



Glass Half Full, Inc.
3935 Louisa Street
New Orleans, LA 70126
www.glasshalffull.co

October 15th, 2024

Jefferson Parish Office of Environmental Affairs

Re: Jefferson Parish Drop-off Recycling Programming
Jefferson Parish, Glass Half Full

Glass Half Full (GHF) is pleased to submit the following proposal for the referenced project – a partnership with Jefferson Parish to operate two comprehensive drop-off recycling programs in the Parish. GHF is eager to expand on many of our collective successes and accomplishments established and demonstrated throughout the pilot program.

Glass Half Full is a Certified Disadvantaged Business Enterprise (DBE). GHF is Certified-Active as a Small Entrepreneurship with Louisiana Economic Development's Hudson Initiative and Certified-Active as a Women's Business Enterprise (WBE) through the Women's Business Enterprise National Council (WBENC).

Glass Half Full implements robust mechanisms to ensure high-quality recyclables with minimal contamination, including periodic sampling and testing of recyclables. Similarly, GHF implements enhanced data collection processes, including material-specific reporting, contamination-rates reporting, and more. Further, in an effort to truly establish a circular process, GHF will recycle the glass that is collected in this program for local coastal restoration projects within the Parish, such as the Bucktown Harbor Project. This initiative ensures a clear, transparent, and local end-use for their recyclables, which is expected to generate significant excitement among residents.

Glass Half Full (GHF) has been delivering recycling programs and services throughout the region for over four years. Established in 2020, GHF was created with the goal of implementing a robust glass recycling program in the GNO area, transforming glass "waste" in-house into beach-like sand for restoration of the Louisiana coast. Over the past four years, GHF has developed a strong infrastructure, annually recycling several million pounds and extending its collection and programs to include non-glass recyclables. The organization has also collaborated with partners such as CRCL and US Wildlife and Fisheries to initiate multiple thriving coastal restoration projects across the state.

Glass Half Full maintains the appropriate workers compensation, automobile liability insurance, and general liability insurance necessary for the scope of the services requested. GHF upholds firm safety procedures, and our employees are thoroughly trained in safety and risk management protocols. Evidence of safety programs may be provided upon request. We are fully compliant with Louisiana Department of Environmental Quality requirements, and possess a certificate of good standing from the Louisiana Secretary of State.

DATE: 10/03/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00146544

JEFFERSON PARISH

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

VENDOR: Glass Half Full, INC

PURCHASING SPECIALIST:
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

1-3 days before 1st drop-off

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

N/A

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

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

FIRM NAME: Glass Half Full, Inc

SIGNATURE: 
(Must be signed here)

TITLE: Logistics Director

PRINT OR TYPE NAME:
Riley Singer

ADDRESS:
3935 Louisa St

CITY, STATE: New Orleans, LA

ZIP: 70126

TELEPHONE:
(504)356-3435

FAX:
()

EMAIL ADDRESS: hello@glasshalffull.co riley@glasshalffull.co

TOTAL PRICE OF ALL BID ITEMS: \$ 45,733.44

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00146544

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	64.00	HR	Labor, Materials and Equipment Necessary to Provide Weekly Recycling Events on the East Bank and West Bank of Jefferson Parish for the Department of Environmental Affairs		
			0001 East Bank Weekly Citizen Drop-off Recycling Event on Saturdays at 1221 Elmwood Park Blvd or a site provided by proposer for up to sixteen (16) weeks as per attached specifications	\$ \$448.25	\$ 28,688.16
2	64.00	HR			
			0002 West Bank Weekly Citizen Drop-off Recycling Event on Saturdays at 6440 Lapalco Blvd or a site provided by the proposer for up to sixteen (16) weeks as per attached specifications	\$ \$266.33	\$ 17,045.28



GLASHAL-01

LAURIE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2024

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 Clements Insurance Services 206 W. Judge Perez Drive Chalmette, LA 70043-4902	CONTACT NAME: Timothy Clements	
	PHONE (A/C, No, Ext): (504) 279-0171	FAX (A/C, No): (504) 279-0259
	E-MAIL ADDRESS: tim@clementsins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Crum & Foster Specialty Insurance Company	
INSURED Glass Half Full, L3C 3935 Louisa Street New Orleans, LA 70126	INSURER B : LC&I	
	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 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 type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X		BAK66653-5	7/22/2024	7/22/2025	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 \$ 0	
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	X		MX008300100142	7/22/2024	7/22/2025	EACH OCCURRENCE \$ 3,000,000	
							AGGREGATE \$	
							Aggregate \$ 3,000,000	
B	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A	X	28584-24	1/4/2024	1/4/2025	<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)
Certificate holder is listed as an Additional Insured

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish its Districts Departments and Agencies under the Direction of the Parish President and the Parish Council Environmental Affairs 834 S. Clearview Pky Harahan, LA 70123	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)

10/15/2024

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PRODUCER  LeMoine Robinson 4747 Earhart Blvd Suite A New Orleans LA 701251747	CONTACT NAME: LeMoine Robinson PHONE (A/C, No, Ext): 504-218-4420 E-MAIL ADDRESS: lemoine.robinson.fvnc@statefarm.com INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 25178
INSURED GLASS HALF FULL LLC 3935 LOUISA ST NEW ORLEANS LA 701265515	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:


COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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 <input type="checkbox"/> 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	Y	Y	627 8565-E03-18	05/03/2024	11/03/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	A				PER STATUTE OTH-ER \$ 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**

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