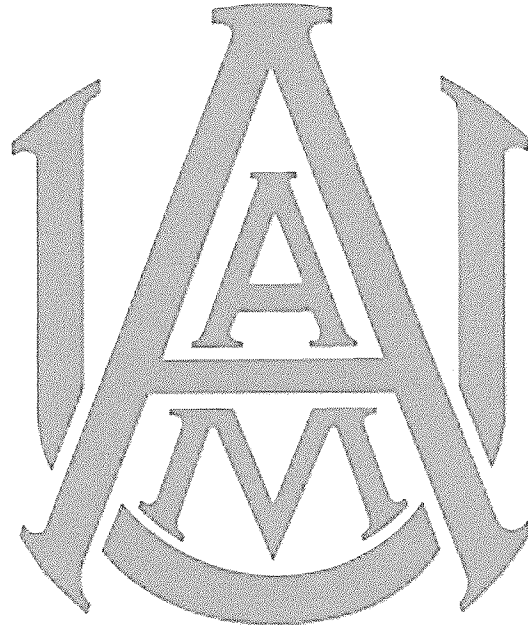


Alabama A&M University



Passenger Bus Transportation for Soccer & Volleyball Teams

Invitation to Bid (ITB) –

2K17-07B

**Amendment #1 – Bidding Requirements in
Introduction, Bidding Sheets**

WOMEN'S SOCCER TEAM TRAVEL - 38 TO 40 PASSENGER BUS

Please bid on the following itemized trips for a 38-40 passenger bus capacity size providing a grand total where required. Please sign and date this bid sheet where required.

2017 Women's Soccer Team Travel

Sport	Opponent	Location	Party #	Days	Departure	Return	Bus Size	Quantity	Unit	Price
Soccer	The Citadel USC Upstate	Charleston, SC Greenville, SC	25	4	8 24 2017	8 27 2017	38-40 Passenger	1	EA	4610
Soccer	Mercer	Macon, GA	25	2	9 9 2017	9 10 2017	38-40 Passenger	1	EA	2648
Soccer	South Carolina State Wofford	Orangeburg, SC Spartanburg, SC	25	4	9 14 2017	9 17 2017	38-40 Passenger	1	EA	3890
Soccer	Mississippi Valley State Alcorn State	Itta Bena, MS Lorman, MS	25	4	9 21 2017	9 24 2017	38-40 Passenger	1	EA	3740
Soccer	Arkansas-Pine Bluff Grambling State	Pine Bluff, AR Ruston, LA	25	4	10 12 2017	10 15 2017	38-40 Passenger	1	EA	3854
Soccer	SWAC Conference Championship	TBD	25	5	11 1 2017	11 5 2017	38-40 Passenger	1	EA	7480

Grand Total: \$26,222⁰⁰

Should a purchase order be issued, the foregoing and the terms and conditions on the attached sheets shall be applicable and binding upon the vendor. I acknowledge that I have signature authority to sign on behalf of the company and hereby agree to all general conditions of this bid request.

SIGNATURE *Jatonya May*

DATE 6/12/2017

WOMEN'S SOCCER TEAM TRAVEL - 56 PASSENGER BUS

Please bid on the following itemized trips for a 56 passenger bus capacity size providing a grand total where required. Please sign and date this bid sheet where required.

2017 Women's Soccer Team Travel

Sport	Opponent	Location	Party #	Days	Departure	Return	Bus Size	Quantity	Unit	Price
Soccer	The Citadel USC Upstate	Charleston, SC Greenville, SC	25	4	8/24/2017	8/27/2017	56 Passenger	1	EA	\$4858
Soccer	Mercer	Macon, GA	25	2	9/9/2017	9/10/2017	56 Passenger	1	EA	\$2959
Soccer	South Carolina State Wofford	Orangeburg, SC Spartanburg, SC	25	4	9/14/2017	9/17/2017	56 Passenger	1	EA	\$4268
Soccer	Mississippi Valley State Alcorn State	Itta Bena, MS Lorman, MS	25	4	9/21/2017	9/24/2017	56 Passenger	1	EA	\$4175
Soccer	Arkansas-Pine Bluff Grambling State	Pine Bluff, AR Ruston, LA	25	4	10/12/2017	10/15/2017	56 Passenger	1	EA	\$4255
Soccer	SWAC Conference Championship	IBD	25	5	11/1/2017	11/5/2017	56 Passenger	1	EA	\$7690

Grand Total: \$28,205⁰⁰

Should a purchase order be issued, the foregoing and the terms and conditions on the attached sheets shall be applicable and binding upon the vendor. I acknowledge that I have signature authority to sign on behalf of the company and hereby agree to all general conditions of this bid request.

SIGNATURE

Jatonya May

DATE

6/12/2017

WOMEN'S VOLLEYBALL TEAM TRAVEL - 38 TO 40 PASSENGER BUS

Please bid on the following itemized trips for a 38-40 passenger bus capacity size providing a grand total where required. Please sign and date this bid sheet where required.

2017 Women's Volleyball Team Travel

Sport	Opponent	Location	Party #	Days	Departure	Return	Bus Size	Quantity	Unit	Price
Volleyball	SWAC MEAC Tournament	Atlanta, GA	25	3	8-24-2017	8-26-2017	38-40 Passenger	1	EA	2762
Volleyball	Mercer University	Macon, GA	25	3	8-31-2017	9-2-2017	38-40 Passenger	1	EA	3044
Volleyball	Eastern Illinois University	Charleston, IL	25	3	9-7-2017	9-9-2017	38-40 Passenger	1	EA	3672
Volleyball	The Citadel	Charleston, SC	25	3	9-14-2017	9-16-2017	38-40 Passenger	1	EA	4461
Volleyball	Jacksonville State	Jacksonville, AL	25	1	9-19-2017	9-19-2017	38-40 Passenger	1	EA	1050
Volleyball	Jackson State	Jackson, MS	25	2	10-7-2017	10-8-2017	38-40 Passenger	1	EA	2650
Volleyball	SWAC Round Up	Itta Bena, MS	25	4	10-19-2017	10-22-2017	38-40 Passenger	1	EA	3848
Volleyball	Alcorn State Mississippi Valley State	Loman, MS	25	3	10-28-2017	10-30-2017	38-40 Passenger	1	EA	3463
Volleyball	Alabama State	Montgomery, AL	25	1	11-2-2017	11-2-2017	38-40 Passenger	1	EA	1250
Volleyball	SWAC Conference Tournament	Jackson, MS	25	4	11-16-2017	11-19-2017	38-40 Passenger	1	EA	3980

Grand Total: \$30,180⁰⁰

Should a purchase order be issued, the foregoing and the terms and conditions on the attached sheets shall be applicable and binding upon the vendor. I acknowledge that I have signature authority to sign on behalf of the company and hereby agree to all general conditions of this bid request.

SIGNATURE *Jatonya May*

DATE *6/12/2017*

WOMEN'S VOLLEYBALL TEAM TRAVEL - 56 PASSENGER BUS

Please bid on the following itemized trips for a 56 passenger bus capacity size providing a grand total where required. Please sign and date this bid sheet where required.

2017 Women's Volleyball Team Travel										
Sport	Opponent	Location	Party #	Days	Departure	Return	Bus Size	Quantity	Unit	Price
Volleyball	SWAC/MEAC Tournament	Atlanta, GA	25	3	8/24/2017	8/26/2017	56 Passenger	1	EA	2954
Volleyball	Mercer University	Macon, GA	25	3	8/31/2017	9/2/2017	56 Passenger	1	EA	3250
Volleyball	Eastern Illinois University	Charleston, IL	25	3	9/7/2017	9/9/2017	56 Passenger	1	EA	3878
Volleyball	The Citadel	Charleston, SC	25	3	9/14/2017	9/16/2017	56 Passenger	1	EA	4664
Volleyball	Jacksonville State	Jacksonville, AL	25	1	9/19/2017	9/19/2017	56 Passenger	1	EA	1250
Volleyball	Jackson State	Jackson, MS	25	2	10/7/2017	10/8/2017	56 Passenger	1	EA	2880
Volleyball	SWAC Round Up	Itra Bena, MS	25	4	10/19/2017	10/22/2017	56 Passenger	1	EA	4248
Volleyball	Alcorn State Mississippi Valley State	Loman, MS	25	3	10/28/2017	10/30/2017	56 Passenger	1	EA	3890
Volleyball	Alabama State	Montgomery, AL	25	1	11/2/2017	11/2/2017	56 Passenger	1	EA	1550
Volleyball	SWAC Conference Tournament	Jackson, MS	25	4	11/16/2017	11/19/2017	56 Passenger	1	EA	4749

Grand Total: \$33,313⁰⁰

Should a purchase order be issued, the foregoing and the terms and conditions on the attached sheets shall be applicable and binding upon the vendor. I acknowledge that I have signature authority to sign on behalf of the company and hereby agree to all general conditions of this bid request.

SIGNATURE

Fatoneya May

DATE

6/12/2017

Note: In order for an alternate bid to be considered, bidders must supply current catalogs or brochures, including pictorials and specifications.

Please indicate your company classification by circling the appropriate initial: Small Business (SB), a Small Disadvantaged Business (SD), a Black Small Disadvantaged Business (BD), a Woman-Owned Small Business (WB), a Woman-Owned Small Disadvantaged Business (WD), a Black Woman-Owned Small Disadvantaged Business (BW), a Large Business (LB), an Individual (IN), Educational (ED), Non-Profit (NP), a Labor Surplus Area Concern (LS), Disabled Veteran-Owned Small Business (DV), Veteran-Owned Small Business (VS), Historically Underutilized Business Zone (UZ), or a Governmental Agency (GV).

F.O.B. Point	TERMS Net 7	WARRANTY
AAMU DESTINATION ESTIMATED DELIVERY	YOUR REFERENCE NO.*	QUOTATION EFFECTIVE UNTIL 60 Days

*Your company reference number, if applicable with this bid quotation.

Certification Pursuant To Act No. 2006-557

Alabama Law (Section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hereby certifying that they are in full compliance with Act No. 2006-557, they are not barred from bidding or entering into a contract pursuant to 41-4-116, and acknowledges that the awarding authority may declare the contract void if the certification is false.

Camelot Charters

(205) 525-1721

COMPANY NAME (TYPE OR PRINT)

TELEPHONE NUMBER

Jatonya May

(205) 814-4001

SIGNER'S NAME (TYPE OR PRINT)

FAX NUMBER

Jatonya May
SIGNATURE

June 12, 2017

DATE

Alabama Agricultural and Mechanical University prohibits the installation of asbestos on its campus. Suppliers and contractors will not supply any equipment, material, or supplies, which contain asbestos without prior written approval.

Failure to designate Bid Number and Opening Date on the outside of your sealed envelope containing your bid and more than one bid submitted in this envelope will result in a "No Bid" response in accordance with Alabama Competitive Bid Law 41-16-24 subpart b.

Alabama Agricultural and Mechanical University will not accept faxed bids.

Any product that fails to meet the specifications, performance requirements or compatibility requirements will be rejected and returned to the vendor at no cost to the University.

The University reserves the right to award this contract, in whole, in part, or to reject any and all quotations.

Alabama A & M University is an instrumentality of the State and is federal, state and local tax exempt.

SPECIAL NOTE:

Manufacturer's published product data must be included with your bid response for any alternate offerings. Any exception taken to any portion of this Request for Price Quotation must be stated on the bid response sheets or Alabama A&M University will assume compliance with all requirements as stated. The successful bidder will be responsible and accountable for providing those items as specified in its bid response.

BUS PROVIDED FOR TRIP MUST MEET THE FOLLOWING SPECIFICATIONS PRIOR TO DEPARTURE FROM THE UNIVERSITY:

- Buses that are sent to us for our use must be no older than 2012 models. In the event that the bus does meet our requirements and not satisfactory for our purposes, a bus that does meet our specifications should be provided. Otherwise, a reduction in price or a refusal to use your service for the remainder of our trips if you are awarded our bid.
- Exact bus number provided prior to trip
- 56 passenger coach based on travel party size or ~~38-40~~ **passenger coach based on travel party size**
- The bus exterior physical appearance (color, graphics, etc.) should be identical for all total requested buses
- Roomy reclining seats with foot rest
- Workable VCR/DVD with six (6) monitors & Multi-disk CD changer
- Working audio and DVD/video equipment
- Proof of service of bus prior to departure
- Clean, Extra-large flush type restrooms
- Climate-controlled air conditioning and heating systems
- Overhead racks for carry-on bags
- Large, weather-proof luggage compartments below bus
- Wi-Fi and/or Satellite Capability
- Individual reading lights & Individual pull-down blinds
- Bus driver must be knowledgeable regarding site-direction per itinerary
- Buses must be punctual and capable of departing on time
- Bus should be serviced and ready for travel prior to departure. Should a bus break down, another bus should be made available immediately. If this problem persists, we reserve the right to cancel services for the remainder of the bid term.
- Driver must have an understanding and experience as it pertains to transporting the team to games, practices, meals, etc.
- Successful bidder must be a member of United Bus Owner's Association American Bus Association/United Motor Coaches of America.
- The bidder must be licensed for interstate and intrastate passenger transportation.
- Each bus must be equipped with all safety devices and must meet all applicable state and federal requirements.
- Each bus must have affixed a current DOT inspection sticker
- The successful bidder will be required to carry a minimum of \$5,000,000 liability insurance and Certificate of Insurance must be provided to the University.
- The University reserves the right to cancel a trip at any time due to inclement weather or even scheduling changes. The University also reserves the right to cancel a trip for any reason with a 30-day notice.
- The successful bidder will be determined by evaluation of a number of factors which include but are not limited to the following:
 - Bid Pricing
 - Quality of the buses relative to appearance, comfort features, and mechanical reliability
 - Ability to provide local service when requested
 - Ability to plan and trouble shoot transportation issues with 24-hour customer service representatives
 - Ample fleet of buses, deluxe coaches, sleeper buses, and executive coaches
 - References from other Division I athletic programs
 - Ability to provide on-call services within a 2 hour time frame
- Award will be made to the bidder who is determined by the University to best meet its needs and objectives.

I, Salvador May representative of Camelot Charters
(Signature) (Name of Vendor/Company)
understand by signing this Bus Bid Requirement from Alabama A&M University, that my company is responsible for meeting all requirements as listed or may not be considered as a vendor.



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

HTRC, Inc dba Camelot Charters

ADDRESS

P O Box 391

CITY, STATE, ZIP

Pell City, AL 35125

TELEPHONE NUMBER

(205) 525-1721

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama A&M University

ADDRESS

4900 Meridian St N

CITY, STATE, ZIP

Normal, AL 35762

TELEPHONE NUMBER

(256) 372-5227

This form is provided with:

Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Gadsden State	transportation	\$5800
Jacksonville State University	transportation	\$121,031.50

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
N/A		

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
None		

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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None

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

None

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

None

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

None

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Cortez O'Neal
 Signature _____ Date *6/12/2017*

Shelli C. O'Neal
 Notary's Signature _____ Date *June 12, 2017*

My Commission Expires
~~7/10/2018~~
 Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
HTRC, INC. d/b/a Camelot Charters

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
P O Box 391

6 City, state, and ZIP code
Pell City, AL 35125

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
6	3	-	1	2	8	8	4	1	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Antonio May* Date ▶ *6/12/2017*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

E-Verify Affidavit

Compliance with the requirements of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, Act No. 2011-535, *Code of Alabama (1975) § 31-13-1 through 31-13-30* (also known as and hereinafter referred to as "the Alabama Immigration Act") is required for Alabama A&M University contracts as a condition of the contract performance. Please provide a duly executed and notarized affidavit in the appropriate form as describe below.

AFFIDAVIT 1

I, Cortez O'Neal, a duly authorized officer or agent of HTRC Inc (contractor), do execute this affidavit on behalf of HTRC Inc (contractor) and by executing this affidavit, the undersigned contractor verifies that it is a sole proprietorship, partnership, corporation or other business entity (circle one) that has no employees.

The undersigned agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Alabama A&M University, that the Contractor will secure from such subcontractor(s) verification of compliance with *Code of Alabama (1975) § 31-13-9* in a form substantially similar to this affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Alabama A&M University, at the time the subcontractor is retained to perform such services.

HTRC, Inc

Name of Contractor

Cortez O'Neal

Signature of Authorized Officer or Agent of Contractor

Chief Officer

Title of Authorized Officer or Agent of Contractor

Cortez O'Neal

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 12th DAY OF June 2017

Ghella C. Neal

Notary Public

My commission Expires: My Commission Expires
7/10/2018

OR



Company ID Number: 569905

Approved by:

Employer HTRC INC	
Name (Please Type or Print) HELEN F ONEAL	Title <i>Vice President</i>
Signature Electronically Signed	Date 06/14/2012
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 06/14/2012



Company ID Number: 569905

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	HTRC INC
Company Facility Address	1265 Earlie ONeal Rd Cropwell, AL 35054
Company Alternate Address	P O BOX 391 Pell City, AL 35125
County or Parish	SAINT CLAIR
Employer Identification Number	631288413
North American Industry Classification Systems Code	485
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1



Company ID Number: 569905

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

ALABAMA

1 site(s)