

LOUISIANA UNIFORM PUBLIC WORK BID FORM

TO: JEFFERSON PARISH PURCHASING
200 DERBIGNY STREET, SUITE 4400
GRETN, LA 70053

(Owner to provide name and address of owner)

BID FOR: JEFFERSON PARISH RECREATION
DEPARTMENT EAST BANK - NEW WAREHOUSE
BUILDING

A/E PROJECT NO. 20-2132C

BID PROPOSAL NO. 50-00146705

(Owner to provide name of project and other identifying information)

The undersigned bidder hereby declares and represents that she/he: a) has carefully examined and understands the Bidding Documents, b) has not received, relied on, or based his bid on any verbal instructions contrary to the Bidding Documents or any addenda, c) has personally inspected and is familiar with the project site, and hereby proposes to provide all labor, materials, tools, appliances and facilities as required to perform, in a workmanlike manner, all work and services for the construction and completion of the referenced project, all in strict accordance with the Bidding Documents prepared by: MEYER ENGINEERS, LTD. and dated AUGUST 23, 2024.

(Owner to provide name of entity preparing bidding documents.)

Bidders must acknowledge all addenda. The Bidder acknowledges receipt of the following **ADDENDA:** (Enter the number the Designer has assigned to each of the addenda that the Bidder is acknowledging) 1, 2, 3

TOTAL BASE BID: For all work required by the Bidding Documents (including any and all unit prices designated "Base Bid" * but not alternates) the sum of:

Five Hundred Seventy-Four Thousand ⁰⁰ Dollars (\$ 574,000.00)

ALTERNATES: For any and all work required by the Bidding Documents for Alternates including any and all unit prices designated as alternates in the unit price description.

Alternate No. 1 - (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)

Alternate No. 2 - (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)

Alternate No. 3 (Owner to provide description of alternate and state whether add or deduct) for the lump sum of:

N/A Dollars (\$ N/A)


NAME OF BIDDER: Steele-R Development LLC

ADDRESS OF BIDDER: 120 Innwood Drive
Covington LA 70433

LOUISIANA CONTRACTOR'S LICENSE NUMBER: 55757

NAME OF AUTHORIZED SIGNATORY OF BIDDER: Steele McDaniel

TITLE OF AUTHORIZED SIGNATORY OF BIDDER: Managing Member

SIGNATURE OF AUTHORIZED SIGNATORY OF BIDDER **: 

DATE: 2-25-25

THE FOLLOWING ITEMS ARE TO BE INCLUDED WITH THE SUBMISSION OF THIS LOUISIANA UNIFORM PUBLIC WORK BID FORM:

* The Unit Price Form shall be used if the contract includes unit prices. Otherwise, it is not required and need not be included with the form. The number of unit prices that may be included is not limited and additional sheets may be included if needed.

** A **CORPORATE RESOLUTION OR WRITTEN EVIDENCE** of the authority of the person signing the bid for the public work as prescribed by LA R.S. 38:2212(B)(5).

BID SECURITY in the form of a bid bond, certified check or cashier's check as prescribed by LA R.S. 38:2218(A) attached to and made a part of this bid.



STEEDEV-02

KSIMMONS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/24/2025

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 Insurance Underwriters, Ltd. P. O. Box 6738 Metairie, LA 70009 | CONTACT NAME: PHONE (A/C, No, Ext): (504) 883-2500 FAX (A/C, No): (504) 883-2535 E-MAIL: ADDRESS: | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---|-------|--|-------|---|-------|-------------|--|-------------|--|-------------|--|
| INSURED Steele-R Development, LLC; SRD Flooring, LLC 120 Innwood Dr Covington, LA 70433 | <table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : United National Insurance Co.</td><td>13064</td></tr><tr><td>INSURER B : Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER C : American Interstate Insurance</td><td>31895</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></tbody></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : United National Insurance Co. | 13064 | INSURER B : Evanston Insurance Company | 35378 | INSURER C : American Interstate Insurance | 31895 | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : United National Insurance Co. | 13064 | | | | | | | | | | | | | | |
| INSURER B : Evanston Insurance Company | 35378 | | | | | | | | | | | | | | |
| INSURER C : American Interstate Insurance | 31895 | | | | | | | | | | | | | | |
| 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | CSC0000931 | 7/25/2024 | 7/25/2025 | 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 \$ 2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | | |
| AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> | | | EZXS3165781 | 7/25/2024 | 7/25/2025 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ Aggregate \$ 4,000,000 |
| DED <input checked="" type="checkbox"/> RETENTIONS \$ 0 | | | | | | | |
| C | 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"/> N | N/A | AVWCLA3317902024 | 11/15/2024 | 11/15/2025 | X PER STATUTE 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)
General Liability Includes the following:

Primary & Non Contributory where required by written contract - Form CG 2001 (12/19)

Additional Insured- Owners, Lessees or Contractors (Scheduled Person Or Organization) where required by written contract - Form CG 2010 (04/13)

Additional Insured- Owners, Lessees or Contractors (Completed Operations) where required by written contract - Form CG 2037 (04/13)
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Department
200 Derbigny Street 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



AGENCY CUSTOMER ID: STEEDEV-02

KSIMMONS

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| | | | |
|---|-----------------------------|---|--|
| AGENCY Insurance Underwriters, Ltd. | | NAMED INSURED Steele-R Development, LLC; SRD Flooring, LLC 120 Innwood Dr Covington, LA 70433 | |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Blanket Waiver of Transfer or Rights of Recovery Against Others to Us where required by written contract - Form EPA-1719 (01/14)

Umbrella Policy follows form with underlying endorsements including Primary Non-Contributory Endorsements

Employee Benefits Liability - Claims Made - Retro Date 07-25-21

Limit \$1,000,000 Each Employee Limit

\$1,000,000 Aggregate Limit

Workers Compensation Includes the following:

Blanket Waiver of Transfer of Rights of Recovery Against Others to Us where required by written contract - Form WC 000313 (04/84)

**Blanket Alternate Employer - Form WC 000301A - Not Applicable in states for AK, HI, MI, OK, TX
where required by written contract**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/2025

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| | | |
|---|--|---------------------------------|
| Producer BYRLEY INSURANCE AGENCY LLC 4566 LAKE ST LAKE CHARLES, LA 70605-5414 | CONTACT NAME BYRLEY INSURANCE AGENCY LLC PHONE (A/C, No, Ext): (337) 478-8349 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Shelter Mutual Insurance Company INSURER B: Shelter General Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 23388 23361 |
|---|--|---------------------------------|

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

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| INSD LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|----------------|-------------------------|-------------------------|--|
| | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> 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 checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> | X | | 17-1-8810076-1 | 11/15/2024 | 05/15/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L. EACH ACCIDENT \$ E.E. 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**JEFFERSON PARISH PURCHASING
200 DERBIGNY ST STE 4400
GRETN, LA 70053-5878

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

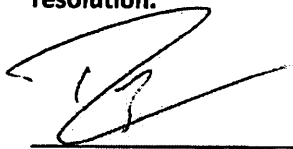
**Corporate Resolution of:
STEELE-R DEVELOPMENT, LLC**

**I, the undersigned, being the only Member of this Limited Liability Corporation, and further being the only Managing Member of this Limited Liability Corporation, consent and agree that the following Corporate Resolution was made on
May 15, 2017 at 12:00pm at 120 Innwood Drive, Covington, LA 70433.**

I do hereby consent to the adoption of the following, as if it was adopted at a regularly called meeting of the board of directors of this corporation. In accordance with State law, the Operating Agreement, and the bylaws of this corporation, by unanimous consent, the board of directors decided that:

**Steele McDaniel is a managing member,
able to sign contracts for Steele-R Development, LLC.**

The Member(s) of this corporation are authorized to perform the acts to carry out this corporate resolution.



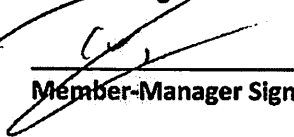
Member Signature

Steele McDaniel

Printed Name

5/15/17

Date



Member-Manager Signature

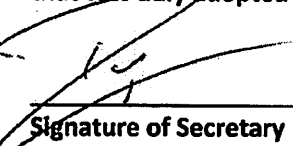
Steele McDaniel

Printed Name

5/15/17

Date

The Secretary of the Corporation, certifies that the above is a true and correct copy of the resolution that was duly adopted at a meeting of the dated meeting of the board of directors.



Signature of Secretary

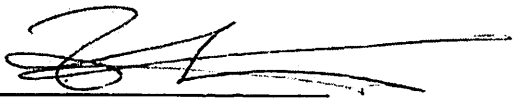
5/15/17

Date

Steele McDaniel

Printed Name of Secretary

THUS DONE AND READ AND SIGNED in Covington, Louisiana, Parish of St. Tammany, on the 15th day of May, 2017, in the presence of the undersigned Notary, after due reading of the whole.



John Stephens
LSBA #35569
Notary Public
My commission is for life

State of
Louisiana
Secretary of
State



COMMERCIAL DIVISION

225.925.4704

Fax Numbers

225.932.5317 (Admin. Services)

225.932.5314 (Corporations)

225.932.5318 (UCC)

| Name | Type | City | Status |
|------------------------------|---------------------------|-----------|--------|
| STEELE-R DEVELOPMENT, L.L.C. | Limited Liability Company | COVINGTON | Active |

Previous Names

Business: STEELE-R DEVELOPMENT, L.L.C.

Charter Number: 40466949K

Registration Date: 3/29/2011

Domicile Address

120 INNWOOD DR
COVINGTON, LA 70433

Mailing Address

C/O STEELE MCDANIEL
120 INNWOOD DR
COVINGTON, LA 70433

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 3/29/2011

Last Report Filed: 5/1/2023

Type: Limited Liability Company

Registered Agent(s)

| | |
|--------------------------|---------------------|
| Agent: | STEELE MCDANIEL |
| Address 1: | 120 INNWOOD DR |
| City, State, Zip: | COVINGTON, LA 70433 |
| Appointment Date: | 3/29/2011 |

Officer(s)

Additional Officers: No

| | |
|--------------------------|---------------------|
| Officer: | STEELE MCDANIEL |
| Title: | Member, Manager |
| Address 1: | 120 INNWOOD DR |
| City, State, Zip: | COVINGTON, LA 70433 |

Amendments on File (2)

| Description | Date |
|-------------|------|
|-------------|------|

| | |
|--|-----------|
| Appointing, Change, or Resign of Officer | 2/24/2012 |
| Domestic LLC Agent/Domicile Change | 1/13/2017 |

Print

Public Works Bid

AFFIDAVIT

STATE OF Louisiana

PARISH/COUNTY OF ST Tammany

BEFORE ME, the undersigned authority, personally came and appeared: Steele
McDaniel, (Affiant) who after being by me duly sworn, deposed and said that
he/she is the fully authorized Managing Member of Steele-R Development LLC (Entity),
the party who submitted a bid in response to Bid Number 50-00146705 to the Parish of
Jefferson.

Affiant further said:

Campaign Contribution Disclosures

(Choose A or B, if option A is indicated please include the required
attachment):

Choice A _____ Attached hereto is a list of all campaign contributions, including
the date and amount of each contribution, made to current or
former elected officials of the Parish of Jefferson by Entity,
Affiant, and/or officers, directors and owners, including
employees, owning 25% or more of the Entity during the two-year
period immediately preceding the date of this affidavit or the
current term of the elected official, whichever is greater. Further,
Entity, Affiant, and/or Entity Owners have not made any
contributions to or in support of current or former members of the
Jefferson Parish Council or the Jefferson Parish President through
or in the name of another person or legal entity, either directly or
indirectly.

Choice B X there are NO campaign contributions made which would require
disclosure under Choice A of this section.

Affiant further said:

Debt Disclosures

(Choose A or B, if option A is indicated please include the required attachment):

Choice A _____ Attached hereto is a list of all debts owed by the affiant to any elected or appointed official of the Parish of Jefferson, and any and all debts owed by any elected or appointed official of the parish to the Affiant.

Choice B X There are **NO** debts which would require disclosure under Choice A of this section.

Affiant further said:

That Affiant has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project or in securing the public contract were in the regular course of their duties for Affiant; and

That no part of the contract price received by Affiant was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction, alteration or demolition of the public building or project were in the regular course of their duties for Affiant.

Affiant further said:

Affiant personally has not been convicted of, nor has he/she entered into a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the Bidding Entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118)
- (b) Corrupt influencing (R.S. 14:120)
- (c) Extortion (R.S. 14:66)
- (d) Money laundering (R.S. 14:230)

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

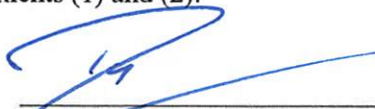
- (a) Theft (R.S. 14:67)
- (b) Identity Theft (R.S. 14:67, 16)
- (c) Theft of a business record (R.S. 14:67.20)
- (d) False accounting (R.S. 14:70)
- (e) Issuing worthless checks (R.S. 14:71)
- (f) Bank fraud (R.S. 14:71.1)
- (g) Forgery (R.S. 14:72)
- (h) Contractors; misapplication of payments (R.S. 14:202)
- (i) Malfeasance in office (R.S. 14:134)

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

[The remainder of this page is intentionally left blank.]

Affiant further said:

- (1) Entity is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) Entity shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the State of Louisiana.
- (3) Entity shall require all subcontractors to submit to the Entity a sworn affidavit verifying compliance with statements (1) and (2).



Signature of Affiant

Steele McDaniel

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 24th DAY OF February, 2025.



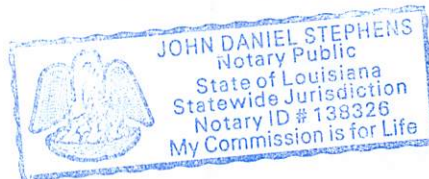
Notary Public

John Stephens

Printed Name of Notary

35569

Notary Bar Roll Number



My commission expires at death.