



## ST. TAMMANY PARISH

PATRICIA P. BRISTER  
PARISH PRESIDENT

### **NOTICE FOR STATEMENT OF QUALIFICATIONS**

St. Tammany Parish is seeking responses for the following:

#### **STATEMENT OF QUALIFICATIONS – ESSENTIAL SERVICES**

Responses will be received by the Department of Procurement, **until 4:30 PM CST Monday, June 25, 2018.**

All companies submitting a Statement of Qualifications (SOQ):

- may obtain the current SOQ form by emailing [soq@stpgov.org](mailto:soq@stpgov.org) or at <http://www.stpgov.org/departments/procurement>;
- must submit the SOQ on the Parish provided Statement of Qualifications Form – Essential Services.
- should submit to [soq@stpgov.org](mailto:soq@stpgov.org) no later than **4:30 PM Monday, June 25, 2018.**

**A non-mandatory informational meeting will be held at the St. Tammany Parish Government Administrative Complex, Building B, 21454 Koop Drive, Mandeville, LA 70471 at 2:00 PM on Monday, June 18, 2018 in the Staff Conference Room.**

Procurement Department



## ST. TAMMANY PARISH

PATRICIA P. BRISTER  
PARISH PRESIDENT

### STATEMENTS OF QUALIFICATIONS ESSENTIAL SERVICES

St. Tammany Parish Government (Parish) is soliciting Statements of Qualifications (SOQs) from companies interested in providing essential services in any of the following categories:

- **Building and Facility Services and Maintenance**
- **Equipment and/or System Services and Maintenance**
- **Land Services and Maintenance**
- **Other Services and Maintenance**
- **Emergency Services for Disaster Events**

The categories are listed in detail on the Statement of Qualifications Form – Essential Services. The form may not be altered however the sections may be expanded to adequately answer the questions.

**A non-mandatory informational meeting will be held at the St. Tammany Parish Government Administrative Complex, Building B, 21454 Koop Drive, Mandeville, LA 70471 at 2:00 PM on Monday, June 18, 2018 in the Staff Conference Room.**

All companies submitting an SOQ:

- may obtain the current SOQ form by emailing [soq@stpgov.org](mailto:soq@stpgov.org) or at <http://www.stpgov.org/departments/procurement>;
- must submit the SOQ on the Parish provided Statement of Qualifications Form – Essential Services.
- should submit to [soq@stpgov.org](mailto:soq@stpgov.org) no later than 4:30 PM, **Monday, June 25, 2018.**

SOQs should be completed, signed, scanned and emailed to [soq@stpgov.org](mailto:soq@stpgov.org). Printed SOQs will **not** be accepted. SOQs may **not** be accepted after the deadline. Companies must be registered with the Louisiana Secretary of State <https://www.sos.la.gov/Pages/default.aspx>.

SOQ should include a completed Form W-9 ([www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)).

**SOQ Evaluation Criteria:**

SOQs will be formally evaluated by an evaluation committee. SOQs receiving an overall score of at least seventy-five (75) points, based on all evaluation criteria, will be deemed qualified to provide services to the Parish. There is no limit to the number of companies who may qualify in any particular category.

<b>Criteria</b>	<b>Possible Points</b>
Compliance with SOQ requirements.	10
Size and organization of firm, number of staff and equipment to perform the selected essential service(s).	15
Past performance by company on public sector projects.	25
Prior successful completion of projects of the type and nature of the service to be performed.	25
Location of the principal company office: St. Tammany Parish (15 points), any other Louisiana parish (10 points), or outside of Louisiana (6 points).	15
Absence of adversarial legal proceedings and/or disputes between the Parish and the company to perform the services.	10

Projects will be within St. Tammany Parish and on an “as-needed” basis.

**Please note that submission of an SOQ does not imply that the company submitting an SOQ will be notified of any contract(s) issued by the Parish, nor does the submission of an SOQ by a company guarantee work with the Parish.**

The Parish's SOQ process is not subject to the Louisiana Public Bid Law or the Louisiana Procurement Code. As such, respondents have not been granted and otherwise possess no right to protest, contest, debate, or otherwise call in question the processes, procedures, methodology or results of the SOQ process or the selection of a company in connection therewith.

Procurement Department  
St. Tammany Parish Government



**ST. TAMMANY PARISH GOVERNMENT**

**STATEMENT OF QUALIFICATIONS FORM – ESSENTIAL SERVICES**

<b>COMPANY NAME:</b>	_____	
<b>DBA (IF APPLICABLE):</b>	_____	
<b>ADDRESS:</b>	_____	
<b>PHONE NO. :</b>	_____	
<b>FAX NO.:</b>	_____	
<b>CONTACT NAME:</b>	_____	
<b>TITLE:</b>	_____	
<b>EMAIL:</b>	_____	
	<b>YES</b>	<b>NO</b>
<b>1. REGISTERED TO DO BUSINESS WITH THE PARISH.</b>		
<b>2. REGISTERED WITH THE LOUISIANA SECRETARY OF STATE</b> <a href="https://www.sos.la.gov/Pages/default.aspx">https://www.sos.la.gov/Pages/default.aspx</a> .		
<b>3. STAFFING SUMMARY (ORGANIZATIONAL STRUCTURE WITH KEY PERSONNEL) :</b>		



**ST. TAMMANY PARISH GOVERNMENT**

**STATEMENT OF QUALIFICATIONS FORM – ESSENTIAL SERVICES**

<b>4. ESSENTIAL SERVICE CATEGORY: Please select all applicable categories.</b>			
<b>BUILDING AND FACILITY SERVICES AND MAINTENANCE</b>			
	ELECTRICAL SERVICES		JANITORIAL SERVICES
	EXTERIOR PRESSURE WASHING		PAINTING INTERIOR/EXTERIOR
	EXTERIOR WINDOW CLEANING		PEST CONTROL
	FLOOR MAT MAINTENANCE		PLUMBING SERVICES
	HVAC MAINTENANCE		TERMITE CONTROL
<b>EQUIPMENT AND/OR SYSTEMS SERVICES AND MAINTENANCE</b>			
	ELEVATOR MAINTENANCE		FIRE ALARM MONITORING
	GENERATOR MAINTENANCE		LIFT STATION CLEANING, MAINTENANCE, & INSPECTION
	LIGHTING SYSTEM MAINTENANCE		PUMP AND MOTOR MAINTENANCE/REPAIR/WINDING
	SECURITY ALARM MONITORING		SEPTIC/SEWER MAINTENANCE
	STREAMGAUGE MAINTENANCE		STORAGE TANK MAINTENANCE & INSPECTION
	UPS MAINTENANCE		WELL MAINTENANCE & INSPECTION
	WELL MAINTENANCE & INSPECTION		X- RAY SCANNER SERVICES
<b>LAND SERVICES AND MAINTENANCE</b>			
	BUSH HOGGING		LANDSCAPING
	LAWNCARE/GRASS CUTTING		TREE SERVICES
<b>OTHER SERVICES AND MAINTENANCE</b>			
	BIO-SOLIDS AND/OR SLUDGE REMOVAL/TRANSPORT/DISPOSAL		CAMERA/VIDEO SURVEY UTILITIES
	DEBRIS REMOVAL AND DISPOSAL		HOUSEHOLD HAZARDOUS WASTE COLLECTION & DISPOSAL
	LABORATORY SERVICES		PLANT/SHRUB MAINTENANCE (INTERIOR)
	UTILITY METER MAINTENANCE & READING		WASTE MANAGEMENT
	TRAINING, UTILITY OPERATIONS/COMPLIANCE		
<b>EMERGENCY SERVICES FOR DISASTER EVENTS</b>			
	EMERGENCY ELECTRICAL		EMERGENCY FUEL
	EMERGENCY FOOD/CATERING		EMERGENCY PORT-O-LETS



**ST. TAMMANY PARISH GOVERNMENT**

**STATEMENT OF QUALIFICATIONS FORM – ESSENTIAL SERVICES**

**5. SUMMARY OF COMPANY EQUIPMENT AVAILABLE TO COMPLETE SERVICES:**

Empty space for providing a summary of company equipment available to complete services.

**6. COMPLETED OR CURRENT PROJECTS WITHIN THE LAST THREE (3) YEARS:**

<b>PROJECT NAME AND LOCATION</b>	<b>PROJECT OWNER'S INFORMATION</b>
A.	NAME: ADDRESS: PHONE NO.: EMAIL:
B.	NAME: ADDRESS: PHONE NO.: EMAIL:
C.	NAME: ADDRESS: PHONE NO.: EMAIL:
D.	NAME: ADDRESS: PHONE NO.: EMAIL:
E.	NAME: ADDRESS: PHONE NO.: EMAIL:



**ST. TAMMANY PARISH GOVERNMENT**

**STATEMENT OF QUALIFICATIONS FORM – ESSENTIAL SERVICES**

**7. LICENSES AND/OR OTHER QUALIFICATIONS: (IF APPLICABLE, PLEASE ATTACH DOCUMENTATION.)**

**8. INSURANCE: A SAMPLE OF THE CURRENT MINIMUM INSURANCE REQUIREMENTS FOR ST. TAMMANY PARISH GOVERNMENT ARE ATTACHED. SHOULD THE PARISH SELECT YOUR COMPANY TO PROVIDE SERVICES, THE PARISH WILL REQUEST A CERTIFICATE OF INSURANCE WITH REQUIREMENTS APPLICABLE TO THE SERVICES TO BE PROVIDED WHICH MAY EXCEED THE MINIMUM INSURANCE REQUIREMENTS.**

**9. THE BELOW SIGNATORY CERTIFIES THAT THE FOREGOING IS A TRUE AND ACCURATE STATEMENT OF FACTS:**

SIGNATURE	DATE
PRINTED NAME	TITLE

- 10. SOQ GENERAL INFORMATION:**
- **A NON-MANDATORY INFORMATIONAL MEETING WILL BE HELD AT THE STPG ADMINISTRATIVE COMPLEX, BUILDING B, 21454 KOOP DRIVE, MANDEVILLE, LA 70471, STAFF CONFERENCE ROOM AT 2:00 PM ON MONDAY, JUNE 18, 2018.**
  - SOQ FORMS SHOULD BE COMPLETED, SIGNED, SCANNED AND EMAILED TO [SOQ@STPGOV.ORG](mailto:SOQ@STPGOV.ORG).
  - EMAIL SUBJECT LINE: “2018 SOQ –ESSENTIAL SERVICES SUBMISSION – (COMPANY NAME)”.
  - ATTACH A COMPLETED W-9 TO THE SOQ <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
  - **SOQS SHOULD BE SUBMITTED NO LATER THAN 4:30 PM CST, MONDAY, JUNE 25, 2018.**
  - THIS FORM MAY NOT BE ALTERED HOWEVER THE SECTIONS MAY BE EXPANDED, AS NEEDED, TO ADEQUATELY ANSWER THE QUESTIONS.
  - INQUIRIES WILL BE RECEIVED THROUGH **JUNE 18, 2018** AND AN ADDENDUM ISSUED NO LATER THAN **JUNE 20, 2018**.





# INSURANCE REQUIREMENTS\*

## Essential Services Project: Statement of Qualifications – Essential Services

### **\*\*\*IMPORTANT – PLEASE READ\*\*\***

**Prior to submitting your quote or bid, it is recommended that you review these insurance requirements with your insurance broker/agent.**

*These requirements modify portions of the insurance language found in the General Conditions and/or Supplementary General Conditions; however, there is no intention to remove all sections pertaining to insurance requirements and limits set forth in the General Conditions and/or Supplementary General Conditions, only to amend and specify those items particular for this Project.*

- A. The Provider shall secure and maintain at its expense such insurance that will protect it and St. Tammany Parish Government (the "Parish") from claims for bodily injury, death or property damage as well as from claims under the Workers' Compensation Acts that may arise from the performance of services under this agreement. All certificates of insurance shall be furnished to the Parish and provide thirty (30) days prior notice of cancellation to the Parish, in writing, on all of the required coverage.
- B. All policies shall provide for and certificates of insurance shall indicate the following:
1. Waiver of Subrogation: The Provider's insurers will have no right of recovery or subrogation against the Parish of St. Tammany, it being the intention of the parties that all insurance policy(ies) so affected shall protect both parties and be the primary coverage for any and all losses covered by the below described insurance.
  2. Additional Insured: St. Tammany Parish Government shall be named as Additional Insured with respect to general liability, automobile liability and excess liability coverages, as well as marine liability and pollution/environmental liability, when those coverages are required or necessary.
  3. Payment of Premiums: The insurance companies issuing the policy or policies will have no recourse against St. Tammany Parish Government for payment of any premiums or for assessments under any form of policy.
  4. Deductibles/Self-Insured Retentions: Any deductibles and/or self-insured retentions in the described insurance policies **must be declared on the Certificate of Insurance**, and are both assumed by and the sole risk of the Provider. The Parish will have the sole discretion to accept or reject deductibles and/or self-insured retentions exceeding \$100,000 as it deems appropriate. The Parish may require Provider to produce evidence of verifiable financial ability to satisfy its deductibles and/or self-insured retentions; however, the Parish assumes no liability or obligation resulting from its examination, acceptance, or rejection of information presented.
  5. Project Reference: The project(s) and location(s) shall be referenced in the Comment or Description of Operations section of the Certificate of Insurance (Project #-###, or Bid # if applicable, Type of Work, Location).
- C. Coverage must be issued by insurance companies authorized to do business in the State of Louisiana. Companies must have an A.M. Best rating of no less than A-, Category VII. St. Tammany Parish Risk Management Department may waive this requirement only for Workers Compensation coverage at their discretion.

Provider shall secure and present proof of insurance on forms acceptable to St. Tammany Parish Government, Office of Risk Management no later than the time of submission of the Contract to the Parish. However, should any work performed under this Contract by or on behalf of Provider include exposures that are not covered by those insurance coverages, Provider is not relieved of its obligation to maintain appropriate levels and types of insurance necessary to protect itself, its agents and employees, its subcontractors, St. Tammany Parish Government (Owner), and all other interested third parties, from any and all claims for damage or injury in connection with the services performed or provided throughout the duration of this Project, as well as for any subsequent periods required under this Contract.

The insurance coverages checked (✓) below are those required for this Contract.



1. **Commercial General Liability\*** insurance – **Occurrence Form** - with a Combined Single Limit for bodily injury and property damage of at least \$1,000,000 per Occurrence / \$2,000,000 General Aggregate and \$2,000,000 Products-Completed Operations. Contracts over \$1,000,000 may require higher limits. The insurance shall provide for and the certificate(s) of insurance shall indicate the following coverages:
  - a) Premises - operations;
  - b) Broad form contractual liability;
  - c) Products and completed operations;
  - d) Personal/Advertising Injury;
  - e) Broad form property damage (for Projects involving work on Parish property);
  - f) Explosion, Collapse and Damage to underground property.
  - g) Additional Insured forms CG 2010 and CG 2037 in most current edition are required.



2. **Business Automobile Liability\*** insurance with a Combined Single Limit of \$1,000,000 per Occurrence for bodily injury and property damage, and shall include coverage for the following:
  - a) Any auto;

**or**

  - b) Owned autos; **and**
  - c) Hired autos; **and**
  - d) Non-owned autos.

Endorsement for Pollution coverage for all vehicles used to transport fuel.



3. **Workers' Compensation/Employers Liability insurance\*** - Workers' Compensation coverage as required by State law. Employers' liability limits shall be a minimum of \$1,000,000 each accident, \$1,000,000 each disease, \$1,000,000 disease policy aggregate. When water activities are expected to be performed in connection with this project, coverage under the USL&H Act, Jones Act and/or Maritime Employers Liability (MEL) must be included. **Coverage for owners, officers and/or partners in any way engaged in the Project shall be included in the policy.** The names of any excluded individual must be shown in the Description of Operations/Comments section of the Certificate.



4. **Pollution Liability and Environmental Liability\*** insurance in the minimum amount of \$1,000,000 per occurrence / \$2,000,000 aggregate including full contractual liability and third party claims for bodily injury and/or property damage, for all such hazardous waste, pollutants and/or environmental exposures that may be affected by this project stemming from pollution/environmental incidents as a result of Contractor's operations.

If coverage is provided on a claims-made basis, the following conditions apply:

- 1) the retroactive date must be prior to or coinciding with the effective date of the Contract, or prior to the commencement of any services provided by the Contractor on behalf of the Parish, whichever is earlier; AND
- 2) continuous coverage must be provided to the Parish with the same retro date for 24 months following acceptance or termination of the Project by the Parish either by
  - a) continued renewal certificates **OR**
  - b) a 24 month Extended Reporting Period

\*The Certificate must indicate whether the policy is written on an occurrence or claims-made basis and, if claims-made, the applicable retro date must be stated.

5. **Contractor's Professional Liability/Errors and Omissions\*** insurance in the sum of at least \$1,000,000 per claim / \$2,000,000 aggregate is required when work performed by Contractor or on behalf of Contractor includes professional or technical services including, but not limited to, construction administration and/or management, engineering services such as design, surveying, and/or inspection, technical services such as testing and laboratory analysis, and/or environmental assessments. An occurrence basis policy is preferred.

If coverage is provided on a claims-made basis, the following conditions apply:

- 1) the retroactive date must be prior to or coinciding with the effective date of the Contract, or prior to the commencement of any services provided by the Contractor on behalf of the Parish, whichever is earlier; AND
- 2) continuous coverage must be provided to the Parish with the same retro date for 24 months following acceptance or termination of the Project by the Parish either by
  - a) continued renewal certificates **OR**
  - b) a 24 month Extended Reporting Period

\*The Certificate must indicate whether the policy is written on an occurrence or claims-made basis and, if claims-made, the applicable retro date must be stated.

6. **Marine Liability/Protection and Indemnity\*** insurance is required for any and all vessel and/or marine operations in the minimum limits of \$1,000,000 per occurrence / \$2,000,000 per project general aggregate. The coverage shall include, but is not limited to, the basic coverages found in the Commercial General Liability insurance and coverage for third party liability

**\*Excess/Umbrella Liability** insurance may be provided to meet the limit requirements for any Liability coverage. For example: if the General Liability requirement is \$3,000,000 per occurrence, but the policy is only \$1,000,000 per occurrence, then the excess policy should be at least \$2,000,000 per occurrence thereby providing a combined per occurrence limit of \$3,000,000.)

- D. All policies of insurance shall meet the requirements of the Parish prior to the commencing of any work. The Parish has the right, but not the duty, to approve all insurance coverages prior to commencement of work. If any of the required policies are or become unsatisfactory to the Parish as to form or substance; or if a company issuing any policy is or becomes unsatisfactory to the Parish, the Provider shall promptly obtain a new policy, timely submit same to the Parish for approval, and submit a certificate thereof as provided above. The Parish agrees not to unreasonably withhold approval of any insurance carrier selected by Provider. In the event that Parish cannot agree or otherwise authorize a carrier, Provider shall have the option of selecting and submitting a new insurance carrier within 30 days of said notice by the Parish. In the event that the second submission is insufficient or is not approved, then the Parish shall have the unilateral opportunity to thereafter select a responsive and responsible insurance carrier all at the cost of Provider and thereafter deduct from Provider's fee the cost of such insurance.
- E. Upon failure of Provider to furnish, deliver and/or maintain such insurance as above provided, this contract, at the election of the Parish, may be declared suspended, discontinued or terminated. Failure of the Provider to maintain insurance shall not relieve the Provider from any liability under the contract, nor shall the insurance requirements be construed to conflict with the obligation of the Provider concerning indemnification.
- F. The Provider shall secure and maintain at its expense such insurance that will protect it and St. Tammany Parish Government (the "Parish") from claims for bodily injury, death or property damage as well as from claims under the Workers' Compensation Acts that may arise from the performance of services under this agreement. All certificates of insurance shall be furnished to the Parish and provide thirty (30) days prior notice of cancellation to the Parish, in writing, on all of the required coverage.
- G. It shall be the responsibility of Provider to require that these insurance requirements are met by all contractors and sub-contractors performing work for and on behalf of Provider. Provider shall further ensure the Parish is named as an additional insured on all insurance policies provided by said contractor and/or sub-contractor throughout the duration of the project.

H. Certificates of Insurance shall be issued as follows:

**St. Tammany Parish Government  
Attn: Risk Management  
P O Box 628  
Covington, LA 70434**

To avoid contract processing delays, be certain the project name/number is included on all correspondence including Certificates of Insurance.

**\*NOTICE: St. Tammany Parish Government reserves the rights to remove, replace, make additions to and/or modify any and all of the insurance requirements at any time.**

**Any inquiry regarding these insurance requirements should be addressed to:**

**St. Tammany Parish Government  
Office of Risk Management  
P O Box 628  
Covington, LA 70434  
Telephone: 985-898-2797  
Fax: 985-898-3070  
Email: riskman@stpgov.org**

# HOLD HARMLESS AGREEMENT

\_\_\_\_\_ (Contractor) agrees to protect, defend, indemnify, save, and hold harmless St. Tammany Parish Government, its elected and appointed officials, departments, agencies, boards and commissions, its officers, agents servants, employees, including volunteers, from and against any and all claims, demands, expense and liability arising out of injury or death to any person or the damage, loss or destruction of any property to the extent caused by any act or omission of Contractor, its agents, servants, employees, and subcontractors, or any and all costs, expense and/or attorney fees incurred as a result of any claim, demands, and/or causes of action that results under the performance or non-performance of this contract.

\_\_\_\_\_ (Contractor) agrees to investigate, handle, respond to, provide defense for and defend any such claims, demand, or suit, as described in the paragraph above, at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

SIGNED, this \_\_\_\_ day of \_\_\_\_\_, 2018

WITNESSES:

\_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

SWORN TO and subscribed before me, Notary, on this \_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_

BY: \_\_\_\_\_  
(Signature of Authorized Officer)

Print Name: : \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

---

## Please complete the following:

Claims contact for this project will be:

\_\_\_\_\_

(Print name and title of Contact Person)

\_\_\_\_\_

Address

\_\_\_\_\_

Email address

\_\_\_\_\_

Telephone#

\_\_\_\_\_

Cell #

\_\_\_\_\_

Fax #