

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 X _____

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 _____

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 84-3052276

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: Pro Scales and Construction Services

ADDRESS: 20555 Greenwell Springs Rd

CITY, STATE: Greenwell Springs ZIP: 70739

TELEPHONE: (225) 442-1828 FAX: ()

EMAIL ADDRESS: dickiejr@psacs.net

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: \$ 59,000.00

AUTHORIZED SIGNATURE: _____

Richard V Conrad IV

Printed Name

TITLE: President

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.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143667

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	8.00	QTR	<p>Two (2) Year Contract for Maintenance, Inspection and Repair of Chemical Scales for the Jefferson Parish Water Department</p> <p>0001 CHEMICAL SCALES QUARTERLY PREVENTIVE MAINTENANCE CONTRACT</p> <p>INSPECTION FOR THE EAST BANK WATER PLANT, 3600 JEFFERSON HIGHWAY, BLDG D, JEFFERSON, LA 70121</p> <p>WATER DEPT.- EB/WB WATER PLANTS- MERVIN/DAVID</p> <p>ONLY THE SCALES THAT ARE LISTED ON SPECIFICATIONS ARE INLCUDED IN THIS BID. ANY OTHERS ON THE PREMISES ARE NOT INCLUDED WITH THIS BID.</p> <p>***SITE VISIT IS HIGHLY RECOMMENDED***</p> <p>EB WATER PLANT-3600 JEFFERSON HWY. MERVIN GRAVES 504-838-4398</p> <p>WB WATER PLANT-4500 WESTBANK EXPRESSWAY DAVID MAHNER 504-349-5085</p> <p>SEE ATTACHED SPECIFICATIONS ***</p>	<p>\$ 1000.00</p>	<p>\$ 8000.00</p>
2	8.00	QTR	<p>0002 CHEMICAL SCALES QUARTERLY PREVENTIVE MAINTENANCE CONTRACT</p> <p>INSPECTION FOR THE CHEMICAL SCALES FOR THE WEST BANK WATER PLANT, 4500 WESTBANK EXPRESSWAY, MARRERO, LA 70072</p>	<p>\$ 1500.00</p>	<p>\$ 12,000.00</p>
3	100.00	HR	<p>0003 DAYTANK SCALES-HOURLY RATE-TROUBLE-SHOOT AND REPAIR ONLY (ON AN AS NEEDED BASIS)</p>	<p>\$ 130.00</p>	<p>\$ 13,000.00</p>
4	100.00	HR	<p>0004 UNFORSEEN WORK HOURLY RATE PER MAN HOUR FOR UNFORESEEN WORK</p>	<p>\$ 130.00</p>	<p>\$ 13,000.00</p>
5	100.00	HR	<p>0005 SUPPLEMENTARY INSPECTIONS HOURLY RATE PER MAN HOUR FOR SUPPLEMENTARY SERVICE INSPECTIONS BETWEEN QUARTERLY INSPECTIONS.</p>	<p>\$ 130.00</p>	<p>\$ 13,000.00</p>
6	1.00	ONLY	<p>9999 PURCHASE OF PARTS OR MATERIALS FOR PREVENTATIVE MAINTENANCE OF CHEMICAL</p>	<p>\$ _XXXX_</p>	<p>\$ _XXXX_</p>

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00143667

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			<p>SCALES AND RELATED EQUIPMENT, WHICH ARE NOT INCLUDED IN THE SCOPE OF BID ITEMS.</p> <p>THIS IS A NON-BIDDABLE ITEM. THIS ITEM IS FOR PARTS NEEDED TO COMPLETE A REPAIR UP TO \$5,000.00 PER JOB WITH THE APPROVAL FROM THE REQUESTING DEPARTMENT.</p> <p>INVOICES SHALL BE SUBMITTED AT COST ONLY (WITH NO MARKUP)</p>		

CORPORATE RESOLUTION

EXCERPT FROM MINUTES OF MEETING OF THE BOARD OF DIRECTORS OF
Pro Scales and Construction Services

INCORPORATED.

AT THE MEETING OF DIRECTORS OF Pro Scales and Construction Services
INCORPORATED, DULY NOTICED AND HELD ON October 23, 2023,
A QUORUM BEING THERE PRESENT, ON MOTION DULY MADE AND SECONDED. IT
WAS:

RESOLVED THAT Richard V Conrad IV, BE AND IS HEREBY
APPOINTED, CONSTITUTED AND DESIGNATED AS AGENT AND ATTORNEY-IN-
FACT OF THE CORPORATION WITH FULL POWER AND AUTHORITY TO ACT ON
BEHALF OF THIS CORPORATION IN ALL NEGOTIATIONS, BIDDING, CONCERNS
AND TRANSACTIONS WITH THE PARISH OF JEFFERSON OR ANY OF ITS AGENCIES,
DEPARTMENTS, EMPLOYEES OR AGENTS, INCLUDING BUT NOT LIMITED TO, THE
EXECUTION OF ALL BIDS, PAPERS, DOCUMENTS, AFFIDAVITS, BONDS, SURETIES,
CONTRACTS AND ACTS AND TO RECEIVE ALL PURCHASE ORDERS AND NOTICES
ISSUED PURSUANT TO THE PROVISIONS OF ANY SUCH BID OR CONTRACT, THIS
CORPORATION HEREBY RATIFYING, APPROVING, CONFIRMING, AND ACCEPTING
EACH AND EVERY SUCH ACT PERFORMED BY SAID AGENT AND ATTORNEY-IN-
FACT.

I HEREBY CERTIFY THE FOREGOING TO BE
A TRUE AND CORRECT COPY OF AN
EXCERPT OF THE MINUTES OF THE ABOVE
DATED MEETING OF THE BOARD OF
DIRECTORS OF SAID CORPORATION, AND
THE SAME HAS NOT BEEN REVOKED OR
RESCINDED.



SECRETARY-TREASURER

10/23/2023

DATE

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Pro Scales And Construction Services LLC</p> <p>2 Business name/disregarded entity name, if different from above</p>	
		<p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> 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. <input type="checkbox"/> Other (see instructions) ▶ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions. 20555 Greenwell Springs Rd.</p> <p>6 City, state, and ZIP code Greenwell Springs, Louisiana, 70739</p>	<p>Requester's name and address (optional)</p>
		<p>7 List account number(s) here (optional)</p>	

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	-	3	0	5	2	2	7	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 ▶ 04/25/2023
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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2023

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 Community Financial Ins. Center, LLC 4212 American Way Suite A Baton Rouge LA 70816	CONTACT NAME: Donna Settoon PHONE (A/C. No. Ext): 225-298-5162 E-MAIL ADDRESS: dsettoon@cf-ins.com	FAX (A/C. No.): 888-716-7290
	INSURER(S) AFFORDING COVERAGE	
INSURED Pro Scales and Construction Services LLC 20555 Greenwell Springs Rd. Greenwell Springs LA 70739	PROSCAL-01	INSURER A : Louisiana Workers Comp Corp INSURER B : EMC Property & Casualty Co INSURER C : Starstone Specialty Insurance Co INSURER D : INSURER E : INSURER F :
		NAIC #
		22350
		25186
		44776

COVERAGES

CERTIFICATE NUMBER: 2114474044

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6X1247924	10/21/2023	10/21/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6X1247924	10/21/2023	10/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6X1247924	10/21/2023	10/21/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	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	N/A	171898A	10/21/2023	10/21/2024	<input 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
C B B	Excess Liability Rented Equipment			72965Q231ALI 6X1247924 6X1247923	10/21/2023 10/21/2023 4/19/2023	10/21/2024 10/21/2024 10/21/2023	Per Occ & Per Agg Rented Equip-Per Item Rented Equip-Cat Lmt 4,000,000 650,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 EMC Policy #6X1247923 includes installation coverage @ \$200,000 per Occurrence any One Location/\$500,000 Limit Per Disaster with a \$2,500 Deductible.

CERTIFICATE HOLDER**CANCELLATION**

Pro Scales and Construction Services, LLC
 20555 Greenwell Springs Road
 Greenwell Springs LA 70739
 USA

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

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LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

Division of Weights & Measures, 5825 Florida Blvd., Suite 5000, Baton Rouge, LA 70806, (225) 925-3780, FAX (225) 923-4877

USAPlants ID: ØØ1HDN

Date: 12/15/2022

License No. 750351

Please verify information for correctness. If changes are necessary, make corrections and promptly return to issuing agency.

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

Division of Weights & Measures, 5825 Florida Blvd., Suite 5000, Baton Rouge, LA 70806, (225) 925-3780, FAX (225) 922-0477

Be it known, that effective **1/1/2023** through **12/31/2023** having complied with all relevant requirements of the Louisiana Revised Statutes, the entity named below is hereby registered as a **Service Agency**.



Pro Scales and Construction Services

20555 Greenwell Springs Road
Greenwell Springs LA 70739

Commissioner

DISPLAY IN A PROMINENT PLACE.

License No. **750351**

2514 - 212

LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

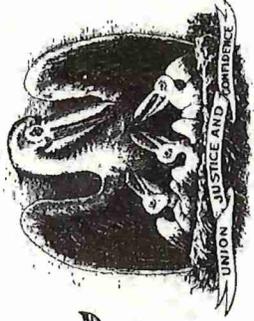
Agroconsumer Services
5825 Florida Blvd., Suite 5000
Baton Rouge, LA 70806



IMPORTANT
OFFICIAL DOCUMENT ENCLOSED

Pro Scales and Construction Services
20555 GREENWELL SPRINGS ROAD
GREENWELL SPRINGS LA 70739

State of Louisiana



State Licensing Board for Contractors

This is to Certify that:

PRO SCALES AND CONSTRUCTION SERVICES, LLC
20555 Greenwell Springs
Greenwell Springs, LA 70739

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; HEAVY CONSTRUCTION; HIGHWAY, STREET AND BRIDGE CONSTRUCTION;
MUNICIPAL AND PUBLIC WORKS CONSTRUCTION; SPECIALTY: CLEARING, GRUBBING AND SNAGGING;
SPECIALTY: INSTALLATION OF EQUIPMENT, MACHINERY AND ENGINES; SPECIALTY: RIGGING, HOUSE
MOVING, WRECKING AND DISMANTLING



Expiration Date: June 29, 2024

License No: 70086

Witness our hand and seal of the Board dated,
Baton Rouge, LA 30th day of June 2021

Will B. McCoy

Director

Lee M. Mallett

Chairman

Andy DeRoux

Treasurer

This License Is Not Transferrable