

**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 5<sup>th</sup> 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)

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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)**

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

**Officer(s)**

Additional Officers: No

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

<b>Officer:</b>	DEVO VENTURES, LLC
<b>Title:</b>	Member
<b>Address 1:</b>	3909 AMBASSADOR CAFFERY SUITE G2
<b>City, State, Zip:</b>	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)

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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)**

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

**Officer(s)**

**Additional Officers:** No

<b>Officer:</b> CLINT BAER
<b>Title:</b> Manager
<b>Address 1:</b> 111 YORKSHIRE PL
<b>City, State, Zip:</b> 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.

[Handwritten Signature]  
Signature of Affiant

Clint D. Baer  
Printed Name of Affiant

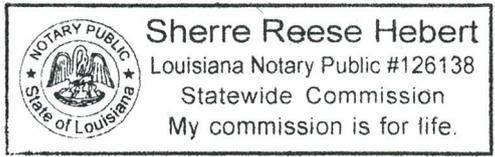
SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 6<sup>th</sup> DAY OF June, 2023.

[Handwritten Signature: Sherre Reese Hebert]  
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

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.

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)

Print or type. See Specific Instructions on page 3.

## 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

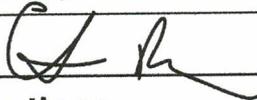
Under penalties of perjury, I certify that:

- 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](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.*





## ADDITIONAL REMARKS SCHEDULE

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

### 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