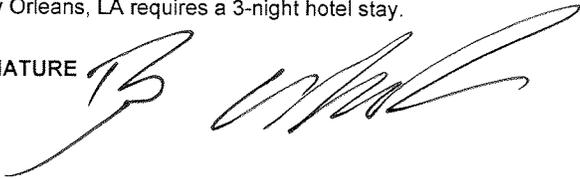


OPPONENT	DEPARTURE LOCATION & TIME	Departure Date	Return Date	RETURN LOCATION	TRANSPORT SERVICE	BUS CAPACITY	QTY REQ'D	COST
Auburn, AL	Elmore Gym/AAMU @ 2 P.M.	Jan. 18	Jan. 20	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	4,700-
U of Troy Troy, AL	Elmore Gym/ AAMU Feb 1 @ 7 AM	Feb 1	Feb 2	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	2,535-
PVAMU Baton Rouge, LA	Elmore Gym /AAMU Feb 21 @ 8 AM	Feb 21	Feb 24	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	5,650-
UAB Birmingham, AL	Elmore Gym /AAMU March 2 @ 9 AM	March 2	March 2	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	1,240-
UT Chattanooga Chattanooga, TN	Elmore Gym /AAMU March 8 @ 8 AM	March 8	March 9	Continues to Montgomery, AL	Charter Bus	21 Passenger	1	2,200
ASU Montgomery, AL	Montgomery, AL March 9 @ 10 AM	March 9	March 12	Elmore Gym/ AAMU	Charter Bus	21 Passenger	1	6,250
Grambling State Shreveport, LA	Elmore Gym / AAMU March 29 @ 12 PM	March 29	March 30	Elmore Gym/ AAMU	Charter Bus	14 Passenger	1	6,294
SWAC Championships New Orleans, LA	Elmore Gym/ AAMU April 11 @ 9 AM	April 11	April 14	Elmore Gym/ AAMU	Charter Bus	21 Passenger	1	4,850
TOTAL								33,719

Baton Rouge, LA requires a 3-night hotel stay.
Montgomery, AL requires a 3-night hotel stay.
New Orleans, LA requires a 3-night hotel stay.

SIGNATURE



DATE

12/4/18

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 <i>Prior to Departure</i>	WARRANTY
AAMU DESTINATION	YOUR REFERENCE NO.	QUOTATION EFFECTIVE UNTIL <i>12/15/18</i>
ESTIMATED DELIVERY		

*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.

Spirit Coach LLC

 COMPANY NAME (TYPE OR PRINT)

256 772 7751

 TELEPHONE NUMBER

Bryan Weeks

 SIGNER'S NAME (TYPE OR PRINT)

256 772 - 7791

 FAX NUMBER

[Signature]

 SIGNATURE

12/4/18

 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.

Vendor Disclosure Statement Information and Instructions

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. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

Definitions as Provided in Act 2001-955

Family Member of a Public Employee - The spouse or a dependent of the public employee.

Family Member of a Public Official - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

Family Relationship - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

Person - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

Public Official and Public Employee - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

Instructions

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM
 ADDRESS Spirit Coach LLC
9290 A MADISON BLVD
 CITY, STATE, ZIP MADISON AL 35758 TELEPHONE NUMBER (256) 757-7751
 STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS
 CITY, STATE, ZIP TELEPHONE NUMBER
 ()

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
University of Alabama	Charter	50,000
JSU	Charter	25,000
UAH	Charter	40,000

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		

OVER

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
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.)

N/A

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.)

N/A

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.

 12/4/18
 Signature Date

 12/4/18
 Notary's Signature Date

MY COMMISSION EXPIRES JUNE 15, 2020

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.

PM-26
(Rev. 1/95)

SERVICE DATE
October 25, 1999

DEPARTMENT OF TRANSPORTATION
OFFICE OF MOTOR CARRIER SAFETY

CERTIFICATE

MC 365947 C

SPIRIT COACH, LLC
HUNTSVILLE, AL, US

This Certificate is evidence of the carrier's authority to engage in transportation as a common carrier of passengers, in charter and special operations, by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387); the designation of agents upon whom process may be served (49 CFR 366); and tariffs or schedules (49 CFR 1312). The carrier shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Thomas T. Vining
Chief, Licensing and Insurance Division

NOTE: Applicant is a nonrecipient of governmental financial assistance.

NOTE: Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.



Emergency Response Plan

Every breakdown is different; our first concern is our passengers' safety. Once that is established, we (our entire team) are working to get the group to its destination.

- Driver calls in to alert office, we call our mechanic and he begins working with the driver to see if the driver can resolve the issue.
- Depending on location of breakdown we would
 - a) Dispatch another coach
 - b) Call for roadside assistance
 - c) Send our mechanic out
- In extreme situations we would charter a coach from a local company to continue trip until one of our coaches could relieve them.
- There is an emergency number 877.248.4748 for afterhours leave message and the manager on call will call you back

Unit #	VIN#	Lic Plate	Lic State	Make	Model	Year	Vehicle Type
451826	2PCH3349XJC713889	1106755	AL-Alabama	Prevost	H3-45	2018	MC-Motorcoach
451825	2PCH3349XJC713888	1106754	AL-Alabama	Prevost	H3-45	2018	MC-Motorcoach
451622	2PCH33491GC713125	1098353	AL-Alabama	Prevost	H3-45	2016	MC-Motorcoach
451621	2PCH3349XGC713124	1098352	AL-Alabama	Prevost	H3-45	2016	MC-Motorcoach
451420	2PCH33491EC712506	1098848	AL-Alabama	Prevost	H3-45	2014	MC-Motorcoach
451419	2PCH3349XEC712505	1098542	AL-Alabama	Prevost	H3-45	2014	MC-Motorcoach
450917	2PCH334989C711343	1098847	AL-Alabama	Prevost	H3-45	2009	MC-Motorcoach
450916	2PCH334949C711341	1098540	AL-Alabama	Prevost	H3-45	2009	MC-Motorcoach
450915	2PCH334919C711345	1098846	AL-Alabama	Prevost	H3-45	2009	MC-Motorcoach
450614	2PCH3349X61010343	1098539	AL-Alabama	Prevost	H3-45	2006	MC-Motorcoach
450613	2PCH3349861010342	1098845	AL-Alabama	Prevost	H3-45	2006	MC-Motorcoach
450308	2PCH3349231014480	1098538	AL-Alabama	Prevost	H3-45	2003	MC-Motorcoach
351623	NLTRPPX75G1000334	1098354	AL-Alabama	Temsa	TS-35	2016	MC-Motorcoach
401218	1FVACWDT7BHAX4627	1098541	AL-Alabama	Freightliner	Turtle Top	2012	MB-MiniBus

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**THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS**

**ARTICLE I
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Spirit Coach LLC (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II
RESPONSIBILITIES**

A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:

- a. Notice of E-Verify Participation
- b. Notice of Right to Work

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.

3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 420368

Approved by:

Employer	
Spirit Coach LLC	
Name (Please Type or Print)	Title
Fred Carpenter	Controller
Signature	Date
Electronically Signed	06/07/2011
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	
Signature	Date
	06/07/2011

Company ID Number:

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Spirit Coach LLC
Company Facility Address	9290 Madison Blvd Madison, AI 35758
Company Alternate Address	
County or Parish	Madison
Employer Identification Number	631236937
North American Industry Classification Systems Code	485
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Spirit Coach LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 9290 A Madison Blvd	Requester's name and address (optional)
6 City, state, and ZIP code Madison, Alabama 35758	
7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
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or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; text-align: center;">63</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; text-align: center;">1236937</td> </tr> </table>	63	-	1236937		
63	-	1236937			

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 11/30/18
------------------	----------------------------	-----------------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



Purchasing Department
P. O. Box 1627
Normal, Alabama 35762
(256) 372-5227 Office
(256) 372-5223 Fax

INSTRUCTIONS UNIQUE TO THIS INVITATION TO BID (ITB)

1. The sealed bid package submission deadline is Tuesday, December 11, 2018 at 2:00 P.M. Central Standard Time (CST). Bids not received by that time will be ineligible from further consideration. It shall not be sufficient to show that a bid was postmarked by or before the bid submission deadline.
2. A bid bond is not required for this bid. Therefore, do not submit a bid bond.
3. Bidders must submit all provided documents with each bid response.
4. Please type Invitation to Bid responses directly into the PDF you have been provided. Handwritten responses are accepted but not preferred.
5. This bid is being advertised through Vendor Registry.