 70503
Appointment Date:	3/24/2023

Officer(s)

Additional Officers: No

Officer:	ECM GROUP, LLC
Title:	Manager, Member
Address 1:	111 YORKSHIRE LANE
City, State, Zip:	LAFAYETTE, LA 70508

Officer:	DEVO VENTURES, LLC
Title:	Member
Address 1:	3909 AMBASSADOR CAFFERY SUITE G2
City, State, Zip:	LAFAYETTE, LA 70503

Amendments on File (3)

Description	Date
Domestic LLC Agent/Domicile Change	11/11/2020
Appointing, Change, or Resign of Officer	11/21/2021
Domestic LLC Agent/Domicile Change	3/24/2023

Print

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
ECM GROUP LLC	Limited Liability Company	LAFAYETTE	Active

Previous Names

Business: ECM GROUP LLC

Charter Number: 41750474K

Registration Date: 1/13/2015

Domicile Address

111 YORKSHIRE PL
LAFAYETTE, LA 70508

Mailing Address

111 YORKSHIRE PL
LAFAYETTE, LA 70508

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 1/13/2015

Last Report Filed: 3/20/2023

Type: Limited Liability Company

Registered Agent(s)

Agent:	INCorp SERVICES, INC.
Address 1:	3867 PLAZA TOWER DR., 1ST FLOOR
City, State, Zip:	BATON ROUGE, LA 70816
Appointment Date:	1/13/2015

Officer(s)

Additional Officers: No

Officer:	CLINT BAER
Title:	Manager
Address 1:	111 YORKSHIRE PL
City, State, Zip:	LAFAYETTE, LA 70508

Amendments on File

No Amendments on file

Print

Non-Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF Lafayette

BEFORE ME, the undersigned authority, personally came and appeared: Clint D
Baer, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized owner, managing member of Grizzly Roofing, LLC (Entity),
the party who submitted a bid in response to Bid Number SD-00142116, 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 ✓ _____ 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

Clint D. Baer

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME
ON THE 6th DAY OF June, 2023.



Notary Public

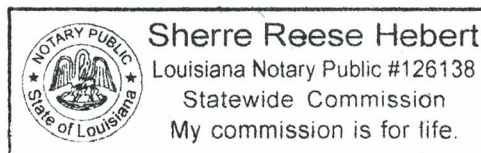
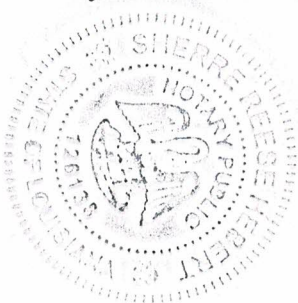
Sherre Reese Hebert

Printed Name of Notary

126138

Notary/Bar Roll Number

My commission expires at Death



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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.

Grizzly Roofing, LLC

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☒ Partnership

☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

206 Specialty Ln

6 City, state, and ZIP code

Scott, LA 70583

7 List account number(s) here (optional)

Requester's name and address (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

8 4 - 2 1 2 5 2 3 6

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ► 06/06/2023

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.



GRIZROO-01

KHV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/6/2023

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
Dwight Andrus Insurance
a division of HUB International Gulf South
500 Dover Blvd. Ste. 110
Lafayette, LA 70503

CONTACT
NAME:
PHONE (A/C, No, Ext): (337) 981-7300 FAX (A/C, No): (337) 984-2166
E-MAIL ADDRESS: GUS.DAI.CustomerService@hubinternational.com

INSURED
Grizzly Roofing, LLC
206 Specialty Lane
Scott, LA 70583

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Associated Industries Ins. Co. Inc.	23140
INSURER B : Houston Specialty Ins Co	12936
INSURER C : Starstone Specialty Insurance Company	44776
INSURER D : American Interstate Ins Co	31895
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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	AES1200928 02	10/14/2022	10/14/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	HSLR18-07787-02	10/14/2022	10/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	N74045221ALI	10/14/2022	10/14/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	<input checked="" 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	Y/N Y	N/A	AVWCCLA3129152022	10/14/2022	10/14/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ACTUAL POLICY FORMS & ENDORSEMENTS ARE AVAILABLE UPON REQUEST FOR REVIEW

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Insured's Copy

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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Dwight Andrus Insurance		NAMED INSURED Grizzly Roofing, LLC 206 Specialty Lane Scott, LA 70583	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

ADDENDUM TO CERTIFICATE OF INSURANCE: Any information contained in this Addendum is general and descriptive only. The Certificate of Insurance and this Addendum may not contain descriptions of any or all operations, locations, vehicles or exclusions. Please see policy forms and endorsements for specific coverages and exclusions.

General Liability Policy

- ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION SCHEDULE - All persons or organizations where required by written contract with the Named Insured CG2010 1001
- ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS - All persons or organizations where required by written contract with the Named Insured CG2037 1001
- WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - All persons or organizations where required by written contract with the Named Insured CG2404 0509
- PRIMARY AND NON-CONTRIBUTING INSURANCE (THIRD-PARTY) - All persons or organizations where required by written contract with the Named Insured NXGL009 0809
- AMENDMENT – AGGREGATE LIMITS OF INSURANCE (PER PROJECT) - Subject to an Overall Policy Aggregate Limit: \$5,000,000 NXGL093 0809
- AESGL226 0418 NOTICE OF CANCELLATION – DESIGNATED ENTITY - 30 days:
All certificate holders where written notice of the cancellation of this policy is required by written contract, permit or agreement with the Named Insured and whose names and addresses will be provided by the broker or agent listed in the Declarations Page of this policy for the purpose of complying with such request.

Automobile Policy

- ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – WITH ADDITIONAL INSURED REQUIREMENT IN CONSTRUCTION CONTRACT - BLANKET AS REQUIRED BY WRITTEN CONTRACT, AI CA 00 01 03 01
- WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) BLANKET- CA 04 44 10 13
- PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION - CA 04 49 11 16
- THIRTY DAY NOTICE OF CANCELLATION - BLANKET - 30DNOC 03/10

Workers Compensation Policy

- Alternate Employer Endorsement - WC000301A 2-89 – 2
- Waiver of Our Right to Recover From Others (not applicable in CA) WC000313
- USL&H Coverage Endorsement - WC000106A-3

Umbrella Policy

Underlying policies include: General Liability, Auto and Work Comp

- Following Form Excess Liability Insurance Policy SSS EXS 0001 CW 03 21

-This policy shall provide the Insured with Excess Liability Insurance coverage in accordance with the same warranties, terms, conditions, exclusions and limitations as are contained, on the Inception Date of this Policy, in the Followed Policy set forth in Item 7. of the Declarations of this Policy, subject to the premium, limits of liability, retention, policy period, warranties, exclusions, limitations and any other terms and conditions of this Policy including any and all endorsements attached hereto, inconsistent with or supplementary to the Followed Policy