

Alabama A&M University

Charter Bus Transportation for Tennis Team – Spring 2019 Season

Bid No. 2K19-04B

INTRODUCTION

Alabama A&M University (“University”) is seeking bids from qualified vendors to provide charter bus transportation services for the Tennis Team for the Spring 2019 season. At any time during the contract term, Alabama A&M University reserves the right to terminate a contract for convenience or cause with 30 days prior notice to the vendor or cancel any individual trip at any time.

Alabama A&M University will issue the awarded vendor an open purchase order in the sum of the estimated total contract value. It is to be understood that due to force majeure schedule changes may occur and transportation needs may be canceled. The University reserves the right to cancel a trip at any time. For these reasons, the vendor will invoice actual fees incurred to be paid in reference to the open purchase order. It is to be understood that the quoted, estimated total contract value is to be considered the not to exceed price under the assumption no schedule changes occur. Therefore, a vendor may not actually receive the total estimated contract value as revenue.

Vendors are to itemize the total cost associated with each scheduled trip. Alabama A&M University understands that fuel costs and mileage are associated costs with travel and may not be known until after a trip has been completed. For those reasons, bidders are encouraged to provide their best estimate of the price for each trip.

Vendors must provide as an attachment a listing of their passenger bus fleet by Vehicle Identification Number (VIN), Make, Model, and Vehicle Year that meet or exceed the requirements of Invitation to Bid No. 2K19-04B. Only vehicles that meet or exceed these requirements may be offered to Alabama A&M University at any point during the duration of the season as reflected on the Proposal Sheet.

The awarded vendor must follow Federal and State of Alabama laws and Alabama A&M University policies and procedures throughout the duration of the contract.



State of Alabama Disclosure Statement

(Required by Act 2001-955)

Metropolitan Shuttle
ENTITY COMPLETING FORM

2730 W University Blvd
ADDRESS

Wheaton, MD 20902
CITY, STATE, ZIP

TELEPHONE NUMBER
 (866) 556-3545

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
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N/A

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
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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
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N/A

INSTRUCTIONS:

On the following sheet, please bid on each of the itemized trips providing for the requested bus capacity and a grand total where required.

Please sign and date the bid sheet where required.

Proof of Citizenship Demonstration and Declaration

(To be provided with Affidavit Form 1)

In order for an individual, including an individual who is a sole proprietor, a partner in a partnership, a general partner in a limited partnership, a partner in a non-registered limited liability partnership, or a sole member of a single member limited liability company, who is a U.S. Citizen to receive a public benefit or conduct a business transaction with Alabama A&M University, each such citizen must declare his or her U.S. citizenship by executing the declaration at the bottom of this form, and must demonstrate his or her U.S. citizenship by presenting a legible copy of one of the following items.

Note that if the presented item does not include picture identification, please also provide a copy of a valid form of picture identification, and if the presented item does not show the person's current legal name, please also provide a copy of a supporting document to verify the legal name change. Please check which of the listed items has been provided:

- Driver's license or non-driver's identification card** (issued by Alabama *or* the division of motor vehicles or the equivalent governmental agency of another state within the United States *if* the agency indicates on the applicant's driver's license or non-driver's identification card that the person has provided satisfactory proof of United States citizenship).
- Birth certificate**
- Pertinent pages of a United States valid or expired passport** (identifying the applicant and the applicant's passport number),
- United States naturalization documents or the number of the certificate of naturalization.** (If only the number of the certificate of naturalization is provided, the applicant shall not be awarded any contract until the number of the certificate of naturalization is verified with the United States Bureau of Citizenship and Immigration Services by the designated City Official, pursuant to 8 U.S.C. § 1373(c)).
- Other documents or methods of proof of United States citizenship** (issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto).
- Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.**
- Consular report of birth abroad of a citizen of the United States of America.**
- Certificate of citizenship** (issued by the United States Citizenship and Immigration Services).
- Certification of report of birth** (issued by the United States Department of State).
- American Indian card, with KIC classification,** (issued by the United States Department of Homeland Security).
- Final adoption decree** (showing the applicant's name and United States birthplace).
- Official United States military record of service** (showing the applicant's place of birth in the United States).
- Extract from a United States hospital record of birth** (created at the time of the applicant's birth indicating the applicant's place of birth in the United States).

CITIZENSHIP DECLARATION

Under penalty of perjury, I, _____, (print name of undersigned) the undersigned do hereby declare that I am a citizen of the United States of America.

(Declarant's Signature and Date)

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, Jacqueline Liles, a duly authorized officer or agent of Metropolitan Shuttle (contractor), do execute this affidavit on behalf of Metropolitan Shuttle (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.

Metropolitan Shuttle

Name of Contractor

Jacqueline Liles

Signature of Authorized Officer or Agent of Contractor

Office Manager

Title of Authorized Officer or Agent of Contractor

Jacqueline Liles

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 10th DAY OF DECEMBER, 2018.

Ashley Walters

Notary Public

My commission Expires: JUNE 11, 2022

OR

<p>ASHLEY WALTERS Notary Public Montgomery County Maryland My Commission Expires June 11, 2022</p>

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Metro Travel Services, LLC

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

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.

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: 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.

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.) See instructions.
2730 West University Blvd

6 City, state, and ZIP code
Wheaton MD 20902

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type on page 3. See Specific Instructions on page 3.

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

5	4	-	2	0	3	3	1	8	6
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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 for Part II, later.

Signature of U.S. person ▶ *Glenn Orloff*

Date ▶ 12.10.2018

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-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)

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 - 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.

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
N/A			

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.)

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.)

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

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.

Josephine Lebs
Signature

12-10-18
Date

Notary's Signature *(on following page with seal)* Date _____ 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.

OPONENT	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	5350.
U of Troy Troy, AL	Elmore Gym/ AAMU Feb 1 @ 7 AM	Feb 1	Feb 2	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	3725.
PVAMU Baton Rouge, LA	Elmore Gym /AAMU Feb 21 @ 8 AM	Feb 21	Feb 24	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	7175.
UAB Birmingham, AL	Elmore Gym /AAMU March 2 @ 9 AM	March 2	March 2	Elmore Gym / AAMU	Charter Bus	21 Passenger	1	2800.
UT Chattanooga Chattanooga, TN	Elmore Gym /AAMU March 8 @ 8 AM	March 8	March 9	Continues to Montgomery, AL	Charter Bus	21 Passenger	1	
ASU Montgomery, AL	Montgomery, AL March 9 @ 10 AM	March 9	March 17	Elmore Gym/ AAMU	Charter Bus	21 Passenger	1	14,300.
Grambling State Shreveport, LA	Elmore Gym / AAMU March 29 @ 12 PM	March 29	March 30	Elmore Gym/ AAMU	Charter Bus	14 Passenger	1	3725.
SWAC Championships New Orleans, LA	Elmore Gym/ AAMU April 11 @ 9 AM	April 11	April 14	Elmore Gym/ AAMU	Charter Bus	21 Passenger	1	7175.
TOTAL								514 4,250

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