

DATE: 5/30/2024

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145146

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:
BBELLOW

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

4/1/24

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

5

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

20

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:

Alpha Omega Env Inc DBA Rodgers + Associates

SIGNATURE:

(Must be signed here)

A Rodgers

TITLE:

CEO

PRINT OR TYPE NAME:

A RODGERS

ADDRESS:

9 Yosemite St

CITY, STATE:

Kenner LA

ZIP:

70065

TELEPHONE:

(504) 329 0428

FAX:

()

EMAIL ADDRESS:

ahrogers@gmail.com

TOTAL PRICE OF ALL BID ITEMS: \$ 15250

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145146

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
			LEAD ABATEMENT PROJECT AT 731 AVENUE C FOR JEFFERSON PARISH COMMUNITY DEVELOPMENT		
1	6.00	SQFT	0010 RM1 B WINDOW PAINT REMOVAL PRIME	\$ 50	\$ 300
2	4.00	SQFT	0020 RM1 C DOOR JAMB PAINT REMOVAL PRIME	\$ 50	\$ 200
3	6.00	SQFT	0030 RM1 D WINDOW PAINT REMOVAL PRIME	\$ 50	\$ 300
4	6.00	SQFT	0040 RM2 B WINDOW 2 PAINT REMOVAL PRIME	\$ 50	\$ 300
5	6.00	SQFT	0050 RM2 B WINDOW CASING2 PAINT REMOVAL	\$ 50	\$ 300
6	4.00	SQFT	0060 RM4C WINDOW DECOR PAINT REMOVAL	\$ 50	\$ 200
7	6.00	SQFT	0070 RM5 C WINDOW CASING PAINT REMOVAL	\$ 50	\$ 300
8	4.00	SQFT	0080 RM5 C WINDOW SILL PAINT REMOVAL	\$ 50	\$ 200
9	6.00	SQFT	0090 RM5 C WINDOW PAINT REMOVAL PRIME	\$ 50	\$ 300
10	6.00	SQFT	0100 RM5 D WINDOW CASING PAINT REMOVAL	\$ 50	\$ 300
11	6.00	SQFT	0110 EXT A WINDOW2 PAINT REMOVAL PRIME	\$ 50	\$ 300
12	25.00	SQFT	0120 EXT A DOOR PAINT REMOVAL PRIME	\$ 50	\$ 1250
13	6.00	SQFT	0130 EXT B WINDOW 2 PAINT REMOVAL PRIME	\$ 50	\$ 300
14	4.00	SQFT	0140 EXT B WINDOW SILL 3 PAINT REMOVAL	\$ 50	\$ 200
15	6.00	SQFT	0150 EXT B WINDOW 5 PAINT REMOVAL PRIME	\$ 50	\$ 300

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145146

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
16	3.00	LF	0160 RM2 B WINDOW SILL DUST SPECIALIZED	\$ 50	\$ 150
17	3.00	LF	0170 RM5D WINDOW SILL DUST SPECIALIZED C	\$ 50	\$ 150
18	3.00	LF	0180 RM2 B WINDOW TROUGH DUST SPECIALIZE	\$ 50	\$ 150
19	1.00	LPSM	0190 RMS 1 2 4 5 ALL DUST CONTAINMENT	\$ 4000	\$ 4000
20	1.00	LPSM	0200 EXT A B DUST CONTAINMENT	\$ 4000	\$ 4000
21	1.00	LPSM	0210 EXT DEBRIS AND WASTE REMOVAL	\$ 1500	\$ 1500
22	1.00	LPSM	0220 EXT LDEQ LEAD PROJECT NOTIFICATION	\$ 250	\$ 250
LOCATION: 731 AVE C WESTWEGO, LA 70094 ***AS PER BID SPECIFICATIONS***					

BID SPECIFICATIONS FOR BID #5000145146

Contractor Responsibilities - Recordkeeping:

- Detailed site-specific compliance plan for LBP-related work (OSHA) and created prior to the LBP abatement work. A copy must be present on the job site along with copies of all applicable certificates, licenses/permits;
- Safety Data Sheets (SDS) for all materials used during an abatement project;
- Work plan for waste containment, removal, and disposal which includes information on Name, Address, and ID number of hazardous waste hauler, waste transfer route, and proposed disposal site;
- Additional recordkeeping requirements per Federal, State, or local regulations or guidelines.

Clearance Test:

- All clearance procedures will follow the HUD Guidelines (2012 edition);
- Clearance will be conducted by the Environmental Consultant retained by the Parish and may consist of the following activities:
 - Visual Inspection
 - Dust Sampling of interior and/or exterior surfaces (decided by the inspector/risk assessor)
 - Soil sampling if bare soil is present (decided by the inspector/risk assessor)
- The Contractor will pay for all additional testing and provide, at no additional costs, a re-cleaning of areas that did not meet LBP standards until clearance level is achieved.

Fines:

- The Contractor shall incur the cost of any and all fines and work requirements resulting from non-compliance to Federal, State, or local regulations.

Name of Company Submitting Bid: Alpha Omega Env Inc D/B/A Rodgers Associates

Name of Representative: A H RODGENS

Signature/Date:  6/8/24

Debarment/Suspension Form

DEBARMENT/SUSPENSION CERTIFICATION

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at the following websites: www.sam.gov and <https://acquisition.gov/far/index.html> see section 52.209-6.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

AH RODGERS CEO

(Name and Title of bidder's official)

Alpha Omega Env Inc

(Name of bidder/company)

9 Yosemite St

(Address)

Kenner LA 70065

(Address)

PHONE 504 329 0428 FAX

EMAIL ahrogers@gmail.com



Signature 6/7/24

Date

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, A Rodgers CEO, hereby certify on
(name and title of bidder's official)

behalf of Alpha Omega Env Inc that:
(name of bidder)

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this 8 day of June, 2024

By [Signature]
(signature of authorized official)

CEO
(title of authorized official)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/29/2024

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 License # 231432 Hub International Gulf South 8550 United Plaza Blvd Suite 500 Baton Rouge, LA 70809	CONTACT NAME: Meredith Cook PHONE (A/C, No, Ext): E-MAIL ADDRESS: meredith.cook@hubinternational.com FAX (A/C, No):														
INSURED Alpha Omega Environmental Inc. 9 Yosemite St. Kenner, LA 70065	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Century Surety Company</td><td>36951</td></tr><tr><td>INSURER B : Louisiana Workers Comp Corp (Preferred)</td><td>22350</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Century Surety Company	36951	INSURER B : Louisiana Workers Comp Corp (Preferred)	22350	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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	X 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"/> PROJECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CCP1175996	10/16/2023	10/16/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr><tr><td>H&NO Auto</td><td>\$</td><td>1,000,000</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr><tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr><tr><td>AGGREGATE</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	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	H&NO Auto	\$	1,000,000	COMBINED SINGLE LIMIT (Ea accident)	\$		BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$		EACH OCCURRENCE	\$		AGGREGATE	\$			\$	
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <table><tr><td>Y / N</td><td></td></tr><tr><td>Y</td><td>N / A</td></tr></table>	Y / N		Y	N / A			146856 S	3/7/2024	3/7/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000																													
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A	Contractor Pollution			CCP1175996	10/16/2023	10/16/2024	Each Event 1,000,000																																													
A	Professional Liab			CCP1175996	10/16/2023	10/16/2024	Each Claim 1,000,000																																													

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

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish
200 Derbigny Street General Government Building
Purchasing Specialist II, Mark Buttery
Suite 4400
Gretna, LA 70053

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

Meredith Cook