

All Public Work Projects are required to use the Louisiana Uniform Public Work Bid Form

All prices must be held firm unless an escalation provision is requested in this bid. Jefferson Parish will allow one escalation during the term of the contract, which may not exceed the U.S. Bureau of Labor Statistics National Index for all Urban Consumers, unadjusted 12 month figure. The most recently published figure issued at the time an adjustment is requested will be used. A request must be made in writing by the vendor, and the escalation will only be applied to purchases made after the request is made.

Are you requesting an escalation provision?

YES _____ NO _____

MAXIMUM ESCALATION PERCENTAGE REQUESTED _____%

INITIAL BID PRICES WILL REMAIN FIRM THROUGH THE DATE OF _____.

For the purposes of comparison of bids when an escalation provision is requested, Jefferson Parish will apply the maximum escalation percentage quoted by the bidder to the period to which it is applied in the bid. The initial price and the escalation will be used to calculate the total bid price. It will be assumed, for comparison of prices only, that an equal amount of material or labor is purchased each month throughout the entire contract.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES _____

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

THIS SECTION MUST BE COMPLETED BY BIDDER:

FIRM NAME: LAP Services, LLC.

ADDRESS: 11714 Industriplex Blvd, Suite B3

CITY, STATE: Baton Rouge, LA ZIP: 70809

TELEPHONE: (225) 290-0337 FAX: (225) 427-0940

EMAIL ADDRESS: support@lapservicesla.com

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.

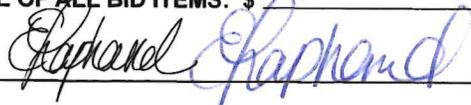
Acknowledge Receipt of Addenda: NUMBER: _____

NUMBER: _____

NUMBER: _____

NUMBER: _____

TOTAL PRICE OF ALL BID ITEMS: \$ 35,166.00

AUTHORIZED SIGNATURE: 

Elisa Laphand

Printed Name

TITLE: Owner

SIGNING INDICATES YOU HAVE READ AND COMPLY WITH THE INSTRUCTIONS AND CONDITIONS.

NOTE: All bids should be returned with the BID NUMBER and BID OPENING DATE indicated on the outside of the envelope submitted to the Purchasing Department.

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145657

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|------|--|-------------------|--------------|
| | | | Two (2) Year Contract for Emergency Roof Repairs and Replacements Parish Wide for the Department of General Services | | |
| 1 | 100.00 | SQFT | 0010-REMOVE EXISTING DAMAGED BUILT-UP/MODIFIED ROOF PRICE PER 100 SQFT | \$ 0.67 | \$ 67.00 |
| 2 | 100.00 | SQFT | 0020-REMOVE EXISTING DAMAGED METAL ROOF PRICE PER 100 SQFT | \$ 2.37 | \$ 237.00 |
| 3 | 100.00 | SQFT | 0030-TEMPORARY ROOF REPLACEMENT-BUILT-UP 45 MIL NON-REINFORCED EPDM PRICE PER 100 SQFT | \$ 3.11 | \$ 311.00 |
| 4 | 100.00 | SQFT | 0040-TEMPORARY ROOF REPLACEMENT-BUILT-UP 1-1/2" POLYURETHANE LOW DENSITY - FOAM PRICE PER 100 SQFT | \$ 2.43 | \$ 243.00 |
| 5 | 100.00 | SQFT | 0050-TEMPORARY ROOF REPLACEMENT-METAL 24 GAUGE 16" METAL ROOF PANELS PRICE PER 100 SQFT | \$ 7.28 | \$ 728 |
| 6 | 100.00 | SQFT | 0060-INSTALL 90 LB TEMPORARY ROOFING FELT - PRICE PER 100 SQFT | \$ 4.94 | \$ 494.00 |
| 7 | 100.00 | SQFT | 0070-INSTALL 45 MIL TPO PRICE PER 100 SQFT | \$ 3.76 | \$ 376.00 |
| 8 | 100.00 | SQFT | 0080-INSTALL MODIFIED BUILT-UP ROOF PRICE PER 100 SQFT | \$ 4.13 | \$ 413.00 |
| 9 | 100.00 | SQFT | 0090-INSTALL ROOF-TAPERED RIGID INSULATION BOARD PRICE PER 100 SQFT | \$ 1.61 | \$ 161.00 |
| 10 | 2,000.00 | LF | 0100-INSTALL ADDITIONAL STEEL PURLINS PRICE PER 2000 LF | \$ 14.89 | \$ 29,780.00 |
| 11 | 100.00 | SQFT | 0110-INSTALL 16" PRE-FINISHED STRIATED STRAIGHT ROOF PANELS | \$ 4.20 | \$ 420.00 |

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145657

SEALED BID

| ITEM NUMBER | QUANTITY | U/M | DESCRIPTION OF ARTICLES | UNIT PRICE QUOTED | TOTALS |
|-------------|----------|------|--|-------------------|-----------|
| | | | PRICE PER 100 SQFT | | |
| 12 | 100.00 | SQFT | 0120-INSTALL 16" PRE-FINISHED STRIATED CURVED ROOF PANELS | \$ 6.81 | \$ 681.00 |
| | | | PRICE PER 100 SQFT | | |
| 13 | 100.00 | SQFT | 0130-INSTALL ASPHALT BUILT-UP ROOF PRICE PER 100 SQFT | \$ 3.30 | \$ 330.00 |
| | | | PRICE PER 100 SQFT | | |
| 14 | 100.00 | SQFT | 0140-INSTALL COAL TAR BUILT-UP ROOF PRICE PER 100 SQFT | \$ 5.08 | \$ 508.00 |
| | | | PRICE PER 100 SQFT | | |
| 15 | 100.00 | SQFT | 0150-INSTALL ARCHITECTURAL ASPHALT SHINGLE ROOF | \$ 3.70 | \$ 370.00 |
| | | | PRICE PER 100 SQFT | | |
| 16 | 1.00 | HR | 0160-ROOFER - NORMAL HOURLY RATE 7:00 AM TO 5:00 PM, MONDAY THRU FRIDAY | \$ 37.00 | \$ 37.00 |
| | | | PRICE PER 100 SQFT | | |
| 17 | 1.00 | HR | 0170-ROOFER HELPER - NORMAL HOURLY RATE 7:00 AM TO 5:00 PM, MONDAY THRU FRIDAY | \$ 10.00 | \$ 10.00 |

Non-Public Works Bid

AFFIDAVIT

STATE OF LOUISIANA

PARISH/COUNTY OF EAST BATON ROUGE

BEFORE ME, the undersigned authority, personally came and appeared: ELISA LAPHAND, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized OWNER of LAP SERVICES, LLC (Entity), the party who submitted a bid in response to Bid Number 50-00145657, 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.

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

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

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.

E. Laphand

Signature of Affiant

Elisa Laphand

Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 31st DAY OF July, 2024.

Cortney Floyd

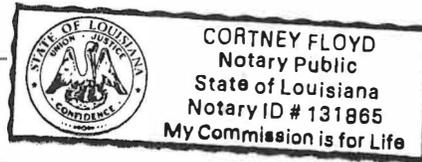
Notary Public

Cortney Floyd

Printed Name of Notary

131865

Notary/Bar Roll Number



My commission expires at death.

| | | | | |
|---|--|--|--------------|------------------------------|
| <p>Nancy Landry Secretary of State</p>  | <p>LIMITED LIABILITY COMPANY ANNUAL REPORT For Period Ending 6/13/2024</p> |  43499646K  2024 | | |
| <p>Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)</p> <p>43499646 K LAP SERVICES, LLC</p> <p>11714 INDUSTRIPLEX, SUITE B-3 BATON ROUGE, LA 70809</p> | <p>1</p> | <p>(INDICATE CHANGES TO THIS ADDRESS IN THIS BOX)</p> <p>Registered Office Address in Louisiana (Do not use P. O. Box) 11714 INDUSTRIPLEX, SUITE B-3 BATON ROUGE, LA 70809</p> | | |
| | | <p>Federal Tax ID Number</p> | | |
| <p>Our records indicate the following registered agents for the company. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box. A</p> <p>NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE.</p> <p>REGISTERED AGENTS INC 201 RUE BEAUREGARD, STE. 202 LAFAYETTE, LA 70508</p> | | | | |
| <p>I hereby accept the appointment of registered agent(s).</p> | <p>Sworn to and subscribed before me on NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #</p> | | | |
| <p>New Registered Agent Signature</p> | <p>Notary Signature</p> | <p>Date</p> | | |
| <p>This report reflects a maximum of three members/managers for the company. Indicate any changes or deletions below. Include a listing of all names and addresses. Do not use a P. O. Box. If additional space is needed attach an addendum. <i>Officer titles, such as president or secretary are not acceptable.</i></p> | | | | |
| <p>ELISA LAPHAND 375 CARNEY RD ZACHARY, LA 70791</p> <p>BEVERLY JENKINS 375 CARNEY RD ZACHARY, LA 70791</p> <p>JAMES COX 11555 SOUTHFORK AVE APT 1091 BATON ROUGE, LA 70816</p> | <p>Manager, Member</p> <p>Member</p> <p>Member</p> | | | |
| <p>The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.</p> | | | | |
| <p>SIGN →</p> | <p>To be signed by a manager, member, or agent Elisa Laphand (SIGNED ELECTRONICALLY)</p> | <p>Title Member</p> | <p>Phone</p> | <p>Date 05/21/2024</p> |
| <p>Signee's address</p> | | <p>Email Address ON FILE</p> | | <p>(For Office Use Only)</p> |
| <p>Enclose filing fee of \$30.00</p> <p>Make remittance payable to Secretary of State Do Not Send Cash Do Not Staple</p> <p>web site: www.sos.louisiana.gov</p> | | <p>Return by: 6/13/2024</p> <p>To: Commercial Division P. O. Box 94125 Baton Rouge, LA 70804-9125 Phone (225) 925-4704</p> | | <p>DO NOT STAPLE</p> |
| | | | | <p>4</p> |

UNSIGNED REPORTS WILL BE RETURNED

**Annual Report Supplemental Page
for Period Ending 6/13/2024**

Charter Number : 43499646K

Charter Name: LAP SERVICES, LLC

Additional Officers

SAMUEL LAPHAND Member
375 CARNEY RD ZACHARY, LA 70791



LAPSE-1

OP ID: JF

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2024

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 Henry Insurance Service, Inc. 9624 Brookline Suite 200 Baton Rouge, LA 70809 Ronnie Rosenson | 225-927-0451 | CONTACT NAME: Ronnie Rosenson PHONE (A/C, No, Ext): 225-927-0451 FAX (A/C, No): 225-926-8510 E-MAIL ADDRESS: Ronnie@henryinsuranceservice.com |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED LAP Services, LLC 11714 Industriplex Blvd Ste B Baton Rouge, LA 70809 | INSURER A: Guide One National Insurance | NAIC # 15032 |
| | INSURER B: Berkshire Hathaway Specialty Insurance Company | 22276 |
| | INSURER C: National Casualty Company | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 936057163 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | X | ENV562007034-02 | 10/14/2023 | 10/14/2024 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | | PRODUCTS - COM/POP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 | | | LAAU443985 | 9/28/2023 | 9/28/2024 | 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| C | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WCC349374A | 3/20/2024 | 3/20/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | \$ 1,000,000 |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Pollution liab | X | X | ENV562007034-02 | 10/14/2023 | 10/14/2024 | Poll Liab | \$1M / \$2M |
| A | Professional liab | | | ENV562007034-02 | 10/14/2023 | 10/14/2024 | Prof Liab | \$1M / \$2M |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
GL deductible \$1000 BI/PD combines per occurrence
Pollution Liability - \$1000 deductible each pollution condition
Professional Liability - \$1000 deductible each wrongful act

| | |
|--|--|
| CERTIFICATE HOLDER ALACRI1 Louisiana State Licensing Board for Contractors 600 North Street Baton Rouge, LA 70802 | 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  |
|--|--|

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed prior to award. **(Bid No. 50-00145657 Two (2) Year Contract for Emergency Roof Repairs and Replacements Parish Wide for the Department of General Services)**

Anti-Lobbying Form

CERTIFICATION OF RESTRICTIONS ON LOBBYING

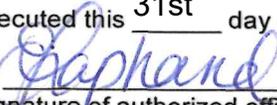
I, Elisa Laphand, hereby certify on
(name and title of bidder's official)

behalf of LAP Services, LLC 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 31st day of July, 2024.

By 
(signature of authorized official)

Owner
(title of authorized official)

APPENDIX A: The ensuing contract for this bid solicitation may be eligible for FEMA reimbursement. As such Appendix A will be applicable accordingly and shall be considered a part of the bid documents. All applicable certifications must be duly completed, signed prior to award. **(Bid No. 50-00145657 Two (2) Year Contract for Emergency Roof Repairs and Replacements Parish Wide for the Department of General Services)**

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.

Elisa Laphand

(Name and Title of bidder's official)

LAP Services, LLC

(Name of bidder/company)

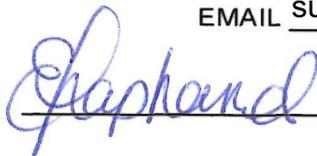
11714 Industriplex Blvd, Suite B3

(Address)
Baton Rouge, LA 70809

(Address)

PHONE 225-290-0337 FAX 225-427-0940

EMAIL support@lapservicesla.com



Signature 07/31/2024

Date