

## SOQ 24-012

#### **PROVIDE PROFESSIONAL ACCOUNTING SERVICES**

## Submission Deadline: May 9, 2024, at 3:30 PM

#### **ATTENTION VENDORS!!!**

<u>Please review all pages and respond accordingly, complying with all provisions</u> <u>in the public notice and Jefferson Parish Code of Ordinances Section 2-926 et</u> <u>seq. All submisisons must be received on the Purchasing Department's</u> <u>e-Procurement site, www.jeffparishbids.net, by the SOQ submission deadline</u> <u>date and time. Late submissions will not be accepted.</u>

> Jefferson Parish Purchasing Department General Government Building 200 Derbigny Street, Suite 4400 Gretna, LA 70053

> > Doris Abraham dabraham@jeffparish.net 50-364-2690

#### PUBLIC NOTICE SOQ 24-012

#### TO PROVIDE PROFESSIONAL ACCOUNTING SERVICES

The Parish of Jefferson, authorized by <u>**Resolution No. 144089**</u>, is hereby soliciting a Statement of Qualifications from persons or firms interested in providing professional accounting services.

#### DEADLINE FOR SUBSMISSIONS: <u>3:30 p.m., May 9, 2024</u>

That the Purchasing Department is hereby authorized to advertise for submittals of Statements of Qualifications from CPA firms/individuals or qualified persons or firms interested in providing professional accounting services including, and not to limited to, financial and programmatic audit support staffing, preparation of various accounting reports, and other duties as assigned on an as needed basis for the Jefferson Parish Department of Accounting, and other Director of Finance Departments as needed for a three-year period with an option to extend the contract for two additional one-year periods if agreeable by both parties. (Parishwide)

To be considered, a person or firm submitting a proposal must have at least one (1) firm representative who has at least five (5) years of experience in providing the same or similar types of professional accounting services to government clients.

The following criteria shall be used to evaluate the Statements of Qualification the firms/individuals submit:

(1) Professional training and experience of the CPA firms/individuals or qualified person or firms assigned to this project and the breadth of experience in the performance of such duties (25 points)

(2) Capacity for timely completion of the work; (15 points)

(3) Nature, quantity and value of such services performed for other public entities; (20 points)

(4) The nature, quantity and value of Jefferson Parish work previously and currently being performed; (20 points)

(5) The size of the firm based on the number of personnel, as related to the project requirements and/or scope; (10 points)

(6) Proposed fee schedule. Fee schedule should be presented such that the fees for various levels of staff based upon experience is presented separately. (10 points)

The person or firm submitting a Statement of Qualification (<u>General Professional</u> <u>Services Questionnaire</u>) must identify all subcontractors who will assist in providing professional services for the project, in the professional services questionnaire. Each subcontractor shall be required to submit a (<u>General Professional Services</u> <u>Questionnaire</u>) and all documents and information included in the questionnaire. (Refer to Jefferson Parish Code Ordinance, Section 2-928)

All persons or firms (including subcontractors) must submit a Statement of Qualifications (<u>General Professional Services Questionnaire</u>) by the deadline. The latest professional services questionnaire may be obtained by contacting the Purchasing Department at (504) 364-2678 or via the Jefferson Parish website at <u>www.jeffparish.net</u>. This questionnaire can be accessed by hovering over "Business and Development" on the website and clicking on the Professional Services Questionnaires option under "Doing Business in Jefferson Parish".

Submissions will only be accepted electronically via Jefferson Parish's e-Procurement site, Central Bidding at <u>www.centralauctionhouse.com</u> or <u>www.jeffparishbids.net</u>. Registration is required and free for Jefferson Parish vendors by accessing the following link: <u>www.centralauctionhouse.com/registration.php</u>.

No submittals will be accepted after the deadline.

Affidavits are not required to be submitted with the Statement of Qualifications, but shall be submitted prior to contract approval.

Proposer shall furnish the Parish with certificates of insurance evidencing Professional Liability insurance prior to contract approval. The FIRM shall also secure and maintain at their expense professional liability insurance with minimal acceptable limits of \$1,000,000 per claim and \$2,000,000 annual aggregate.

Disputes/protests relating to the decisions by the evaluation committee or by the Jefferson Parish Council shall be brought before the 24<sup>th</sup> Judicial Court.

#### ADV: The New Orleans Advocate: May 1, 2024

# **General Professional Services Questionnaire Instructions**

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- <u>The General Professional Services Questionnaire</u> <u>should be completely filled out. Complete and attach</u> <u>ALL sections. Insert "N/A" or "None" if a section does</u> <u>not apply or if there is no information to provide.</u>
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

## **General Professional Services Questionnaire**

| A. Project Name and Advertisement Resolution Number:  |
|---|
|   |
|   |
|   |
| B. Firm Name & Address:   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the        |
| Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field |
| required for this Project:  |
| required for this r toject.   |
|   |
|   |
|   |
|   |
|   |
| Jetterson   |
|   |
|   |
| D. Address of principal office where Project work will be performed:                                    |
|   |
|   |
|   |
| Ctate of Louisiana  |
| State of Louisiana  |
|   |
|   |
| E. Is this submittal by a JOINT-VENTURE? Please check:  |
| YES NO  |
|   |
| If mended (M-2) also to Greation II. If mended (M-2) annual to Greations F.C.                           |
| If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.                                |
|   |
| F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of         |
| responsibility (including administrative, technical, and financial) for each firm. Please               |
| attach additional pages if necessary.   |
| 1.  |
|   |
|   |
|   |
| 2.  |
|   |
|   |
|   |
|   |

**General Professional Services Questionnaire** 

| G. Has this JOINT-VENTURE p  | previously worked together? Please c | heck: YES NO                         |
|--|--------------------------------------|--------------------------------------|
| H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a</u><br><u>fully completed copy of this questionnaire</u> , applicable licenses, and any other information required by<br>the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional<br>pages if necessary. |                                      |                                      |
| Name & Address:  | Specialty:                           | Worked with Firm Before (Yes or No): |
| 1.   |                                      |                                      |
| 2.   | Jeffer                               | son                                  |
| 3.   | Parish<br>State of Lou               | lisiana                              |
| 4.   |                                      |                                      |
| 5.   |                                      |                                      |

## **General Professional Services Questionnaire**

| I. Please specify the total number of support personnel that may assist in the completion of this Project:  |  |
|---|--|
| J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary. |  |
| PROFESSIONAL NO. 1  |  |
| Name & Title:   |  |
|   |  |
| Name of Firm with which associated:   |  |
|   |  |
|   |  |
|   |  |
| Description of job responsibilities:  |  |
| <b>UD</b> Parish  |  |
| Years' experience with this Firm:   |  |
| Years' experience with this Firm:<br>State of Louisiana   |  |
|   |  |
|   |  |
| Education: Degree(s)/Year/Specialization:   |  |
|   |  |
|   |  |
|   |  |
| Other experience and qualifications relevant to the proposed Project:   |  |
| Stater experience und quanteations relevant to the proposed rioject   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

| PROFESSIONAL NO. 2  |  |  |
|---|--|--|
| Name & Title:   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Name of Firm with which associated:                                   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Description of job responsibilities:                                  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Years' experience with this Firm:                                     |  |  |
|   |  |  |
|   |  |  |
| Dovich  |  |  |
| Education: Degree(s)/Year/Specialization:                             |  |  |
|   |  |  |
| State of Louisiana  |  |  |
|   |  |  |
| Other experience and qualifications relevant to the proposed Project: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| PROFESSIONAL NO. 3  |  |  |
|---|--|--|
| Name & Title:   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Name of Firm with which associated:                                   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Description of job responsibilities:                                  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Years' experience with this Firm:                                     |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Education: Degree(s)/Year/Specialization:                             |  |  |
|   |  |  |
| State of Louisiana  |  |  |
|   |  |  |
| Other experience and qualifications relevant to the proposed Project: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| PROFESSIONAL NO. 4  |  |  |
|---|--|--|
| Name & Title:   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Name of Firm with which associated:                                   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Description of job responsibilities:                                  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Years' experience with this Firm:                                     |  |  |
| JEIESON   |  |  |
|   |  |  |
|   |  |  |
| Education: Degree(s)/Year/Specialization:                             |  |  |
|   |  |  |
| State of Louisiana  |  |  |
| State of Louisiana  |  |  |
| Other experience and qualifications relevant to the proposed Project: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

| PROFESSIONAL NO. 5  |  |
|---|--|
| Name & Title:   |  |
|   |  |
|   |  |
|   |  |
| Name of Firm with which associated:                                   |  |
|   |  |
|   |  |
|   |  |
| Description of job responsibilities:                                  |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Years' experience with this Firm:                                     |  |
|   |  |
|   |  |
|   |  |
| Education: Degree(s)/Year/Specialization:                             |  |
|   |  |
| State of Louisiana  |  |
|   |  |
| Other experience and qualifications relevant to the proposed Project: |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

## **General Professional Services Questionnaire**

| K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary. |                                   |
|--|-----------------------------------|
| PROJECT NO. 1  |                                   |
| Project Name, Location and<br>Owner's contact information:   | Description of Services Provided: |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:   | Cost of Services Provided:        |
|  |                                   |
|  | Jefferson                         |
|  |                                   |

| PROJECT NO. 2  |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |

| PROJECT NO. 3  |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |
|  |                                   |
|  | offeren                           |
|  | JEIEISUI                          |
|  |                                   |

| PROJECT NO. 4  |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
|  | State of Louisiana                |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |
|  |                                   |
|  |                                   |

| PROJECT NO. 5  |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |
|  |                                   |
|  | lofforcon                         |
|  | JEIEISUI                          |
|  |                                   |

| PROJECT NO. 6  |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
|  | State of Louisiana                |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |
|  |                                   |
|  |                                   |

| PROJECT NO. 7  |                                   |  |
|--|-----------------------------------|--|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
| Length of Services Provided:                               | Cost of Services Provided:        |  |
|  |                                   |  |
|  |                                   |  |
|  |                                   |  |
|  | Jererson                          |  |
|  |                                   |  |
|  |                                   |  |

| PROJECT NO. 8  |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
|  | State of Louisiana                |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |
|  |                                   |
|  |                                   |

| PROJECT NO. 9 |                                   |  |
|---------------|-----------------------------------|--|
|               | Description of Services Provided: | Project Name, Location and<br>Owner's contact information: |
|               |                                   |  |
|               |                                   |  |
|               |                                   |  |
|               |                                   |  |
|               |                                   |  |
|               |                                   |  |
|               |                                   |  |
|               |                                   |  |
|               | Cost of Services Provided:        | Length of Services Provided:                               |
|               |                                   |  |
|               |                                   |  |
|               | Loffeyoon                         |  |
|               | Jenerson                          |  |
|               |                                   |  |
|               | Cost of Services Provided:        | Length of Services Provided:                               |

| PROJECT NO. 10   |                                   |
|--|-----------------------------------|
| Project Name, Location and<br>Owner's contact information: | Description of Services Provided: |
|  | State of Louisiana                |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
|  |                                   |
| Length of Services Provided:                               | Cost of Services Provided:        |
|  |                                   |
|  |                                   |
|  |                                   |

**General Professional Services Questionnaire** 

| L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary. |                               |  |
|--|-------------------------------|--|
|  | rties:                        |  |
| Plaintiff:   | Defendant:                    | Status/Result of Case:                             |
| 1.   |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
| 2.   |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
| 3.   |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
| 4.   |                               |  |
|  |                               | terson   |
|  |                               |  |
|  |                               |  |
| M. Use this space to pro   | vide any additional informa   | tion or description of resources supporting Firm's |
| qualifications for the   |                               |  |
|  |                               |  |
|  | State                         | of Louisiana                                       |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
| N. To the best of my knowledge, the foregoing is an accurate statement of facts.   |                               |  |
| IN. TO the best of my kno  | wieuge, the foregoing is an a | courate statement of facts.                        |
| Signature:   | P                             | rint Name:   |
| Title:   | D                             | ate:   |
|  |                               |  |

#### STANDARD INSURANCE REQUIREMENTS FOR BIDDING PURPOSES

All required insurance under this bid shall conform to Jefferson Parish Resolution No. 113646 or No. 113647, as applicable. Contractors may not commence any work under any ensuing contract unless and until all required insurance and associated evidentiary requirements thereto have been met, along with any additional specifications contained in the **Invitation to Bid**. Except as where otherwise precluded by law, the Parish Attorney or his designee, with the concurrence of the Director of Risk Management or his designee, may agree on a case-bycase basis, to deviate from Jefferson Parish's standard insurance requirements, as provided in this Section. Vendors requesting deviation therefrom shall submit such requests in writing, along with compelling substantiation, to the Purchasing Department prior to the bid's due date. Any changes to the insurance requirements will be reflected in the bid specifications and addenda. Prior to contract execution and at all times thereafter during the term of such contract, contractors must provide and continuously maintain all coverages as required by the foregoing Resolutions, and the contract documents. Failure to do so shall be grounds for suspension, discontinuation or termination of the contract.

For bidding purposes, bidders must submit with bid submission a current (valid) insurance certificate evidencing the required coverages. Failure to comply will cause bid to be rejected. The current insurance certificate will be used for proof of insurance at time of evaluation. Thereafter, and prior to contract execution, the low bidder will be required to provide final insurance certificates to the Parish which shall name **the Jefferson Parish**, **its Districts Departments and Agencies under the direction of the Parish President and the Parish Council** as additional insureds regarding negligence by the contractor for the Commercial General Liability and the Comprehensive Automobile Liability policies. Additionally, said certificates should reflect the name of the Parish Department receiving goods and services and reference the respective Jefferson Parish bid number.

### JEFFERSON PARISH REQUIRED STANDARD INSURANCE

#### WORKER'S COMPENSATION INSURANCE

As required by Louisiana State Statute, exception; Employer's Liability, Section B shall be \$1,000,000 per occurrence when Work is to be over water and involves maritime exposures to cover all employees not covered under the State Worker's Compensation Act, otherwise this limit shall be no less than \$500,000 per occurrence.

Note: If your company is not required by law to carry workmen's compensation insurance, i.e. not a Louisiana company, sole employee of the company, then bidders must request a workmen's compensation insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

#### COMMERCIAL GENERAL LIABILITY

Shall provide limits not less than the following: \$1,000,000.00 Combined Single Limit per Occurrence for bodily injury and property damage.

#### COMPREHENSIVE AUTOMOBILE LIABILITY

Bodily injury liability \$1,000,000.00 each person; \$1,000,000.00 each occurrence. Property Damage Liability \$1,000,000.00 each occurrence.

Note: This category may be omitted if bidders do not/will not utilize company vehicles for the project or do not possess company vehicles. Bidder must request an automobile insurance declaration affidavit prior to the bid opening date. This insurance declaration affidavit must be fully completed, signed, properly notarized and submitted with the bid. A scanned copy of the completed, signed and properly notarized affidavit may be submitted with the bid; however, the successful bidder must submit the original affidavit in its original format and without material alteration upon contract execution. Failure to comply will result in the bid submission being rejected as non-responsive. The Parish reserves the right to award bid to the next lowest responsive and responsible bidder in this event.

**DEDUCTIBLES** - The Parish Attorney with concurrence of the Director of Risk Management have waived the deductible section of the Terms and Conditions for all Invitations to Bid, until further notice.

### UMBRELLA LIABILITY COVERAGE

An umbrella policy or excess may be used to meet minimum requirements.

#### FOR CONSTRUCTION AND RENOVATION PROJECTS:

The following are required if selected below. Such insurance is due upon contract execution.

#### OWNER'S PROTECTIVE LIABILITY

To be for the same limits of liability for bodily injury and property damage liability established for commercial general liability.

#### BUILDER'S RISK INSURANCE

The contractor shall maintain Builder's Risk Insurance at his own expense to insure both the owner (Parish of Jefferson) and contractor as their interest may appear.

# Statement of Qualifications Affidavit Instructions

- Affidavit is supplied as a courtesy to Affiants, but it is the responsibility of the affiant to insure the affidavit they submit to Jefferson Parish complies, in both form and content, with federal, state and parish laws.
- Affidavit must be signed by an authorized representative of the entity or the affidavit will not be accepted.
- Affidavit must be notarized or the affidavit will not be accepted.
- Notary must sign name, print name, and include bar/notary number, or the affidavit will not be accepted.
- Affiant MUST select either A or B when required or the affidavit will not be accepted.
- Affiants who select choice A must include an attachment or the affidavit will not be accepted.
- If both choice A and B are selected, the affidavit will not be accepted.
- Affidavit marked N/A will not be accepted.
- It is the responsibility of the Affiant to submit a new affidavit if any additional campaign contributions are made after the affidavit is executed but prior to the time the council acts on the matter.

Instruction sheet may be omitted when submitting the affidavit

#### **Statement of Qualifications**

#### AFFIDAVIT

STATE OF \_\_\_\_\_

PARISH/COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_, (Affiant) who after being by me duly sworn, deposed and said that

he/she is the fully authorized \_\_\_\_\_\_ of \_\_\_\_\_(Entity),

the party who submitted a Statement of Qualifications (SOQ) to \_\_\_\_\_

\_\_\_\_\_ (Briefly describe the services the SOQ

will cover), to the Parish of Jefferson.

Affiant further said:

Campaign Contribution Disclosures

# (Choose A <u>or</u> B, if option A is indicated please include the required attachment):

| Choice A | Attached hereto is a list of all campaign contributions, including<br>the date and amount of each contribution, made to current or<br>former elected officials of the Parish of Jefferson by Entity,<br>Affiant, and/or officers, directors and owners, including<br>employees, owning 25% or more of the Entity during the two-year<br>period immediately preceding the date of this affidavit or the<br>current term of the elected official, whichever is greater. Further,<br>Entity, Affiant, and/or Entity Owners have not made any<br>contributions to or in support of current or former members of the<br>Jefferson Parish Council or the Jefferson Parish President through<br>or in the name of another person or legal entity, either directly or<br>indirectly. |
|----------|--|
| Choice B | there are <u>NO</u> campaign contributions made which would require disclosure under Choice A of this section.   |

Affiant further said:

Debt Disclosures

# (Choose A <u>or</u> 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<br>elected or appointed official of the Parish of Jefferson, and any and<br>all debts owed by any elected or appointed official of the Parish to<br>the Affiant. |
|-----------------|--|
| Choice B        | There are <u>NO</u> debts which would require disclosure under Choice A of this section.   |
| t further said: |  |

Solicitation of Campaign Contribution Disclosures

## (Choose A or B, if option A is indicated please include the required

#### attachment):

Affiant

| Choice A | Attached hereto is a list of all elected officials of the Parish of Jefferson, whether still holding office at the time of the affidavit or not, where the elected official, individually, either by <b>telephone or</b>   |
|----------|--|
|          | <b>by personal contact</b> , solicited a campaign contribution or other<br>monetary consideration from the Entity, including the Entity's<br>officers, directors and owners, and employees owning twenty-five<br>percent (25%) or more of the Entity, during the two-year period<br>immediately preceding the date the affidavit is signed. Further, to<br>the extent known to the Affiant, the date of any such solicitation is<br>included on the attached list. |
| Choice B | there are <u>NO</u> solicitations for campaign contributions which would require disclosure under Choice A of this section.  |

Affiant further said:

Subcontractor Disclosures

# (Choose A <u>or</u> B, if option A is indicated please include the required attachment):

| Choice A | Affiant further said that attached is a listing of all subcontractors, excluding full time employees, who may assist in providing professional services for the aforementioned SOQ. |
|----------|---|
| Choice B | There are <u>NO</u> subcontractors 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

Printed Name of Affiant

# SWORN AND SUBSCRIBED TO BEFORE ME

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_.

Notary Public

Printed Name of Notary

Notary/Bar Roll Number

My commission expires \_\_\_\_\_\_.