

DATE: 9/4/2024

Page: 6

BID NO.: 50-00146118

**BID FORM**  
Non Public Works

**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 XXXXXXXX

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 \_\_\_\_\_ N/A

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) \_\_\_\_\_ N/A

**THIS SECTION MUST BE COMPLETED BY BIDDER:**

FIRM NAME: John E. Schmidt

ADDRESS: 7010 78th St.

CITY, STATE: Meriden KS ZIP: 66512

TELEPHONE: ( 504 ) 415-5504 FAX: (      ) N/A

EMAIL ADDRESS: englishturntrapper@yahoo.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: 1

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

TOTAL PRICE OF ALL BID ITEMS: \$ 228,000.00

AUTHORIZED SIGNATURE: \_\_\_\_\_

John E. Schmidt

Printed Name

TITLE: Owner/Proprietor

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.: 50-00146118

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	24.00	MO	<p>Two (2) Year Contract to Provide on an as needed basis, Wildlife Mitigation for the Jefferson Parish Department of Parks and Recreation and All Jefferson Parish Agencies and Municipalities</p> <p>0001 MONTHLY PRICE FOR WILDLIFE MITIGATION- AS NEEDED, LABOR, MATERIALS &amp; EQUIPMENT NECESSARY TO MITIGATE WILDLIFE FOR JEFFERSON PARISH.</p>	\$ 9500.00	\$ 228,000.00

## **SOLE PROPRIETORSHIP CERTIFICATION**

I, John E. Schmidt (Sole Proprietor Name) hereby confirm and certify that I am engaged in business under the assumed name and style of the company, and the location listed below:

John E. Schmidt, 7010 78th St. Meriden KS 66512

---

I also certify that I am the sole owner of said entity and the business so conducted which is not operated as corporation, limited liability, company, partnership or trust and no other person, partnership, firm or corporation has any right, title or ownership interest therein. I certify that both I and my entity named below are considered a single entity for tax and liability purposes, and all securities, commodity futures and other property in the name of Sole Proprietorship belong to me and are owned solely by me.

  
Signature

Date: 9/30/2024

John E. Schmidt  
Printed Name

**Non-Public Works Bid**

**AFFIDAVIT**

**STATE OF** Kansas

**PARISH/COUNTY OF** Jefferson

BEFORE ME, the undersigned authority, personally came and appeared: \_\_\_\_\_

John E. Schmidt, (Affiant) who after being by me duly sworn, deposed and said that he/she is the fully authorized Owner/Proprietor of John E. Schmidt (Entity), the party who submitted a bid in response to Bid Number 50-00146118, 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** XXXXX 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.

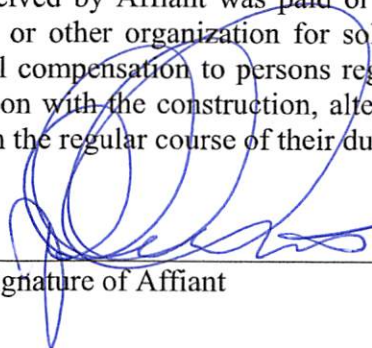
**Choice B** xxxxx There are **NO** debts which would require disclosure under Choice A of this section.

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.

  
\_\_\_\_\_  
Signature of Affiant

John E. Schmidt  
\_\_\_\_\_  
Printed Name of Affiant

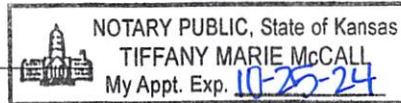
SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 27 DAY OF September 2024

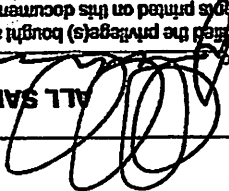
  
\_\_\_\_\_  
Notary Public

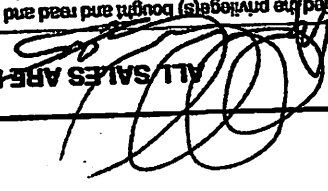
Tiffany Marie McCall  
\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number



My commission expires 10-25-2024.

<b>LOUISIANA DEPT OF WILDLIFE &amp; FISHERIES</b> LICENSE	
LDWF # 0112315858 JOHN SCHMIDT 7010 78TH STREET MERIDEN, KS 66512	
NON-RESIDENT DL/ID # 007966864, LA 1/9/1959 MALE Hunter Certification # 00087777, LA	
0109 NR LA SPORTSMAN'S PARADISE \$400.00	
effective 5/31/2024 to 5/30/2025 FISHING OFFSHORE? YOU MAY NEED A RECREATIONAL OFFSHORE LANDING PERMIT LEARN MORE AT WLF.LOUISIANA.GOV/PAGE/ROLF	
Total \$400.00	
Signature:  I have verified the privileges(s) bought and read and agree to the conditions and requirements printed on this document. Tags and permits may be reprinted, but you are limited to using only the number of tags and permits issued to you. This document is your official license and permit.	
Vendor: INTERNET AGENT Tran # 1117498803 05/31/2024 02:51 PM	

<b>LOUISIANA DEPT OF WILDLIFE &amp; FISHERIES</b> LICENSE	
LDWF # 0112315858 JOHN SCHMIDT 7010 78TH STREET MERIDEN, KS 66512	
NON-RESIDENT DL/ID # 007966864, LA 1/9/1959 MALE Hunter Certification # 00087777, LA	
0035 NR TRAPPER \$160.00	
effective 5/31/2024 to 5/30/2025	
Total \$160.00	
Signature:  I have verified the privileges(s) bought and read and agree to the conditions and requirements printed on this document. Tags and permits may be reprinted, but you are limited to using only the number of tags and permits issued to you. This document is your official license and permit.	
Vendor: INTERNET AGENT Tran # 1117498821 05/31/2024 02:58 PM	

## OFFICIAL LICENSE

LIC#: 398778 EXP: 12/31/2024  
DOB: 1/9/1959

JOHN E SCHMIDT  
7010 78TH ST  
MERIDEN KS 66512

I NUISANCE WILDLIFE CONTROL OPERATOR



NOT VALID UNLESS SIGNED ON REVERSE SIDE

I have read the contents of the attached letter. By obtaining and signing this license, I hereby certify that I meet the residency requirements set forth in R.S. 56:8 and any other requirements specified in the attached document. I understand that furnishing false documents or otherwise obtaining any Department issued license by fraud or false representations may subject me to criminal penalties including fine and/or imprisonment.

  
SIGNATURE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2024

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).

<b>PRODUCER</b> Christian-Baker Company PO Box 158 Camp Hill PA 17001	<b>CONTACT NAME:</b> Joanne Krepps <b>PHONE (A/C No. Ext):</b> 717-761-4712 <b>E-MAIL ADDRESS:</b> wildlifeservice@christianbakerc.com <b>FAX (A/C No.):</b> 717-761-5810
<b>INSURED</b> Trapper John Animal Damage Control 7010 78th Street Meriden KS 66512	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Insurance Companies <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 10677

**COVERAGES****CERTIFICATE NUMBER:** 1345427863**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		ETN0650463	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER 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)

Jefferson Parish, it's Districts, Departments, and Agencies under the direction of the Parish President and the Parish Council, Jefferson Parish Recreation Department bid # 50-00146118 additional insured as respects General Liability, including Completed Operations, when required by written contract prior to a loss.

**CERTIFICATE HOLDER****CANCELLATION**

Jefferson Parish Recreation Department  
7437 Lapalco Blvd  
Marrero LA 70072

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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/27/2024

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<b>PRODUCER</b> <b>StateFarm</b>  Gus Suarez 515 Arizona PO Box 388  Holton KS 664360388	<b>CONTACT</b> NAME: Gus Suarez PHONE (A/C, No, Ext): 785-364-3890 E-MAIL ADDRESS: gus.suarez.c0wu@statefarm.com FAX (A/C, No):  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>INSURER B:</b> State Farm Fire & Casualty Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 25178 25143
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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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	323 7863-C01-16B 16-6207-c25	09/01/2024 09/25/2024	03/01/2025 03/25/2025	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 \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> DED RETENTION \$			16-CE-M060-4	03/02/2024	03/02/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ PER STATUTE OTH-ER \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				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

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



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**Insurance Declaration Affidavit  
Worker's Compensation**

AFFIDAVIT

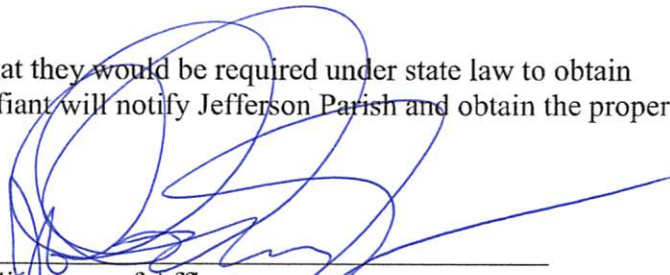
STATE OF Kansas

PARISH/COUNTY OF Jefferson

BEFORE ME, the undersigned authority, personally came and appeared,  
John E. Schmidt, (Affiant) who after being duly sworn, deposed and said that he/she  
is the fully authorized Owner/Sole Proprietor of John E. Schmidt (Entity), the  
party who submitted a Proposal/Contract/Bid/RFP/SOQ No. 50-00146118, to Jefferson Parish.

Affiant further said:

- (1) That affiant has no employees in which Worker's Compensation Insurance is required pursuant to state law.
- (2) That if affiant hires employees such that they would be required under state law to obtain Worker's Compensation Insurance, affiant will notify Jefferson Parish and obtain the proper coverage.

  
\_\_\_\_\_  
Signature of Affiant

John E. Schmidt

\_\_\_\_\_  
Printed Name of Affiant

SWORN AND SUBSCRIBED TO BEFORE ME

ON THE 27 DAY OF September 20 24

Tiffany Marie McCall  
Notary Public

Tiffany Marie McCall  
Printed Name of Notary

\_\_\_\_\_  
Notary/Bar Roll Number



My commission expires October 25, 2024