

DATE: 3/09/2023

INVITATION TO BID
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00141527

JEFFERSON PARISH

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

VENDOR: 27118 BLANK BID COPY VENDOR

BUYER: 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

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

30-45 DAYS
14 DAYS

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: 1

NUMBER: _____

NUMBER: _____

NUMBER: _____

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

68353

***** ALL BIDDERS MUST COMPLETE SECTION BELOW *****

FIRM NAME:

LAND CRAFT DESIGN BUILD LLC.

SIGNATURE:

TITLE:

(Must be signed here)

PRINT OR TYPE NAME:

ADDRESS:

645 BROWN AVE.

CITY, STATE:

HARVEY, LA

ZIP:

70058

TELEPHONE:

504 259.2790

FAX:

() N/A.

EMAIL ADDRESS:

LANDCRAFTDB@GMAIL.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 59,999.00

REVISED PER ADDENDUM #1

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00141527

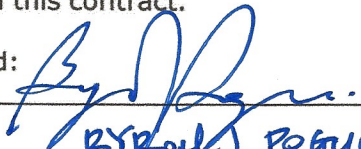
SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	EA	<p>FURNISH LABOR, MATERIALS AND EQUIPMENT TO LANDSCAPE AND REMOVE DEBRIS FOR JEFFERSON PARISH TRANSIT</p> <p>0010 LANDSCAPE</p> <p>JOB SITE: 90 FIRST STREET GRETN, LA</p> <p>NORTHSIDE OF PROPERTY FIRST 150 FT. FLUSH CUT VEGETATION ON BOTH SIDES OF THE DITCH AND ALONG FENCE HAUL ALL DEBRIS</p>	\$ <u>25,000.00</u>	\$ <u>25,000.00</u>
2	1.00	EA	<p>0020 LANDSCAPE</p> <p>JOB SITE LOCATION: 90 FIRST STREET GRETN, LA</p> <p>NORTHSIDE OF PROPERTY SECOND 150 FT FLUSH CUT VEGETATION ON BOTH SIDES OF THE DITCH AND ALONG FENCE REMOVE TREE AND BUSH NEAR THE LIGHT POLE HAUL ALL DEBRIS</p>	\$ <u>25,000.00</u>	\$ <u>25,000.00</u>
3	1.00	EA	<p>0030 LANDSCAPE</p> <p>JOB SITE LOCATION: 90 FIRST STREET GRETN, LA</p> <p>WEST (BACK OF PROPERTY) AND SOUTH OF PROPERTY FLUSH CUT VEGETATION CUT BACK VEGETATION ON JP SIDE OF FENCE (PARKING LOT AREA) HAUL ALL DEBRIS</p> <p>PLEASE SEE BID SPECIFICATIONS</p>	\$ <u>9,999.00</u>	\$ <u>9,999.00</u>
REVISED PER ADDENDUM #1					

Acknowledgement of Required Federal Clauses and Certifications

The Agreement between the Jefferson Parish Department of Transit Administration and the Federal Transportation Administration (FTA) has specific provisions that are passed on to all third-party contractors including, but not limited to, Civil Rights, Nondiscrimination, Affirmative Action/Equal Employment Opportunities, Disadvantaged Business Enterprise, Debarment and Suspension, and all applicable federal regulations. These provisions and all applicable appendices of the Agreement are herein incorporated by reference and made a part of this contract.

Signed:


 BYRON J. POGUE.

Authorized Signing Official

Date

3.16.22

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.

BYRON J POGUE

(Name and Title of bidder's official)

LAND CRAFT DESIGN BUILD LLC.

(Name of bidder/company)

645 BROWN AVE.

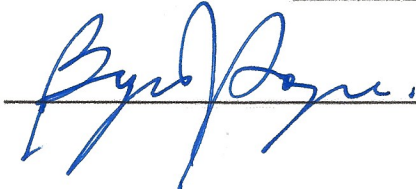
(Address)

HARVEY, LA 70058

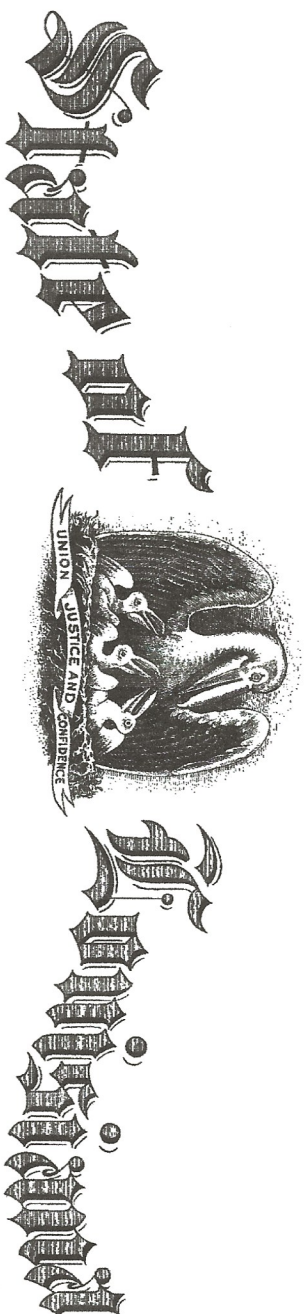
(Address)

PHONE 504.259.2790 FAX N/A

EMAIL LANDCRAFTDB@GMAIL.COM



Signature 3.16.23 Date



State Licensing Board for Contractors

This is to Certify that:
LAND CRAFT DESIGN BUILD LLC
645 Brown Ave.
Harvey, LA 70058

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; SPECIALTY: LANDSCAPING, GRADING AND BEAUTIFICATION; SPECIALTY:
RECREATION & SPORTING FACILITIES & GOLF COURSES; SPECIALTY: SPECIALIZED INTERLOCKING
PAVEMENT SYSTEMS; SPECIALTY: SWIMMING POOLS



Expiration Date: April 23, 2023

License No: 68353

Witness our hand and seal of the Board dated,
Baton Rouge, LA 24th day of April 2022

W. B. MacP
Director

See Mallett
Chairman

This License Is Not Transferrable

Andy D. Mallett
Treasurer



LANDCRA-01

EARMENROUT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2022

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 Paulin Insurance Associates, LLC 2555 Severn Ave, Suite 110 Metairie, LA 70002	CONTACT NAME:	
	PHONE (A/C, No, Ext): +504 3021275 FAX (A/C, No): +504 3012927	
	E-MAIL ADDRESS: cpaulin@paulinins.com	
INSURED Land Craft Design Build, LLC 645 Brown Ave Harvey, LA 70058	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hartford Fire Insurance Company	
	INSURER B:	
	INSURER C:	
	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: Business Liability General Aggre			43SBMAT5W2S	9/22/2022	9/22/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			43SBMAT5W2S	9/22/2022	9/22/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			43SBMAT5W2S	9/22/2022	9/22/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ Umbrella Covera \$ 1,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below N/A		N/A	43WECAT9AFT	9/22/2022	9/22/2023	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)
Subject to policy terms, conditions and exclusions; the certificate holder shall be considered an Additional Insured including both ongoing and completed operations on a Primary and Non-Contributory basis in respects to General Liability, Automobile Liability and Excess policies when required by written contract with a Waiver of Subrogation granted in their favor in respects to General Liability, Automobile Liability, Worker's Compensation, Excess, Professional Liability, and Pollution Liability policies when required by written contract. Excess Policy follows form. Subject to policy terms, conditions and exclusions; 30 Day Notice of Cancellation shall be given.

Project: Churchhill Downs Wash Stall Construction Phase 1; NOLA

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes Only
For Verification please call our office

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2023

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.

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PRODUCER
StateFarm

JERRY KING INSURANCE AGENCY INC.
732 J BEHRMAN HIGHWAY
TERRYTOWN, LA. 70056

CONTACT NAME: JERRY KING

PHONE (A/C, No, Ext): 504-393-2600

FAX (A/C, No): 504-392-6431

E-MAIL ADDRESS: JERRY.KING.B252@STATEFARM.COM

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : State Farm Mutual Automobile Insurance Company

25178

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

LAND CRAFT DESIGN BUILD LLC
645 BROWN AVENUE
HARVEY, LA. 70058

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	427 6890 B30 18	02/28/2023	08/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ E.L. 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

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AUTHORIZED REPRESENTATIVE