

DATE: 11/08/2021

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00136448

JEFFERSON PARISH

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

VENDOR: Denney Exterminating Co

BUYER: MBUTTERY

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 _____

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK _____

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK _____

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) _____

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

FIRM NAME: <u>Denney Exterminating Inc</u>	
SIGNATURE: (Must be signed here) <u>Dennis Miller Jr.</u>	TITLE: <u>President</u>
PRINT OR TYPE NAME: <u>Dennis Miller Jr.</u>	
ADDRESS: <u>P.O. Box 8615</u>	
CITY, STATE: <u>Metairie La.</u>	ZIP: <u>70011-8615</u>
TELEPHONE: <u>504 712-1755</u>	FAX: <u>1504 712-1809</u>
EMAIL ADDRESS: <u>busbesone@aol.com</u>	

TOTAL PRICE OF ALL BID ITEMS: \$ 13,215⁰⁰

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. <i>Denney Exterminating DAC</i>	
2 Business name/disregarded entity name, if different from above <i>Denney Exterminating INC</i>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the	
<input checked="" type="checkbox"/> Sole proprietor or individual owner	<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 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"/> (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. <i>P.O. Box 8615 1241-27th Street</i>	Requester's name and address (optional)
6 City, state, and ZIP code <i>Metairie, LA 70011-8615 Kenner, LA 70062</i>	
7 List account number(s) here (optional)	

Taxpayer Identification Number (TIN)

backup withholding. For individuals, this is generally your social security number (SSN). However, for a entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a*

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.

			-			-			
or									
Employer identification number									
7	2	-	0	8	0	4	8	3	2

Certification

3. I am a U.S. citizen or other U.S. person (defined below); and

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 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 <i>Janet Bordes</i>	Date <i>11/21/2021</i>
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General Instructions

Future developments. For the latest information about developments after they were published, go to www.irs.gov/FormW9.

Purpose of Form

amount reportable on an information return. Examples of information

- Form 1099-MISC (various types of income, prizes, awards, or gross
 - Form 1099-B (stock or mutual fund sales and certain other
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest),
 - 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/15/2021

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 LIPCA Inc. PO Box 80663 Baton Rouge, LA 70898	CONTACT NAME: LIPCA, Inc.	
	PHONE (A/C No. Ext): (225) 927-3283 E-MAIL ADDRESS: info@lipca.com FAX (A/C No.): (225) 927-3295	
INSURED Denney Exterminating Inc 1241 27th St Ste B Kenner, LA 70062	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Gemini Insurance Company	10833
	INSURER B: LWCC	22350
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER: 75240****REVISION NUMBER: 20210915**

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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY		LGL0000368 08	8/27/2021	8/27/2022	EACH OCCURRENCE	\$ 2,000.00	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5.00	
	<input checked="" type="checkbox"/> Deductible 2,000					PERSONAL & ADV INJURY	\$ 2,000.00	
	<input checked="" type="checkbox"/> **Pollution Liability included at policy limits					GENERAL AGGREGATE	\$ 2,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000.00	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LDC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input 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)	\$				
						\$		
	UMBRELLA LIAB					EACH OCCURRENCE	\$	
	EXCESS LIAB					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE OTH-ER		
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	148596-A	9/7/2021	9/7/2022	E.L. EACH ACCIDENT	\$ 1,000.00	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y N / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000.00	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000.00	

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

CERTIFICATE HOLDER****For Bid Purposes Only****

Must Be Reissued if Job or Contract is Awarded and Certificate Holder requires that their name be listed on the COI

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/15/2021

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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



Beth Anne Naugher State Farm Agency LLC
3536 Holiday Dr Ste A

New Orleans

LA 70114

INSURED

Denney Exterminating Inc.

PO Box 8615

Metairie

LA 70011-8815

CONTACT NAME: Doris Adams

PHONE (A/C, No, Ext): 504-367-6660

FAX (A/C, No): 504-367-6663

E-MAIL ADDRESS: doris@teambelthanne.com

INSURER(S) AFFORDING COVERAGE

NAIC #
25178

INSURER A: State Farm Mutual Automobile Insurance Company

INSURER B:

INSURER C:

INSURER D:

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. BASIS INSR. W/O	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					EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COM/CP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
X	AUTOMOBILE LIABILITY	X X	248-0639-B29-18	08/29/2021	02/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO		248-0640-B29-18	08/29/2021	02/28/2022	BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS	248-0641-B29-18	08/29/2021	02/28/2022	BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	248-0642-B29-18	08/29/2021	02/28/2022	PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					
	DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)

Exterminating

BID # 5000136448

CERTIFICATE HOLDER

Jefferson Parish Libraries
Jefferson Parish Purchasing Dept.
200 Derbigny St 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

Beth Anne Naugher

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136448

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	MO	<p>Three (3) Year Contract to Provide Insect and Pest Control Services for the Jefferson Parish Libraries</p> <p>0010 - EBR - 1st month cost for the initial clean-out treatment for the following location:</p> <p>EAST BANK REGIONAL LIBRARY 4747 W. Napoleon Avenue Metairie, Louisiana 70001 (APPROX SQFT 135,777)</p> <p>THREE (3) YEAR CONTRACT FOR INSECT AND PEST CONTROL SERVICES FOR EAST AND WEST BANK LIBRARY BUILDINGS</p>	50 ⁰⁰	50 ⁰⁰
2	1.00	MO	<p>0020 - EBR MAINTENANCE SHOP - 1st month cost for the initial clean-out treatment for the following location:</p> <p>EAST BANK REGIONAL MAINTENANCE SHOP 4747 W. Napoleon Avenue (Rear of Library) Metairie, Louisiana 70001 (APPROX SQ FT - 3,500)</p>	15 ⁰⁰	15 ⁰⁰
3	1.00	MO	<p>0030 - HAR - 1st month cost for the initial clean-out treatment for the following location:</p> <p>HARAHN LIBRARY 219 Soniat Avenue Harahan, Louisiana 70123 (APPROX SQ FT - 3,000)</p>	15 ⁰⁰	15 ⁰⁰
4	1.00	MO	<p>0040 - LKS - 1st month cost for the initial clean-out treatment for the following location:</p> <p>LAKESHORE LIBRARY 1000 W. Esplanade Avenue Metairie, Louisiana 70005 (APPROX SQ FT - 8,200)</p>	25 ⁰⁰	25 ⁰⁰
5	1.00	MO	<p>0050 - NKL - 1st month cost for the initial clean-out treatment for the following location:</p> <p>NORTH KENNER LIBRARY 630 W. Esplanade Avenue</p>	25 ⁰⁰	25 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136448

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
6	1.00	MO	<p>Kenner, Louisiana 70065 (APPROX SQ FT - 9,350)</p> <p>0060 - MET - 1st month cost for the initial clean-out treatment for the following location:</p> <p>OLD METAIRIE LIBRARY 2350 Metairie Road Metairie, Louisiana 70001 (APPROX SQ FT - 10,000)</p>	25 ⁰⁰	25 ⁰⁰
7	1.00	MO	<p>0070 - RVR - 1st month cost for the initial clean-out treatment for the following location:</p> <p>RIVER RIDGE LIBRARY 8825 Jefferson Highway River Ridge, Louisiana 70123 (APPROX SQ FT - 10,000)</p>	25 ⁰⁰	25 ⁰⁰
8	1.00	MO	<p>0080 - ROS - 1st month cost for the initial clean-out treatment for the following location:</p> <p>ROSEDALE LIBRARY 4036 Jefferson Highway Jefferson, Louisiana 70121 (APPROX SQ FT - 7,138)</p>	20 ⁰⁰	20 ⁰⁰
9	1.00	MO	<p>0090 - WAG - 1st month cost for the initial clean-out treatment for the following location:</p> <p>WAGNER LIBRARY 6646 Riverside Drive Metairie, Louisiana 70003 (APPROX SQ FT - 6,200)</p>	20 ⁰⁰	20 ⁰⁰
10	1.00	MO	<p>0100 - WBR - 1st month cost for the initial clean-out treatment for the following location:</p> <p>WEST BANK REGIONAL LIBRARY 2751 Manhattan Blvd. Harvey, Louisiana 70058 APPROX SQ FT - 35,000)</p>	35 ⁰⁰	35 ⁰⁰
11	1.00	MO	<p>0110 - WBR MAINTENANCE SHOP - 1st month for the initial clean-out treatment</p>	15 ⁰⁰	15 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136448

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			for the following location: WEST BANK REGIONAL LIBRARY MAINTENANCE SHOP (Rear of Library) 2751 Manhattan Blvd. Harvey, Louisiana 70058 (APPROX SQ FT - 5,000)		
12	1.00	MO	0120 - BTR - 1st month cost for the initial clean-out treatment for the following location: BELLE TERRE LIBRARY 5550 Belle Terre Road Marrero, Louisiana 70072 (APPROX SQ FT - 7,558)	20 ⁰⁰	20 ⁰⁰
13	1.00	MO	0130 - GRT - 1st month cost for the initial clean-out treatment for the following location: GRETNAL LIBRARY 102 Willow Drive Gretna, Louisiana 70053 (APPROX SQ FT - 5,575)	20 ⁰⁰	20 ⁰⁰
14	1.00	MO	0140 - LAF - 1st month cost for the initial clean-out treatment for the following location: LAFITTE LIBRARY 4917 City Park Drive, Suite B Lafitte, Louisiana 70067 (APPROX SQ FT - 4,600)	15 ⁰⁰	15 ⁰⁰
15	1.00	MO	0150 - LOA - 1st month cost for the initial clean-out treatment for the following location: Live Oak Library 125 Acadia Drive Waggaman, Louisiana 70094 (APPROX SQ FT - 5,412)	15 ⁰⁰	15 ⁰⁰
16	1.00	MO	0160 - TER - 1st month cost for the initial clean-out treatment for the following location: TERRYTOWN LIBRARY 680 Heritage Avenue Terrytown, Louisiana 70056	20 ⁰⁰	20 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136448

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
17	1.00	MO	(APPROX SQ FT - 7,600) 0170 - WES - 1st month cost for the initial clean-out treatment for the following location: WESTWEGO LIBRARY 635 Fourth Street Westwego, Louisiana 70094 (APPROX SQ FT - 7,183)	20 ⁰⁰	20 ⁰⁰
18	1.00	MO	0175 - AVD - 1st month cost for the initial clean-out treatment for the following location: AVONDALE LIBRARY Highway US 90 Avondale, Louisiana 70094 (APPROX SQ FT - 4,500) * This building is in the design phase of construction. Once built this building will be included in the monthly services.	15 ⁰⁰	15 ⁰⁰
19	35.00	MO	0180 - EBR - Monthly cost for 35 months of pest control services for the following location: EAST BANK REGIONAL LIBRARY 4747 W. Napoleon Avenue Metairie, Louisiana 70001 (APPROX SQ FT - 135,777)	40 ⁰⁰	1,400 ⁰⁰
20	35.00	MO	0190 - EBR MAINTENANCE SHOP - monthly cost for 35 months of pest control services for the following location: EAST BANK REGIONAL LIBRARY MAINTENANCE SHOP 4747 W. Napoleon Avenue (Rear of Library) (APPROX SQ FT - 3,500)	15 ⁰⁰	525 ⁰⁰
21	35.00	MO	0200 - HAR - Monthly cost for 35 months of pest control services for the following location: HARAHAN LIBRARY 219 Soniat Avenue Harahan, Louisiana 70123 (APPROX SQ FT - 3,000)	15 ⁰⁰	525 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

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ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
22	35.00	MO	0220 - LKS - Monthly cost for 35 months of pest control services for the following location: LAKESHORE LIBRARY 1000 W. Esplanade Avenue Metairie, Louisiana 70005 (APPROX SQ FT - 8,200)	20 ⁰⁰	700 ⁰⁰
23	35.00	MO	0230 - NKL - Monthly cost for 35 months of pest control services for the following location: NORTH KENNER LIBRARY 630 W. Esplanade Avenue Kenner, Louisiana 70065 (APPROX SQ FT - 9,350)	25 ⁰⁰	875 ⁰⁰
24	35.00	MO	0240 - MET - Monthly cost for 35 months of pest control services for the following location: OLD METAIRIE LIBRARY 2350 Metairie Road Metairie, Louisiana 70001 (APPROX SQ FT - 10,000)	25 ⁰⁰	875 ⁰⁰
25	35.00	MO	0250 - RVR - Monthly cost for 35 months of pest control services for the following location: RIVER RIDGE LIBRARY 8825 Jefferson Highway River Ridge, Louisiana 70123 (APPROX SQ FT - 10,000)	25 ⁰⁰	875 ⁰⁰
26	35.00	MO	0260 - ROS - Monthly cost for 35 months of pest control services for the following location: ROSEDALE LIBRARY 4036 Jefferson Highway Jefferson, Louisiana 70123 (APPROX SQ FT - 7,138)	20 ⁰⁰	700 ⁰⁰
27	35.00	MO	0270 - WGN - Monthly cost for 35 months of pest control services for the following location:	20 ⁰⁰	700 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136448

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ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
28	35.00	MO	<p>WAGNER LIBRARY 6646 Riverside Drive Metairie, Louisiana 70003 (APPROX SQ FT - 6,200)</p> <p>0280 - WBR - Monthly cost for 35 months of pest control services for the following location:</p> <p>WEST BANK REGIONAL LIBRARY 2751 Manhattan Blvd. Harvey, Louisiana 70058 (APPROX SQ FT - 35,000)</p>	30 ⁰⁰	1050 ⁰⁰
29	35.00	MO	<p>0290 - WBR MAINTENANCE SHOP - monthly cost for 35 months of pest control services for the following location:</p> <p>WEST BANK REGIONAL LIBRARY MAINTENANCE SHOP (located in rear of library) 2751 Manhattan Blvd. Harvey, Louisiana 70058 (APPROX SQ FT - 5,000)</p>	15 ⁰⁰	525 ⁰⁰
30	35.00	MO	<p>0300 - BTR - Monthly cost for 35 months of pest control services for the following location:</p> <p>BELLE TERRE LIBRARY 5550 Belle Terre Road Marrero, Louisiana 70072 (APPROX SQ FT - 7,558)</p>	20 ⁰⁰	700 ⁰⁰
31	35.00	MO	<p>0310 - GRT - Monthly cost for 35 months of pest control services for the following location:</p> <p>GRETNAL LIBRARY 102 Willow Drive Gretna, Louisiana 70053 (APPROX SQ FT - 5,575)</p>	15 ⁰⁰	525 ⁰⁰
32	35.00	MO	<p>0320 - LAF - Monthly cost for 35 months of pest control services for the following location:</p> <p>LAFITTE LIBRARY 4917 City Park Drive, Suite B Lafitte, Louisiana 70067 (APPROX SQ FT - 4,600)</p>	15 ⁰⁰	525 ⁰⁰
33	35.00	MO	<p>0330 - LOA - Monthly cost for 35 months of pest control services for the</p>	15 ⁰⁰	525 ⁰⁰

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00136448

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ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
34	35.00	MO	<p>following location:</p> <p>LIVE OAK LIBRARY 125 Acadia Drive Waggaman, Louisiana 70094 (APPROX SQ FT - 5,412)</p> <p>0340 - TER - Monthly cost for 35 months of pest control services for the</p>	20 ⁰⁰	700 ⁰⁰
35	35.00	MO	<p>following location:</p> <p>TERRYTOWN LIBRARY 680 Heritage Avenue Terrytown, Louisiana 70056 (AAPPROX SQ FT - 7,600)</p> <p>0350 - WES - Monthly cost for 35 months of pest control services for the</p>	20 ⁰⁰	700 ⁰⁰
36	35.00	MO	<p>following location:</p> <p>WESTWEGO LIBRARY 635 Fourth Street Westwego, Louisiana 70094 (APPROX SQ FT - 7,183)</p> <p>0360 - AVD - Monthly cost for 35 months of pest control services for the</p> <p>following location:</p> <p>AVONDALE LIBRARY Highway US 90 Avondale, Louisiana 70094 (APPROX SQ FT - 4,500)</p> <p>* This building is in the design phase of construction. Once built this building will be included in the monthly services.</p>	15 ⁰⁰	525 ⁰⁰