

DATE: 4/27/2018

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00122968

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: MCamardelle

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

06-25-18

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30 days

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 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) _____

*** ALL BIDDERS MUST COMPLETE SECTION BELOW ***

FIRM NAME:

Nolan Power Group LLC

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

Technical Sales

PRINT OR TYPE NAME:

Sue Diecidue

ADDRESS:

21448 Marion lane

CITY, STATE:

Mandeville, LA

ZIP:

70471

TELEPHONE:

985 801-5073

FAX:

985 801-5001

EMAIL ADDRESS:

Sue.Diecidue@nolanpower.com

TOTAL PRICE OF ALL BID ITEMS: \$ 12,508.00

INVITATION TO BID FROM JEFFERSON PARISH -- continued

BID NO.: 50-00122968

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			FURNISH ALL LABOR, MATERIAL, AND EQUIPMENT NECESSARY TO REMOVE AND REPLACE BATTERIES AT VARIOUS PUMP STATIONS		
1	4.00	EA	0010 - 3CC-9M ENERSYS POWERSAFE 6V 200AH FLOODED BATTERIES (REPLACEMENTS FOR FAILED CELLS #1,4,6,10 AT HERO P/S)	\$ 857.00	\$2,571.00
2	1.00	EA	0020 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 4 JARS OF ENERSYS 3CC-9M BATTERIES AT HER P/S *JOB LOCATION: HERO PUMP STATION 4644 PETERS ROAD HARVEY LA 70058	\$ 1,878.00	\$1,878.00
3	2.00	EA	0030 - 3DJ-110 C & D 6V 110AH @.8HR RATE TO 1.75VPC FLOODED BATTERIES (REPLACEMENT OF FAILED CELLS #48,51 AT WESTMINSTER P/S)	\$1,001.00	\$2,002.00
4	1.00	EA	0040 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 2 JARS OF C & D 3DJ-110 BATTERIES AT WESTMINSTER P/S *JOB LOCATION: WESTMINSTER PUMP STATION 2050 WATLING DRIVE MARRERO LA 70072	\$1,878.00	\$1,878.00
5	3.00	EA	0050 - 3CC-7M ENERSYS POWERSAFE 6V 150AH FLOODED BATTERIES (REPLACEMENT OF FAILED CELLS #6,43,54)	\$767.00	\$2,301.00
6	1.00	EA	0060 - LABOR TO REMOVE AND DISPOSE OF SPENT BATTERIES AND INSTALL 3 JARS OF ENERSYS 3CC-7M BATTERIES AT AMES P/S *JOB LOCATION: AMES PUMP STATION 5100 ROCHESTER DRIVE MARRERO LA 70072 TO VIEW SITES, CONTACT JAMAL SINGLETON AT 504-349-5037/504-453-9395 CELL	\$1,878.00	\$1,878.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/28/2017

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).

PRODUCER Gillis, Ellis & Baker, Inc. 1615 Poydras Street Suite 700 New Orleans LA 70112-1298	CONTACT Elizabeth McAulay NAME: PHONE: (504) 581-3334 FAX: (504) 587-0766 E-MAIL: lmcaulay@gillis.com ADDRESS:														
INSURED Nolan Power Group, LLC 21448 Marion Lane Mandeville LA 70471	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: American Casualty Co of Reading PA</td><td>20427C</td></tr><tr><td>INSURER B: Transportation Ins Co</td><td>20494</td></tr><tr><td>INSURER C: Continental Insurance Company</td><td>35289C</td></tr><tr><td>INSURER D: Valley Forge Ins Co</td><td>20508</td></tr><tr><td>INSURER E: American Longshore Mutual Assn</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Casualty Co of Reading PA	20427C	INSURER B: Transportation Ins Co	20494	INSURER C: Continental Insurance Company	35289C	INSURER D: Valley Forge Ins Co	20508	INSURER E: American Longshore Mutual Assn		INSURER F:	
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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	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			6050449119	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY			6043264414	10/1/2017	10/1/2018	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 type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR		6050449122	10/1/2017	10/1/2018	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6043264431	10/1/2017	10/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> 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
E	USL&H			A1MA0049205	10/1/2017	10/1/2018	E.L. Disease-Each Accident 1,000,000
							E.L. Dis Eas Emp/Pol Limit 1,000,000

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

Certificate Holder is listed as an additional insured (excluding WC) and provided with a waiver of subrogation when required by written contract. Contractual liability included on the General Liability. General Liability & Automobile Liability policies are on a Primary Non-Contributory basis, as required by written contract with the insured.

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

W Anderson Baker III

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CENTRALBIDDING
FROM CENTRAL AUCTION HOUSE

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Central Bidding Time: Mon May 14, 2018 10:16:37 AM GMT-6

Location: **Mandeville > Louisiana > USA**

Name: **Will Dwyer**

Email: **will.dwyer@nolanpower.com**

Address: **21448 Marion Lane**

Zip code: **70471**

Contact number: **9858015071**

Official Company/Business Name: **Nolan Power Group, LLC**

Is your company/organization registered as a Disadvantaged Business Enterprise (DBE)?: **No**

Is your company owned by a female?: **No**

Is your company owned by a minority?: **No**

Contractor's License Number/Certificate of Responsibility Requirement Number:: **28825**

NIGP Codes: (Commodity code categories) **99255 - Miscellaneous Testing and Calibration Services**

Where To?



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Place a Bid for 5000122968 - FURNISH ALL LABOR, MATERIAL, AND EQUIPMENT
NECESSARY TO REMOVE AND REPLACE BATTERIES AT VARIOUS PUMP STATIONS

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31280

<https://www.centralauctionhouse.com/Do/ShowBidForm/28875553/20431>

5/14/2018

While this site accepts various file types, sizes and quantities, the preferred method for delivering all of the appropriate and required bid documents is one single scanned PDF file. Vendors submitting bids with multiple uploaded images/photos of bid responses are solely responsible for clarity. If uploaded images/documents are not legible, the bidder's submission will be rejected. Please note all requirements in this bid package for electronic bid submission.

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Central Auction House, LTD

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Nolan Power Group, LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 21448 Marion Lane	Requester's name and address (optional)
	6 City, state, and ZIP code Mandeville, La 70471	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
7	2		0	8	6	3	1	0 2

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 on page 3.

Sign Here	Signature of U.S. person ▶ <i>Donald A. Budreau</i>	Date ▶ <i>1.12.17</i>
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.