

## ASSURANCES

I have examined the specifications outlined in the notice to bidders. My company agrees to furnish, deliver, install, train and test all items according to your specifications and instructions at the indicated price submitted. I, the undersigned understand and accept the instructions and conditions under which this bid is being submitted. I, will comply with all local, state and federal requirements.

I understand that a company officer's signature is required on this form and unless this has been done, our bid may be considered incomplete and therefore rejected.

COMPANY: A+E Office Machines, Inc.

ADDRESS: 1005 Clothilde Street

CITY/STATE/ZIP: Morgan City, LA 70380

COMPANY OFFICER NAME: Adam Crappel

TITLE: President

DATE: 10/22/21

TELEPHONE: (985) 384-0336

FAX: (985) 384-0451

CELL PHONE: —

EMAIL ADDRESS: bids@aetouch.com

SIGNATURE: 

## INDEPENDENT CONTRACTOR DEBARMENT VERIFICATION FORM

(Please print clearly or type)

*\*\*Appropriate signatures shall certify statements below.*

### FEDERAL DEBARMENT CERTIFICATION:

Subgrantee's/Contractor's Name	A+E Office Machines, Inc.
Authorized Official's Name	Adam Crappel
Complete Address	1005 Clothilde St, Morgan City, LA 70380
Contact Number	(985) 384-0336
Are you currently registered with <a href="http://www.sam.gov">www.sam.gov</a> (Yes or No) If yes, attach supporting documentation and DUNS number must be Active with open access. <b>(Federal fund requirement)</b>	Yes; 085550556
Are you currently registered to do business in the State of Mississippi? (Yes or No) If yes, attach supporting documentation of registration status. If not, please register and provide documentation of registration status. <b>(Federal and State/Other fund requirement)</b>	Yes; 1308753

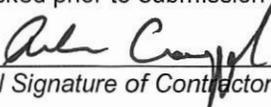
CONTRACTOR hereby certify that at the execution of a contract with the Mississippi Department of Education and South Panola School District, CONTRACTOR is not on the list for federal debarment on [www.sam.gov](http://www.sam.gov) – System for Award Management.

### STATE OF MISSISSIPPI REGISTRATION:

CONTRACTOR hereby certify that at the execution of a contract with the Mississippi Department of Education and South Panola School District, CONTRACTOR is not on the list for debarment on [www.sos.ms.gov](http://www.sos.ms.gov) for doing business with the State of Mississippi or with any Mississippi State Agency or Local Governmental Entity.

### PARTNERSHIP DEBARMENT CERTIFICATION:

CONTRACTOR hereby certify that all entities who are in partnership through this contract or grant with the Mississippi Department of Education (MDE) (subcontractors, subrecipients, et al.) are not on the federal debarment list on [www.sam.gov](http://www.sam.gov) – System for Award Management or the State of Mississippi debarment list. Proof of documentation of partnership verification with SAM shall be kept on file and the debarment status shall be checked prior to submission of every contract/subgrant and modification to MDE.

  
 Original Signature of Contractor or Authorized Official

10/22/21  
 Date

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Jul 29, 2021



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Aug 25, 2020



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**Please verify your identity:** As an entity administrator, you should verify your identity to register, update, or deactivate your entity's registration in SAM.gov. This will become mandatory in FY 2022.

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1 of **1**
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**A. & E. OFFICE MACHINES, INC.**

**DUNS** Unique Entity ID:  
**085550556**

Purpose of Registration:  
**All Awards**



<i>Registration Status</i>	<i>Expiration Date</i>
<b>Active</b>	<b>Oct 7, 2022</b>

**SAM** Unique Entity ID:  
**M672RZKLUFY8**

Address:  
**1005 CLOTHILDE ST  
MORGAN CITY, LA 70380-1937  
USA**

CAGE/NCAGE:  
**4L3S0**

Entity Type:  
**Registration**



# Michael Watson

## SECRETARY OF STATE

This is not an official certificate of good standing.

### Name History

<b>Name</b>	<b>Name Type</b>
A & E Office Machines, Inc.	Legal

### Business Information

<b>Business Type:</b>	Profit Corporation
<b>Business ID:</b>	1308753
<b>Status:</b>	Good Standing
<b>Effective Date:</b>	10/22/2021
<b>State of Incorporation:</b>	LA
<b>Principal Office Address:</b>	1005 Clothilde St Morgan City, LA 70380

### Registered Agent

**Name**  
Mississippi Registered Agent LLC  
270 Trace Colony Park Dr. STE B  
Ridgeland, MS 39157

### Officers & Directors

<b>Name</b>	<b>Title</b>
Adam Crappel Junior 1005 Clothilde Street Morgan City, LA 70380	President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/22/2021

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 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 Peterson Agency, Inc. 811 Main St. Patterson LA 70392-	CONTACT NAME: Erica Sulre	
	PHONE (A/C, No, Ext): (985)395-3557	FAX (A/C, No): (985)395-3420
	E-MAIL ADDRESS: erica@petersonagencyinc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Louisiana Workers' Comp Corp	
INSURED A&E Office Machines, Inc. P.O. Box 2532 Morgan City LA 70381	INSURER B: Ohio Security Insurance Company	
	INSURER C: Progressive Paloverde Insurance Company	44695
	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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BZS56151342	07/15/2021	07/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	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			02368106-2	07/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 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	142206-A	07/15/2021	07/15/2022	<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)  
OFFICE MACHINE SALES, SERVICE, AND RENTAL

OHIO SECURITY INSURANCE COMPANY PROVIDES BLANKET ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT.

\*\*\*This certificate of insurance neither affirmatively nor negatively alters, amends, or extends the coverage afforded by Policy Number BZS56151342, 142206-A, & 02368106-2 and Issued by Ohio Security Insurance Company, Louisiana Workers' Compensation Corporation, and Progressive Paloverde Insurance Company.\*\*\*

CERTIFICATE HOLDER

CANCELLATION

AI 005623

SOUTH PANOLA SCHOOL DISTRICT 209 BOOTHE STREET BATESVILLE MS 38806-	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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# Option One: Total of Sale and Delivery of (All Schools) Interactive Panels

Note: Vendor may choose to submit a bid on option one and / or option two. The vendor is not required to submit a bid for both. If not bidding on an option please put N/A for that option.

Option One: Sale and Delivery of Interactive Panels					
School	Qty Needed	MFG Part #	Item Description	Unit Price	School Investment
BES	46	AES755	75" Interactive Panels	\$2,600.00	\$119,600.00
BIS	40	AES755	75" Interactive Panels	\$2,600.00	\$104,000.00
BMS	37	AES755	75" Interactive Panels	\$2,600.00	\$96,200.00
Pope	39	AES755	75" Interactive Panels	\$2,600.00	\$101,400.00
BJHS	60	AES755	75" Interactive Panels	\$2,600.00	\$156,000.00
SPHS	88	AES755	75" Interactive Panels	\$2,600.00	\$228,800.00

Total of Sale and Delivery of (All Schools) Interactive Panels for Option One:

The vendor agrees to sale and deliver a total of 310 Interactive displays to 6 campuses and accept the terms and conditions of this bid for a total price of:

Option One Total Project Investment \$ 806,000.00

Option One: Submitted by: A+E Office Machines, Inc.

Vendor Contact Name Mason Foret  
 Vendor Company Name A+E Office Machines, Inc.  
 Vendor Company Address 1005 Clothilde Street  
 Vendor City, State Zip Morgan City, LA 70380  
 Vendor Business Phone # (985) 384-0336  
 Vendor authorized signature Adam Crappel

Date: 10/22/21

## Option Two: Installation of Interactive Displays

Note: Vendors may choose to submit a bid on option one and / or option two. The vendor is not required to submit a bid for both. If not bidding on an option please put N/A for that option.

Option Two: Installation of Interactive Displays				
School	Qty Needed	Item Description	Unit Price	School Investment
BES	46	Wall mount Interactive Display	\$150.00	\$6,900.00
BIS	40	Wall mount Interactive Display	\$150.00	\$6,000.00
BMS	37	Wall mount Interactive Display	\$150.00	\$5,550.00
Pope	39	Wall mount Interactive Display	\$150.00	\$5,850.00
BJHS	60	Wall mount Interactive Display	\$150.00	\$9,000.00
SPHS	88	Wall mount Interactive Display	\$150.00	\$13,200.00

Total of Installation for (All Schools) Interactive Panels for Option Two:

The vendor agrees to sale and deliver a total of 310 Interactive displays to 6 campuses and accept the terms and conditions of this bid for a total price of:

Option ~~One~~ Total Project Investment \$ 46,500.00  
Two

Option ~~One~~ <sup>Two</sup> Submitted by: A+E Office Machines, Inc.

Vendor Contact Name Mason Foret  
 Vendor Company Name A+E Office Machines, Inc.  
 Vendor Company Address 1005 Clothilde Street  
 Vendor City, State Zip Morgan City, LA 70380  
 Vendor Business Phone # (985) 384-0336  
 Vendor authorized signature Adam Crappel, Adam Crappel

Date: 10/22/21

## References/Contacts

Client: East Baton Rouge Parish School System

Address: P.O. 2950, Baton Rouge, LA 70821

Contact: Claude Jackson

Phone: (225) 922-5559

Email: cjackson@ebrschools.org

Scope of Work Example: \$2.8 million of educational/safety technologies in 2020 (Interactive Flat Panels, Document Cameras, Temperature Sensing Kiosks, etc.)

Client: Region 14 Education Service Center

Address: 1850 Hwy 351, Abilene, TX 79601-4750

Contact: Angelica Aubin

Phone: (325) 675-8600

Email: aaubin@esc14.net

Scope of Work Example: 12 Interactive Flat Panels (with accessories) over the course of 1 month

Client: St. Mary Parish School Board

Address: P.O. Box 170, Centerville, LA 70522

Contact: Debra McClarity

Phone: (337) 836-9661

Email: dmccclarity@stmaryk12.net

Scope of Work Example: 64 Interactive Flat Panels (with accessories), 20 document cameras and 9 web cams over the course of 7 months