

**Lead Abatement Project Scope of Work**



**1208 Claiborne Dr.  
Jefferson, LA 70121**

Prepared by:  
Materials Management Group, Inc.  
Dr. Richard Lo, Certified Lead Supervisor & Lead Project Designer  
AI No. 192398  
9/14/2023

Prepared for:  
Jefferson Parish  
Department of Community Development  
Lead-Safe Housing Program

1221 Elmwood Park Blvd.  
Jefferson, LA 70123

Office: (504) 736-6270





DATE: 3/28/2024  
BID NO.: 50-00144802

INVITATION TO BID  
THIS IS NOT AN ORDER

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

VENDOR: 27118 BLANK BID COPY VENDOR 324 870

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	TBD
INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK	TBD
INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK	TBD

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: CN HOUSEWORKS INC	
SIGNATURE: (Must be signed here)	TITLE: CEO
PRINT OR TYPE NAME: CHONG NGUYEN	
ADDRESS: 2023 MERCEDES BLVD	
CITY, STATE: NEW ORLEANS LA	ZIP: 70114
TELEPHONE: 504 813 5296	FAX: ( )
EMAIL ADDRESS: CNTP199@gmail.com	

TOTAL PRICE OF ALL BID ITEMS: \$ 4800.







**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: CN HOUSEWORKS INC

Name of Representative: CUONG NGUYEN

Signature/Date: Nguyen Cuong X April 7-2024



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](http://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.

CHONG NGUYEN

(Name and Title of bidder's official)

CN HOUSEWORKS INC.

(Name of bidder/company)

2023 MERCEDES BLVD

(Address)

NEW ORLEANS - LA 70114

(Address)

PHONE 504 8135296 FAX \_\_\_\_\_

EMAIL CNTP 199 @ Gmail . com

Nguyen Chong X Signature April 7-24 Date



Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

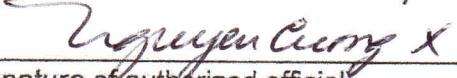
I, CUONG NGUYEN, hereby certify on  
(name and title of bidder's official)

behalf of CN HOUSEWORKS 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 7<sup>th</sup> day of APRIL 2024.

By   
(signature of authorized official)

CEO  
(title of authorized official)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/30/2023

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 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		CONTACT NAME:	
Bowles & Associates, Inc.		PHONE (A/C. No. Ext): 504-362-0922	
2804 Belle Chasse Hwy		FAX (A/C. No): 504-362-8722	
Gretna, LA 70053		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
		INSURER A : KINSALE	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E : L.W.C.C.	
		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 INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY				0100178889-1	02/11/23	02/11/24	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				MED EXP (Any one person) \$ EXCLUDED			
	<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000			
	<input type="checkbox"/>							GENERAL AGGREGATE \$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,000,000			
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT				<input type="checkbox"/>	LOC	\$	
	<input type="checkbox"/>										
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$			
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$			
	<input type="checkbox"/>							\$			
	<input type="checkbox"/>										
	<input type="checkbox"/>	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE \$			
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE \$			
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$				\$			
	<input type="checkbox"/>										
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				127693	12/04/23	12/04/24	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>	Y				N	E.L. EACH ACCIDENT \$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
									E.L. DISEASE - POLICY LIMIT \$ 1,000,000		

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

CERTIFICATE HOLDER	CANCELLATION
C.N. Houseworks, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2023 Mercedes Blvd	
New Orleans, LA 70114	AUTHORIZED REPRESENTATIVE



Insurance Declaration Affidavit  
Automotive

AFFIDAVIT

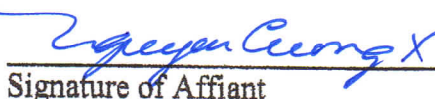
STATE OF LOUISIANA

PARISH/COUNTY OF JEFFERSON

BEFORE ME, the undersigned authority, personally came and appeared,  
CUONG NGUYEN, (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized CEO of CN HOUSEWORKS INC (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. (50-00143905) <sup>previous bid #</sup> to Jefferson Parish.  
50-00144802 new Bid #

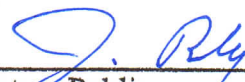
Affiant further said:

- (1) That entity does not own automobiles or use automobiles in the furtherance of the services provided under the contract.
- (2) That if the entity obtains automobiles or begins to use automobiles in the furtherance of the services provided under the contract, affiant will notify Jefferson Parish and obtain the proper coverage.

  
Signature of Affiant

CUONG NGUYEN  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME  
ON THE 18TH DAY OF DECEMBER, 2023.

  
Notary Public

JOSEPH H. RILEY II  
Printed Name of Notary

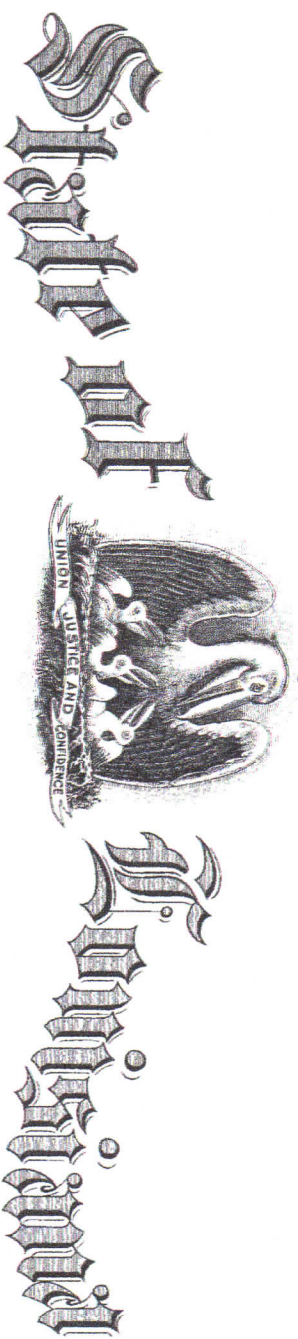
26714  
Notary/Bar Roll Number

My commission expires w/ LIFE

JOSEPH H. RILEY, II  
Notary Public/Attorney  
State Of Louisiana  
Bar Roll No. 26714  
My commission is issued for life

Updated: 05.28.14





State Licensing Board for Contractors


This is to Certify that:  
CN HOUSEWORKS, INC.  
2023 Mercedes Boulevard  
New Orleans, LA 70114


is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL; LEAD BASED PAINT ABATEMENT AND REMOVAL



Witness our hand and seal of the Board dated,  
Baton Rouge, LA 29th day of March 2024

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Chairman

Expiration Date: March 28, 2027  
License No: 56771

This License Is Not Transferrable

  
\_\_\_\_\_  
Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/12/2024

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.

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PRODUCER	CONTACT NAME:		
Bowles & Associates, Inc. 2804 Belle Chasse Hwy Gretna, LA 70053	PHONE (A/C, No, Ext):	504-362-0922	FAX (A/C, No): 504-362-8722
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A :	KINSALE	
INSURED	INSURER B :		
C.N. Houseworks, Inc. 2023 Mercedes Blvd New Orleans, LA 70114	INSURER C :		
	INSURER D :		
	INSURER E :	L.W.C.C.	
	INSURER F :		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY				0100178889-2	02/11/24	02/11/25	EACH OCCURRENCE	\$	1,000,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				MED EXP (Any one person)	\$	EXCLUDED		
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$	1,000,000		
	<input type="checkbox"/>							GENERAL AGGREGATE	\$	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000		
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT				<input type="checkbox"/>	LOC		\$	
		AUTOMOBILE LIABILITY										COMBINED SINGLE LIMIT (Ea accident)
<input type="checkbox"/>		ANY AUTO	<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per person)	\$						
<input type="checkbox"/>		ALL OWNED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$						
<input type="checkbox"/>		HIRED AUTOS	<input type="checkbox"/>		PROPERTY DAMAGE (Per accident)	\$						
<input type="checkbox"/>						\$						
<input type="checkbox"/>						\$						
	UMBRELLA LIAB							EACH OCCURRENCE	\$			
	EXCESS LIAB			OCCUR				AGGREGATE	\$			
				CLAIMS-MADE					\$			
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$					\$			
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				127693	12/04/23	12/04/24	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000		

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

**CERTIFICATE HOLDER**

C.N. Houseworks, Inc.  
2023 Mercedes Blvd  
New Orleans, LA 70114

## CANCELLATION

**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**

REPRESENTATIVE

Stephan Saul



STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

*Cuong X Nguyen*

Has complied with all requirements of the Louisiana Department of Environmental Quality  
and is authorized to perform the duties of

Lead Project Supervisor

Accreditation No. OS169347

AI No. 169347

Date of Issuance October 10, 2023

Expiration October 13, 2024

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)  
may result in civil and/or criminal enforcement actions by the State.

*Charles Jindley*

Public Participation & Permit Support Division  
Office of Environmental Services



STATE OF LOUISIANA

DEPARTMENT OF ENVIRONMENTAL QUALITY

certifies that

*Jose M Rivas*

Has complied with all requirements of the Louisiana Department of Environmental Quality  
and is authorized to perform the duties of

Lead Worker

Accreditation No. NW198026

AI No. 198026

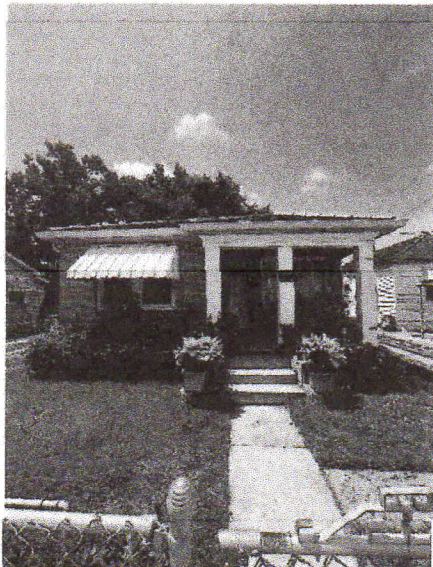
Date of Issuance November 21, 2023

Expiration November 20, 2024

Failure to comply with all applicable provisions of La. R.S. 2025.E. (1)(a) and La. R.S. 2025.F. (2)(a)  
may result in civil and/or criminal enforcement actions by the State.

*Charles Finley*  
Public Participation & Permit Support Division  
Office of Environmental Services





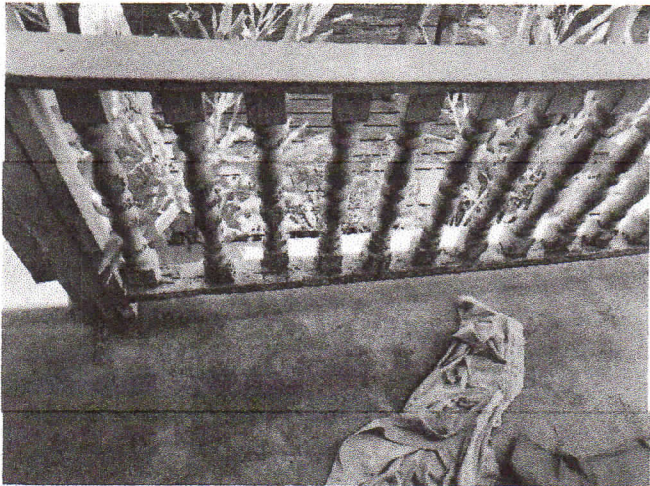
**Photograph #1**

**Location:** Exterior  
**Item #'s:** 6, 7, 8  
**Activity:** Dust Containment, Debris and Waste Removal, LDEQ Lead Project Notification



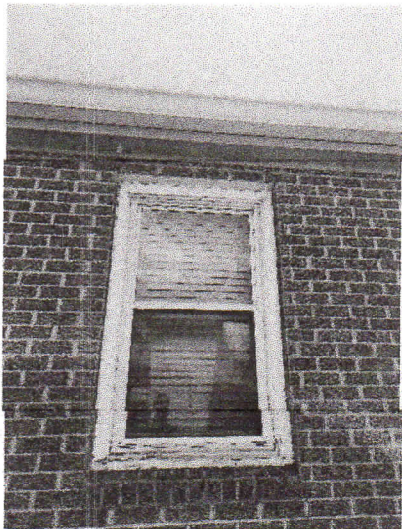
**Photograph #2**

**Location:** Exterior A-side  
**Item #'s:** 1  
**Description:** Door Casing  
**Activity:** Paint Removal, Prime and Paint to match



**Photograph #3**

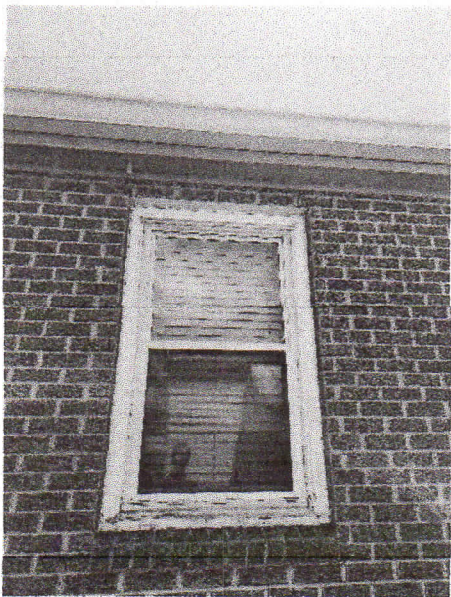
**Location:** Exterior C-side  
**Item #'s:** 2  
**Description:** Post  
**Activity:** Paint Removal, Prime and Paint to match



**Photograph #4**

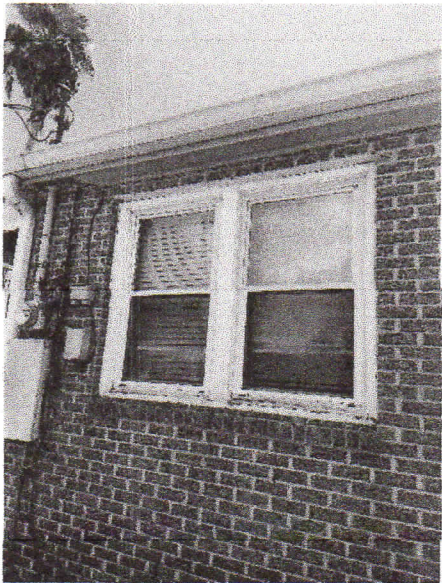
**Location:** Exterior D-side  
**Item #'s:** 3  
**Description:** Window Sill 2  
**Activity:** Paint Removal, Prime and Paint to match





**Photograph #5**

**Location:** Exterior D-side  
**Item #'s:** 4  
**Description:** Window Casing 2  
**Activity:** Paint Removal, Prime and Paint to match



**Photograph #6**

**Location:** Exterior D-side  
**Item #'s:** 5  
**Description:** Window Casing 3  
**Activity:** Paint Removal, Prime and Paint to match