



Signature Routing Form

AOM Initials: RM 5.20.25

For Superintendent's Approval/Signature

Date: 5/19/2025

Division Head: Erick Hofstetter (Operations)

Initials: AH

Purpose: Superintendent's Approval/Signature

Other: Click here to enter text.

Title of Document: Service Agreement – Williams Charters and Tours LLC - Charter Bus Services

From (if other than Division Head): Click here to enter name & department.

Legal Review: ☐ NO ☒ YES

BOE Approval: ☐ NO ☒ YES

Charge Code: VARIOUS

Notes: Service Agreement – Williams Charters and Tours LLC - Charter Bus Services

DEADLINE and DUE BY AREAS ARE FOR URGENT ITEMS ONLY

Deadline: Choose an item.

Due by: Click here to enter a date

Return documents to: Crystal Holley/Belinda Quillet

For Superintendent's Office Use Only

Date received: 5.20.25

Date returned: 5/21

Processor's Initials: BNC



DATE RECEIVED: _____

MATTER ASSIGNED TO: _____

Request for Legal Assistance
DCSD Office of Legal Affairs
ATTORNEY – CLIENT COMMUNICATION

PLEASE SUBMIT COMPLETED REQUEST FORM TO
DCSD OFFICE OF LEGAL AFFAIRS.

*** This request is a confidential communication and should be treated as such ***

DESCRIPTION OF REQUEST

Title of Item/Topic: Legal Review and Approval Request - Contract Award
(e.g., contract review, policy matter, etc.)

Date of request: 3/19/2025
days)

Due Date: 3/24/2025 3 to 5 business

Background information/Detail: Contract Award - RFP 25-472- Charter Bus Services – Atlantic Transportation & Coaches LLC, Coast to Coast Tours, LLC, Cooper Global, Eagle Christian Tours, Allstate Tours, LLC dba Elite Tours of Atlanta, Friendship Tours, LLC, Georgia Coach Lines, Inc., MTI Bus Company, R & W Motorcoach, Samson Tours, Inc., and William Charters & Tours, LLC

PROCUREMENT DETAILS (if applicable)

Include details confirming that all applicable DCSD procurement policies and requirements have been adhered to: _____

SUPPORTING DOCUMENTATION

Please attach/include any additional supporting documentation that are relevant to your request.

Description of supporting documentation, if any _____

REQUIRED AUTHORIZATION

Requested by: Darlene Y. Hughes, Esq.

Email: darlene.hughes@dekalbschoolsga.org Telephone: 678-676-1447

Department: Operations Division

Cabinet Member authorizing the request: Erick Hofstetter

LEGAL APPROVAL

Approved as to form by the DCSD Office of Legal Affairs? ☒ Yes ☐ No

-OR- (check one only)

Approved as to form by Outside Legal Counsel? ☐ Yes ☐ No

*Referrals to Outside Legal Counsel must be coordinated and approved by the DCSD Legal Dept.
Approving Attorney (and law firm if Outside Counsel) _____

Comments: _____

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Robert R. Freeman Administrative Complex
1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083

MEMORANDUM

TO: Mr. Erick Hofstetter, Chief Operating Officer
Division of Operations

FROM: Dr. Devon Q. Horton, Superintendent
Office of the Superintendent

DATE: April 21, 2025

RE: **Contract Award ~ RFP 25-472 ~ Charter Bus Services ~ Atlantic Transportation & Coaches LLC, Coast to Coast Tours, LLC, Cooper Global, Eagle Christian Tours, Allstate Tours, LLC dba Elite Tours of Atlanta, Friendship Tours, LLC, Georgia Coach Lines, Inc., MTI Bus Company, R & W Motorcoach, Samson Tours, Inc., and William Charters & Tours, LLC**

At its business meeting on Monday, April 21, 2025, the DeKalb Board of Education approved the contract Award for **RFP 25-472** for the following Charter Bus Services:

- Atlantic Transportation & Coaches LLC
- Cooper Global
- Friendship Tours, LLC
- MTI Bus Company, R & W Motorcoach
- William Charters & Tours, LLC
- Allstate Tours, LLC dba Elite Tours of Atlanta
- Coast to Coast Tours, LLC
- Eagle Christian Tours
- Georgia Coach Lines, Inc.
- Samson Tours, Inc.

Please take the appropriate action to affect this directive of the Board.

DQH:cm

c: Ms. Carla Smith, Executive Director, Vendor Services, Division of Finance
Ms. Latrice Brown-Shropshire, Purchasing Assistant, Division of Finance

SERVICE AGREEMENT
BETWEEN THE
DEKALB COUNTY SCHOOL DISTRICT
AND
WILLIAMS CHARTERS AND TOURS LLC

Project Name: Charter Bus Services

Service Provider Address: 361 17th Street NW, Unit 2217, Atlanta, GA 30363

RFP No.: 25-472

Description: Charter Bus Services

THIS SERVICES AGREEMENT and the below referenced documents attached as Exhibits (hereinafter the "Service Agreement") is made and entered into by and between the **DeKalb County School District** (hereinafter the "DCSD") whose address is **1701 Mountain Industrial Boulevard, Stone Mountain, Georgia 30083** and **Williams Charters and Tours LLC** (hereinafter the "Service Provider") whose physical address is **361 17th Street NW, Unit 2217, Atlanta, GA 30363**. DCSD and Service Provider are referred to herein collectively as the "Parties" and individually as a "Party."

WHEREAS, DCSD desires to retain the services of a competent and qualified Service Provider to provide district wide charter bus services; and

WHEREAS, the DCSD has solicited for these services via an advertised request for proposals and has received responsive proposals thereto; and

WHEREAS, after review and consideration of all responsive proposals, DCSD intends to engage the Service Provider to provide district wide charter bus services; and

WHEREAS, the Service Provider remains agreeable to provide Charter Bus Services and represents that it is competent, qualified, capable, and prepared to do so according to the terms and conditions stated herein;

The Service Agreement consist of:

- a. This Service Agreement (Agreement for Services);
- b. Request for Proposals (RFP) No. **25-472 (Exhibit A)**;
- c. The Service Provider's Proposal to the above-numbered RFP, including pricing, and any applicable Scope of Services and any applicable Payment and Payment Terms Schedule attached except that objections or amendments by Service Provider that have not been explicitly accepted by DCSD in writing in this Service Agreement shall not be included in this Service Agreement and shall be given no weight or consideration; **(Exhibit B)**;
- d. Board Directive originally dated **April 21, 2025 (Exhibit C)**; and
- e. Notice of Award dated **April 29, 2025 (Exhibit D)**.

This Service Agreement together with the aforementioned exhibits collectively forms **the Service Agreement**. All prior and contemporaneous negotiations and Service Agreements between the Parties on the matters contained in this Service Agreement are expressly merged into and superseded by this Service Agreement. DCSD shall not be bound by any additional terms and conditions, including but not limited to, terms and conditions related to any provided service or good, limitations of the Service Provider's liability or any other third party's liability, limitation of warranties, packaging, invoices, service catalog, brochure, technical data sheet, electronic disclosures, electronic Service Agreements, or other document which attempts to impose any conditions at variance with or in addition to the terms and conditions of this Service Agreement.

Any inconsistency or conflict among the specific provisions of this Service Agreement shall be resolved as follows:

- a. First, by giving preference to the specific provisions of this Service Agreement and any change orders or modifications issued after execution of this Service Agreement;
- b. Second, by giving preference to the specific provisions of the RFP attached hereto as **Exhibit "A;"**

- c. Third, by giving preference to the specific provisions of Service Provider's Proposal, including pricing and any applicable Scope of Services and any applicable Payment and Payment Terms Schedule attached hereto as **Exhibit "B,"** except that objections or amendments by Service Provider that have not been explicitly accepted by DCSD in writing in this shall not be included in this Service Agreement and shall be given no weight or consideration.

NOW, THEREFORE, in consideration of the mutual promises, covenants and Service Agreements stated herein, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged by the Parties, DCSD and the Service Provider agree as follows:

ARTICLE 1

PARTIES TO THE SERVICE AGREEMENT

The DCSD's address and its contact person are:

DeKalb County School District
1701 Mountain Industrial Boulevard
Stone Mountain, Georgia 30083

Attention: Ms. Carla Smith, Vendor Services Executive Director

Phone: 678-676-0133

Email: Carla_1_Smith@dekalbschoolsga.org

With a copy to:

DeKalb County School District
1701 Mountain Industrial Boulevard
Stone Mountain, Georgia 30083

Attention: Dr. Devon Q. Horton, Superintendent

The Service Provider's contact information is:

Company Name: Williams Charters and Tours LLC

Address: 361 17th Street NW, Unit 2217
Atlanta, Georgia 30363

Contact Person: Dale E. Williams

Title: CEO

Phone: (404) 857-5928

Email: dalewilliams@williamscharters.com

Any notice or consent required to be given by or on behalf of any Party hereto to any other Party hereto shall be in writing and shall be sent to DCSD or to the Service Provider by (a) registered or certified United States mail, return receipt requested, postage prepaid, (b) personal delivery, or (c) overnight courier service. All notices sent to the above addresses shall be binding unless said address is changed, and provided in writing to the other Party, no less than fourteen days before such notice is sent.

ARTICLE 2

DURATION OF AGREEMENT

- 2.1 **Agreement Term.** The term of this Service Agreement begins on the date executed by the last Party to execute below (hereinafter the "Effective Date"). The performance period for this Service Agreement is one (1) year from the Effective Date.
- 2.2 **Agreement Renewal.** In addition to the base period, there are four (4) one-year optional renewal terms (each a "Renewal Term") to be exercised at the sole discretion and approval of DCSD. Additionally, as required by O.C.G.A. § 20-2-506, this Service Agreement shall terminate absolutely and without further obligation on the part of DCSD at the close of the calendar year in which it was executed and at the close of each succeeding calendar year for which it may be renewed, but shall be automatically renewed for each subsequent calendar year during the term unless DCSD terminates this Service Agreement, by providing Service Provider with thirty (30) days advance notice of termination prior to the end of the calendar year. Renewal will depend upon the best interests of the DCSD, funding, and Service Provider's performance subject to the other termination methods available to the DCSD herein. Any respective obligations of Service Provider or DCSD hereunder which by their nature would continue beyond the termination, cancellation or expiration of this Agreement shall survive such termination, cancellation or expiration.

ARTICLE 3

SCOPE OF SERVICES

- 3.1 DCSD does hereby retain Service Provider to furnish those services and to perform those tasks (collectively, the "Services") as further described in (i) the DCSD's Request for Proposal 25-472, to include all attachments and addenda, attached hereto as Exhibit "A" and incorporated herein by reference; and (ii) the Service Provider's final responsive thereto, attached hereto as Exhibit "B" and incorporated into this Agreement by this reference. A complete copy of the Scope of Work section of RFP 25-472, to include the Service Provider's final responsive proposal, is attached as Exhibit "B" and made a part of this Service Agreement.
- 3.2 Service Provider shall be solely responsible for the professional quality, accuracy, competence, methodology, and the coordination of all Services performed pursuant to this Agreement.
- 3.3 DCSD's review, approval, or acceptance of any of the Service Provider's Services shall not be construed to: (i) operate as a waiver of any rights the DCSD possesses under this Agreement; or (ii) waive or release any claim or cause of action arising out of the Service Provider's performance or nonperformance of this Agreement. The Service Provider shall always remain liable to the DCSD in accordance with applicable law for any and all damages to the DCSD caused by the Service Provider's breach of this Agreement.

ARTICLE 4

COMPENSATION

4.1 The Service Provider agrees that the compensation for all services under this Service Agreement shall be the specific price set forth in the attached Exhibit "A" and Exhibit "B." There shall be no add-on charges of any kind.

ARTICLE 5

WORKING RELATIONSHIP

5.1 The Service Provider will function in cooperation with the DCSD's designated representative, which is set forth in Article 1 of this Service Agreement. The Service Provider will consult with the DCSD's representative before finalizing recommendations or taking action at Services milestones or other key decision points. The Service Provider shall fully cooperate with the DCSD and, if applicable, the DCSD's representative or designee. Such cooperation shall include, without limitation, providing any requested information to the DCSD's representative and advising, meeting with, consulting with, and coordinating with the DCSD's representative.

5.2 The DCSD shall have the right, at its sole discretion, to demand and require the Service Provider to remove any employee or subcontractor working for the Service Provider on the Services and to replace the employee or subcontractor without cost or liability to the DCSD.

5.3 For purposes of safety and otherwise, the Service Provider, at all times, shall ensure its ability to thoroughly and clearly communicate, in any and all necessary languages, with the DCSD representative and with the Service Provider's employees, agents, representatives, and subcontractors.

5.4 The Service Provider shall ensure that any and all electronic devices, computers, software, hardware, equipment and other similar and related items that are utilized by the Service Provider, or any entity or person under the Service Provider's supervision or control, do not harm, or allow harm, to the DCSD's computers, systems, networks, and technology. The Service Provider shall take any and all measures possible to protect the DCSD's computers, systems, networks, and technology from viruses and other malicious codes.

ARTICLE 6

INVOICING

6.1 **Invoices.** The Service Provider shall submit invoices, to DCSD, for services rendered pursuant to the attached Exhibit "A" and Exhibit "B." Invoices will be paid by DCSD within thirty (30) days after receipt of the invoice from the Service Provider. All invoices shall be submitted by Service Provider shall be submitted to: Ms. Carla Smith, Executive Director Vendor Services, DeKalb County School District, 1701 Mountain Industrial Boulevard, Stone Mountain, Georgia, 30083.

ARTICLE 7

CANCELLATION OR TERMINATION BY DCSD

7.1 DCSD reserves the right to cancel or terminate this Service Agreement at any time for any reason, with notice in writing to the Service Provider. In the event of cancellation or termination, the DCSD shall pay to the Service Provider all compensation earned for actual services rendered. Any cancellation or termination by DCSD shall be effective within thirty (30) business days of the receipt of such cancellation or termination to Service Provider by DCSD.

7.2 Upon termination of this Service Agreement, the Service Provider shall:

- 7.2.1 Cease work under the Service Agreement and take all necessary or appropriate steps to limit disbursements and minimize costs
- 7.2.2 Immediately cease using and return to the DCSD, any personal property or materials, whether tangible or intangible, provided by the DCSD to the Service Provider
- 7.2.3 Cooperate in good faith with the DCSD and its employees, agents and contractors during the transition period between the notification of termination and the substitution of any replacement contractor(s); and
- 7.2.4 Immediately return to the DCSD any payments made by the DCSD for Services that were not delivered or rendered by the Service Provider.

ARTICLE 8

INDEPENDENT CONTRACTOR

8.1 The Service Provider and its employees shall perform as an independent contractor and not an employee or representative of the DCSD. The Service Provider retains sole and exclusive liability for all contributions, taxes or payments required to be made on account of the Service Provider's employees under federal or state income tax laws, unemployment and workers' compensation acts, social security acts, and all other legislation requiring employer contributions or withholdings.

8.2 The Service Provider shall maintain strict discipline among all personnel employed at DCSD, nor shall any person employed on any Services site have in his or her possession any drugs, alcohol or firearms. Unprofessional conduct, including but not limited to horseplay, wrestling, and fighting, shall not be permitted or allowed. No employee, subcontractor or representative of the Service Provider shall use any tobacco product while at any Services site, on any property owned by DCSD or at any function or event sponsored by or held on behalf of DCSD.

8.3 The Service Provider agrees that the Service Provider is not an employee of DCSD for purposes of the Patient Protection and Affordable Care Act, 42 U.S.C. § 18001, et seq. ("ACA"), or for any other purpose. The Service Provider agrees that the Service Provider will be responsible for reporting requirements under the ACA and certifies that the Service Provider has their own individual health plan coverage. The Service Provider agrees that the Service Provider shall make the necessary federal, state, and local filings and returns as required by law at the appropriate times, including, but not limited to, federal, state, and local income tax (including estimates), filings and returns required by the Self-Employment Contribution Act, and any other filing or return, required by federal, state, or local government. With respect to ACA compliance obligations, Service Provider acknowledges and agrees that:

- Service Provider is responsible for filing Form 1094-C and Form 1095-C with respect to all assigned workers assigned to DCSD;
- Service Provider is responsible for compliance with Internal Revenue Code Section 4980H with respect to assigned workers;
- If requested by DCSD in connection with any governmental audit or inquiry, Service Provider will cooperate in furnishing DCSD with detailed information on assigned workers as reasonably needed for DCSD to respond to such audit or inquiry, and at no additional charge;
- Service Provider will offer health plan coverage to assigned workers (and their dependents) that complies with the ACA's minimum value and affordability requirements and, during the term of their staffing Service Agreement; and
- In addition to any existing indemnification obligations set forth in Article 20, herein, Service Provider agrees to reimburse DCSD for any penalty or tax imposed against DCSD with respect to any assigned worker, and to indemnify and hold harmless DCSD against all liabilities, penalties and fees that may be imposed upon DCSD, under Internal Revenue Code Section 4980H(a) or (b); *provided* that DCSD will provide prompt notice to Service Provider of its receipt of any notice of assessment of penalty or taxes under Code Section 4980H and Service Provider will cooperate fully with DCSD in contesting such assessment and accepting responsibility for its assigned workers.

ARTICLE 9

RESPONSIBILITY FOR SERVICES

9.1 In the performance of this Agreement, the Service Provider warrants that it shall consistently render its best efforts and shall exercise that degree of skill and care which others would exercise in like circumstances and that its Services will be performed without errors or omissions. Service Provider shall be responsible for the accuracy of its Services and any error and/or omission made by the Service Provider in any work under this Agreement, and Contract. Services performed by the Service Provider shall be subject to review and acceptance in stages as required by DCSD. Acceptance shall not relieve the Service Provider of its professional obligation to correct, at Service Provider's own expense, any errors in the Services.

9.2 If Services performed by the Service Provider fail to meet the standards set forth in Paragraph 9.1, DCSD may elect to have the Service Provider re-perform, or cause to be re-performed, at no cost to DCSD any of the Services which fail to meet said standards where: (i) such failure appears during the performance of the Service Provider's Services or within one year from the date of completion of the Service Provider's Services, and (ii) DCSD notifies Service Provider of any such failure within sixty (60) days of the time that the failure becomes apparent. This Paragraph 9.2 shall not be interpreted to limit the right of DCSD to pursue and obtain any and all other remedies against the Service Provider at law or in equity.

9.3 Service Provider warranties that any goods to be produced to or delivered to Owner during the course and scope of work for these Services will be of merchantable quality, free from defects in materials and workmanship.

9.4 DCSD acknowledges that the Service Provider shall be entitled to rely on the accuracy and currency of information supplied by DCSD or by any of the Owner's contractors or consultants, or available from generally accepted reputable sources.

9.5 DCSD MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED.

ARTICLE 10

OWNERSHIP OF WORK PRODUCT

10.1 Any reports, recommendations, estimates, specifications, drawings, technical data, sketches, computer software, and all other information developed, created, procured or requested by the Service Provider in connection with its performance under this Service Agreement (the "Information") shall be the property of the DCSD. In entering into this Service Agreement, the Service Provider hereby transfers to the DCSD all right, title, and interest, including the copyright, in and to the Information.

10.2 Any reports, recommendations, estimates, specification, drawings, technical data, sketches, computer software, and all other information developed by equipment vendors or other third parties that relate to the Services shall be the property of the DCSD. This provision shall not act to transfer rights of DCSDs of standard software or specification packages for which copyright is retained by the developer.

10.3 All original technical data, evaluations, reports and other work product of the Service Provider shall be delivered to the DCSD upon the completion, cancellation or termination of Services under this Service Agreement within three (3) business days of such completion, cancellation or termination. The Service Provider may retain one (1) copy of all documents produced by the Contractor for its permanent file.

ARTICLE 11

ACCOUNTING AND RECORDS

11.1 The Service Provider shall maintain a system of accounting and record keeping for all Services. Further, the Service Provider will allow the DCSD's inspection of necessary supporting receipts and documentation for audit purposes for a period of seven (7) years after completion of Services provided under this Service Agreement.

ARTICLE 12

COMPLIANCE WITH LAWS

12.1 The Service Provider shall comply with all federal, state and local laws, regulations, ordinances, and DeKalb County Board of Education policies that are in any way applicable to the performance of its Services under this Service Agreement including but not limited to laws governing health, safety, the protection or preservation of the environment, and occupational licensing.

ARTICLE 13

EQUAL EMPLOYMENT OPPORTUNITY

13.1 The Service Provider will not discriminate against any worker, employee or applicant for employment because of race, color, religion, sex, national origin, age, citizenship status, veteran status, sexual orientation or handicap. The Service Provider will take affirmative action to ensure that applicants are employed, and that workers are treated during employment, without regard to their race, color, religion, sex, national origin, age, citizenship status, veteran status, sexual orientation or handicap. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment, or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

ARTICLE 14

CONTINGENCY FEES

14.1 The Service Provider represents that it has not employed and shall not employ any person other than its own principals and employees to solicit this Service Agreement or any contract with the DCSD, and that it has not and shall not pay any person other than its own principals and employees any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award or making of this Service Agreement or any other contract with the DCSD

ARTICLE 15

SUBCONTRACTORS

15.1 Service Provider shall manage all work and Services performed under this Service Agreement. Upon the DCSD's prior written consent, the Service Provider may subcontract all or part of the Services to be provided. In such event, the rights and obligations of the Service Provider and the DCSD will not be diminished.

15.2 All of the Service Provider's Subcontractors shall be directly responsible to Service Provider and shall be under the Service Provider's direct supervision. The Service Provider shall be as fully responsible and accountable to DCSD for the acts and omissions of its Subcontractors and of persons either directly or indirectly employed by Subcontractors in the performance of Services under this Service Agreement as the Service Provider is for the acts and omissions of persons it directly employs. Other than DCSD being a third-party beneficiary to any Service Agreement between the Service Provider and its Subcontractors, no other contractual relationship between DCSD and any subcontractor is created by any provision contained in this Service Agreement.

15.3 If the Service Provider utilizes Subcontractor(s) with respect to this Service Agreement then the Service Provider will require Subcontractor(s) to comply with all terms and conditions of this Service Agreement including, but not limited to the insurance requirements. The Contractor shall require all Subcontractors to supply a certificate of insurance as required herein before the Subcontractor commences any work.

ARTICLE 16

SUCCESSORS AND ASSIGNS

16.1 The Service Provider shall not assign its rights hereunder, excepting its right to payment, nor shall it delegate any of its duties hereunder without the written consent of the DCSD. Subject to the provisions of the immediately preceding sentence, each Party hereto binds itself, its successors, assigns and legal representatives to the other and to the successors, assigns and legal representatives of such other Party.

ARTICLE 17

INSURANCE

17.1 The Service Provider and all Subcontractors shall maintain insurance in the types and coverage amounts shown below, which insurance shall provide coverage for Service Provider during the term of this Service Agreement. Prior to the date the Service Provider signs this Service Agreement, the Service Provider shall provide the DCSD with (i) an endorsement from the insurer naming the DeKalb County School District and The DeKalb County Board of Education as an additional insured under the liability policies and (ii) certificate(s) verifying that these insurance coverages and limits are in force. Additional certificates of insurance shall be provided whenever individual policies are renewed (or replaced) on their anniversary date and at such other times as the DCSD requests.

17.2 If the Service Provider is a joint venture involving two (2) or more entities, then each independent entity shall satisfy the limits and coverages specified below or the joint venture will be a named insured under each respective policy specified.

17.3 The insurance requirements of this Contract are:

Type of Insurance	Coverage Limits
Workers Compensation	\$1,000,000
Employer's Liability	\$1,000,000 annual aggregate
Comprehensive General Liability Including Contractual Liability, Bodily Injury and Property Damage	\$2,000,000 annual aggregate \$1,000,000 per occurrence
Comprehensive Auto Liability Bodily Injury and Property Damage Covering Owned, Hired and Non-Owned Autos	\$5,000,000 annual aggregate \$1,000,000 per occurrence
Umbrella or Excess Insurance	\$5,000,000 annual aggregate \$1,000,000 per occurrence

17.4 The Service Provider waives all rights, including rights of subrogation, against the DCSD and its respective directors, officers, partners, Board Members, officials, agents, insurers, subcontractors, consultants and employees for damages covered by any type of insurance during and after the completion of the Work.

- 17.5 Certificates of Insurance must be executed with the following provisions:
- (a) Certificates to contain policy number, policy limits, and policy expiration date of all policies issued in accordance with this Service Agreement;
 - (b) Certificates to contain the project number, location of property, name of property and operations information to which the insurance applies;
 - (c) Certificates are to be issued to:
DeKalb County School District
DeKalb County Board of Education
1701 Mountain Industrial Blvd.
Stone Mountain, GA 30083
Attention: Risk Management Department
 - (d) Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least thirty (30) days prior written notice to the DCSD.
 - (e) Service Provider shall be responsible and have the financial wherewithal to cover any deductibles or retentions included on the certificate of insurance.

ARTICLE 18

ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT OF 2011

18.1 The Illegal Immigration Reform and Enforcement Act of 2011 applies to and is a requirement for all DCSD Contracts for physical performance of services (i.e. public works contracts).

18.2 Service Provider's compliance is set forth in Exhibit "B". The Service Provider warrants and represents that evidence of the Service Provider and their subcontractor(s)' compliance by completing the following forms is included in Exhibit "B" and incorporated herein as reference:

- (a) Immigration and Security Certification
- (b) Contractor Affidavit
- (c) Subcontractor Affidavit
- (d) Sub-Subcontractor Affidavit

ARTICLE 19

TERMINATION FOR CAUSE

19.1 Either Party hereto may terminate this Service Agreement upon giving seven (7) days prior written notice to the other Party in the event that such other Party substantially fails to perform its material obligations set forth herein. Any Party seeking to terminate this Service Agreement for cause shall, as a condition precedent to the termination of this Service Agreement, provide the other Party written notice specifically describing its failure to perform its material obligations and allow that Party thirty (30) days after receipt of the notice in which to cure any performance deficiency.

ARTICLE 20

INDEMNIFICATION

20.1 The Service Provider agrees to hold harmless and indemnify the DCSD, its Board, officers, employees and representatives (herein "Released Parties") from and against any and all liability, claims, actions, causes of action, losses, damages, demands, suits, judgments, costs and expenses arising out of bodily injury (including death) to persons, damage to property, or financial loss, including, but not limited to, any and all costs, expenses, legal fees and liabilities, incurred in and about investigation, defense

or prosecution thereof, to the extent caused in whole or in part by a negligent act, error or omission of the Service Provider or any subcontractor(s), or as a result of defective Services under this Service Agreement. Notwithstanding anything to the contrary in this Agreement, Service Provider shall not be liable for, or have any duty of indemnification with respect to any acts or omissions of DCSD.

20.2 The Service Provider further agrees to release, indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action inuring to the Service Provider from events over which the Released Parties exercise no control. The Service Provider further agrees to indemnify, defend and hold harmless the Released Parties from any and all claims, demands, rights, liabilities and causes of action arising out of Service Provider's negligent performance under this Agreement.

ARTICLE 21

AGREEMENT ADMINISTRATION

21.1 DCSD and the Service Provider have each appointed certain individuals whose names and phone numbers appear in Article 1 to be their respective representatives in the administration and performance of this Service Agreement. The DCSD's representative shall have no power or authority to change this Service Agreement, or to execute or agree to any change orders. The DCSD may change its representative or declare a designee by written notice to the Service Provider.

21.2 To be binding against the DCSD, and as a condition precedent thereto, any addition, deletion or modification to the terms of this Service Agreement must be in writing and signed by the DCSD. The Service Provider acknowledges that the DCSD does not, and will not be deemed to, waive this condition precedent under any circumstances.

21.3 Failure of the DCSD or the Service Provider to insist in any one or more instances on performance of any of the terms and conditions of this Service Agreement, or to exercise any right or privilege contained in this Service Agreement or the waiver of any breach of the terms and conditions of this Service Agreement, shall not be considered as creating or constituting a waiver of any such terms, conditions, rights or privileges, and the same shall continue and remain in force and effect.

21.4 The Service Provider and the DCSD will adhere to all applicable health and safety laws, rules and regulations including Occupational Safety and Health Administration's ("OSHA") Rules and Regulations effective at the time the work was performed.

21.5 This Service Agreement shall be governed by the laws of the State of Georgia.

ARTICLE 22

PUBLIC RECORDS

22.1 The laws of the State of Georgia, including the Georgia Open Records Act, as provided in O.C.G.A. Section 50-18-70 et seq., require procurement records and other records to be made public unless otherwise provided by law.

ARTICLE 23

FORCE MAJEURE

23.1 The Service Provider will not be responsible or liable in any way for delay or failure to perform its obligations under this Service Agreement during any period which performance is prevented or hindered by conditions reasonably beyond its control, acts of God, fire, flood, and other unusually adverse weather conditions, war, embargo, explosions, riots, laws, rules, regulations and order of any governmental authority.

ARTICLE 24

CAPTIONS

24.1 The headings in this Service Agreement are for the convenience of the Parties hereto and shall in no way affect the construction or interpretation of this Service Agreement or any part hereof.

ARTICLE 25

ENTIRE SERVICE AGREEMENT

25.1 This Service Agreement constitutes the entire and exclusive Service Agreement between the Parties with reference to the Services and supersedes any and all prior communications, discussions, negotiations, understandings, or Service Agreements. This Service Agreement may be amended only by a writing signed by both the DCSD and the Service Provider. The signature of Service Provider below, represents to DCSD that he/she is duly authorized to execute and deliver this Service Agreement on behalf of Service Provider.

ARTICLE 26

MISCELLANEOUS

26.1 Unless otherwise expressly provided to the contrary in this Service Agreement, the term "day" shall mean calendar day.

26.2 Any claim, dispute or other matter in question arising out of or related to this Service Agreement shall be subject to mediation as a condition precedent to the institution of legal or equitable proceedings by either party. The DCSD and Service Provider shall endeavor to resolve claims, disputes and other matters in question between them by mediation which, unless the parties mutually agree otherwise, shall be in accordance with the Mediation Rules of the American Arbitration Association currently in effect. Request for mediation shall be filed in writing with the other Party to this Service Agreement and with the American Arbitration Association. The request may be made concurrently with the filing of a civil action but, in such event, mediation shall proceed in advance of legal or equitable proceedings, which may be stayed pending mediation for a period of 60 days from the date of filing, unless stayed for a longer period by Service Agreement of the parties or a court order. The Parties shall share the mediator's fee and any filing fees equally. The mediation shall be held in the place where the Services is located, unless another location is mutually agreed upon. Subject to the express approval of the DeKalb County Board of Education, agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

26.3 The exclusive venue for any civil action arising out of or related to this Service Agreement shall be in the federal, superior, or state courts of DeKalb County, Georgia. If any civil action is instituted to interpret, enforce or rescind this Service Agreement, the prevailing party in such lawsuit shall be entitled to recover, in addition to any other relief awarded, its reasonable attorney fees and other fees, costs, and expenses of every kind, incurred in connection with the lawsuit.

26.4 If any provision of this Service Agreement or the application thereof to any person or circumstance shall to any extent be held invalid, then the remainder of this Service Agreement or the application of such provision to persons or circumstances, other than those as to which it is held invalid, shall not be affected thereby, and each provision of this Service Agreement shall be valid and enforced to the fullest extent permitted by law.

26.5 This Service Agreement may be executed in several counterparts, each of which shall be deemed an original, and all such counterparts together shall constitute one and the same Service Agreement. A scanned or photocopy of an original signature shall be deemed an original for purposes of this Service Agreement.

26.6 Service Provider, and all personnel of Service Provider, agree to a background check. The Service Provider, and all personnel of Contractor, shall undergo the same criminal background check, within the last 365 days, as required by DCSD employees. Such background checks will be performed by DCSD at the expense of the Service Provider. Additionally, any charges against the Service Provider, or personnel, may be deemed unacceptable in DCSD's sole discretion regardless of whether dismissed, expunged, sealed, removed from the record, treated as a "first offender" or dead docketed. Upon receipt and evaluation of DCSD's background check results, DCSD may demand that the personnel named in the check result, not provide services to DCSD premises. Any failure of the Service Provider, or personnel, to obtain a criminal records background check through DCSD, as stated herein, may result in termination of any resulting contract between Service Provider and DCSD. Confirmation of background checks must be submitted in writing prior to commencement of any services to DCSD to: Ms. Carla Smith, Executive Director Vendor Services, DeKalb County School District, 1701 Mountain Industrial Boulevard, Stone Mountain, Georgia, 30083.

26.7 Service Provider shall obtain prior written approval from DCSD's Department of Communications before the distribution of any news, press release or any marketing materials, by Service Provider, which mentions DCSD, DeKalb County Board of Education, or any of the schools or centers within DCSD, or uses DCSD's logo or trademark. All requests for prior written approval shall be sent to: Communications Department, DeKalb County School District, 1701 Mountain Industrial Blvd., Stone Mountain, Georgia, 30083.

[signature page follows]

IN WITNESS WHEREOF, the DCSD and the Service Provider, agreeing to the above terms and conditions and intending to be legally bound and each acting through persons duly authorized, have placed their signatures on duplicate original copies of this Service Agreement.

DCSD:

DEKALB COUNTY SCHOOL DISTRICT

By: Devon Q. Horton
[Signature]

Dr. Devon Q. Horton, Superintendent
Printed Name & Title

1701 Mountain Industrial Blvd

Stone Mountain, Georgia 30083

[Date of Execution]

SERVICE PROVIDER:

WILLIAMS CHARTERS AND TOURS LLC

By: [Signature]
[Signature]

Dale L. Williams, CEO
Printed Name & Title

361 17th Street NW, Unit 2217

Atlanta, GA 30363

5/6/2025
[Date of Execution]

EXHIBIT "A"

 DeKalb County School District	Vendor Services Department Procurement 1701 Mountain Industrial Boulevard Stone Mountain, Georgia 30083
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REQUEST FOR PROPOSAL (RFP) 25-472

Charter Bus Services Schedule of Events

EVENT	DATE(S)	TIME	LOCATION
Solicitation Posts	October 10, 2024		https://dekalbschoolsga.ionwave.net
Optional Pre-Proposal Conference	October 24, 2024	11:00 AM	Via Microsoft Teams (registration required)
Site Visit	N/A	N/A	N/A
Deadline to Submit Questions (Q&A)	October 28, 2024	12:00 PM	https://dekalbschoolsga.ionwave.net
Q&A Deadline Responses	November 1, 2024	4:30 PM	https://dekalbschoolsga.ionwave.net
Submission Deadline	November 5, 2024	2:00 PM	https://dekalbschoolsga.ionwave.net
Virtual Public Acknowledgement	November 5, 2024	3:00 PM	Via Microsoft Teams (Registration required)

SUBMISSIONS MUST BE RECEIVED ELECTRONICALLY VIA <https://dekalbschoolsga.ionwave.net>

DeKalb County School District Solicitation Contact Person:
Fred Christopher, Procurement Manager III-Non-Capital
(678) 676- 0217 and/or email at solicitationquestions@dekalbschoolsga.org



1701 MOUNTAIN INDUSTRIAL BLVD, STONE MOUNTAIN, GEORGIA 30083

<https://dekalbschoolsga.ionwave.net>

REQUEST FOR PROPOSAL

**RFP 25-472
CHARTER BUS SERVICES**

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DeKalb County School District ("DCSD") extends this offer to submit a proposal for the possible purchase or lease of goods and/or services conforming to the following designated specifications, terms, and conditions. This solicitation will require DCSD Board of Education approval.

Format and Submission of Proposals

Submittal responses to this solicitation will be received electronically on the DeKalb County School District website at <https://dekalbschoolsqa.ionwave.net>.

The format requirements for RFP responses are designed to ensure uniformity in the responses, provide the information necessary to understand each offeror's proposal, and facilitate an efficient and comprehensive evaluation of all responses. Proposals must comply with the specifications and detailed instructions stated in this RFP document, be signed by the certifying company official, and be presented to the DCSD Purchasing Department according to the detailed instructions stated in this document.

- RFP responses must be submitted electronically via <https://dekalbschoolsqa.ionwave.net>
- Proposals must be presented in a PDF format. All attachments must be identified properly for easy recognition and association.
- Each page of the response must be numbered.
- Each proposal must contain a detailed Table of Contents and must be organized in the same order as the requirements are outlined in this RFP document. Each separate bullet point must be addressed individually. A response that does not adhere to a "point-by-point" format may be disqualified.
- Responses shall be organized simply and economically. Emphasis must be placed on completeness and clarity. Proposals that do not include all the required information may be disqualified.

All potential respondents must register as a vendor at <https://dekalbschoolsqa.ionwave.net>.

Time is of the essence. Specify your earliest _____ and latest _____ service commencement dates after receipt of award letter.

Approval by the DeKalb County Board of Education

Official approval by the DeKalb County Board of Education is required for this procurement. No contract shall be construed to be formed without the advance official approval of the DeKalb County Board of Education. **The successful offeror will be notified after DeKalb County Board of Education approval.**

Funding Provisions

No award or contract will be made if funding is not approved by the DeKalb County Board of Education.

Compliance with Requirements

Offeror must indicate below whether or not their proposal is in complete compliance with the stated requirements. If there are any deviations from these requirements, offeror must indicate in writing what the exact deviations are and what actual services will be provided. Attach and label additional sheets if necessary.

- ☐ Proposal is in complete compliance with proposal requirements.
- ☐ Proposal deviates from stated requirements as follows:

Cancellation

Awards, contracts, and extensions may be canceled for convenience by the DeKalb County School District (DCSD) at any time. In the event of termination of contract by DCSD, the DCSD will be responsible only for those services that have been delivered and accepted according to the RFP requirements. Any cancellation for convenience by DCSD shall be effective three (3) business days after receipt of the Notice of Cancellation for convenience from DCSD by the Offeror.

Fiscal Year Funding Implications

The fiscal year for DCSD begins July 1 and ends June 30. This solicitation and any resulting contract(s) may contain renewal and extension options.

This solicitation, any resulting contract(s), and any renewal and extension options shall terminate absolutely without further obligation on the part of DCSD at the end of the fiscal year in which this solicitation was issued and at each June 30 renewal anniversary date thereafter unless the successful offeror is notified otherwise and agrees in writing to the exercise of renewal and extension options.

Payment to Successful Vendor(s)

Payment for goods and services will be made by electronic funds transfer (EFT). Vendor(s) doing business with DCSD are required to provide EFT payment information when registering as a DCSD vendor at:

<https://www.dekalbschoolsqa.org/purchasing/>

Rights Reserved

DCSD reserves the right to accept or reject any and/or all parts of responsive proposals received and/or to reject all proposals submitted. DCSD reserves the right to award any resulting contract in the manner that is in the best interest of and most advantageous to DCSD. DCSD reserves the right to waive any technicalities or minor irregularities in responses received and to award the contract in the most beneficial manner for DCSD. The decision of DCSD shall be final.

DCSD reserves the right to request and negotiate a "best and final" response from offerors.

Taxes

Purchases made by DCSD are not subject to federal, state, or local sales tax. A Sales Tax Exemption Certificate will be furnished upon request.

F.O.B. Delivery

All prices are to be F.O.B. delivery to various DCSD locations.

Estimated Quantities

The quantities shown in this RFP document are estimates, which are provided for your information. However, actual quantities purchased by DCSD may vary.

Exclusions of Trade Usages

This RFP contains all of the terms, conditions and obligations to which the parties agree, and shall not be modified, controlled, explained, supplemented or affected in any way by any usage of trade not expressly included in this agreement.

Conditional Proposals

Proposals that are conditional and/or in any way qualify or vary the terms of these instructions, conditions, and specifications shall be considered non-responsive and disqualified.

Offeror Failure

In the event services to be furnished by the successful offeror should for any reason fail to conform to the scope of work contained herein, DCSD reserves the right to reject the services and further reserves the right to terminate the contract.

Failure of the successful offeror to perform contracted services may also result in the removal of that offeror from doing business with DCSD for a period of not less than one year.

Georgia Open Records Act

All proposals submitted in response to DCSD solicitations may be subject to the Georgia Open Records Act, which permits any member of the public to inspect and/or copy documents prepared and maintained or received in the course of the operation of the public office or agency.

No Assignment of Award

The successful offeror may not assign the award or contract to or subcontract with another party without the express written permission of DCSD.

The Laws of the State of Georgia

This RFP and subsequent agreement are subject to the laws of the State of Georgia.

2 CFR 200.322(a)***§ 200.322 Domestic preferences for procurements.***

- (a) As appropriate and to the extent consistent with law, the non-Federal entity should, to the greatest extent practicable under a Federal award, provide a preference for the purchase, acquisition, or use of goods products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, or other manufactured products).

Additional Terms

In the event an award is made to an offeror, the resulting contract shall not depart from this document unless agreed to in writing by DCSD and the successful offeror. DCSD shall not be bound by additional terms and conditions and/or extraneous language added to this document by offerors.

ALL SOLICITATIONS ISSUED BY DCSD ARE ADVERTISED IN THE LEGAL SECTION OF THE CHAMPION NEWSPAPER, (404) 373-7779, POSTED ON THE DCSD IONWAVE WEBSITE, AND POSTED IN THE TEAM GEORGIA MARKETPLACE'S GEORGIA PROCUREMENT REGISTRY. Offerors are solely responsible to review and make themselves aware of DCSD solicitations posted on the following website:

<https://dekalbschoolsga.ionwave.net/Login.aspx>

PART I BACKGROUND AND INFORMATION

A. Objectives

The DeKalb County School District (DCSD) is seeking proposals from qualified offerors with professional qualifications, technical competence, and specialized experience to provide district wide charter bus services as outlined in the scope of work in Part III of this RFP.

Awarded offeror shall provide services in accordance with the specifications, requirements and terms and conditions stated herein. Services shall include all labor, materials, tools, specialized equipment, supplies, trained personnel, insurance, travel, per diem, direct and indirect administrative costs, overhead, tolls, parking, fuel, lodging, all other cost and charges, and all things and services necessary to provide charter bus services, in accordance with the requirements of this RFP. There shall be no add-on charges of any kind. DCSD reserves the right to make multiple awards.

B. General Information

DCSD is a metropolitan Atlanta public school system organized and existing under the Constitution and laws of the State of Georgia. DCSD is located in the fourth largest county in Georgia. DeKalb County is one of the most culturally diverse counties in the nation. DCSD has a student enrollment of approximately 93,000 students in pre-kindergarten through grade 12. With 139 schools and centers, DCSD educates the third largest pre-kindergarten through grade 12 student population in the State of Georgia. DCSD is the second largest employer in DeKalb County with approximately 14,000 employees.

DCSD is dedicated to giving every student the best possible education through an intensive core curriculum and specialized, challenging instructional and career programs. DCSD is striving to become the premier K-12 school system of choice and desires to significantly improve leadership, teaching, and student learning to fulfill its mission as an organization for public education.

DCSD includes approximately:

- 77 Elementary Schools
- 19 Middle Schools
- 22 High Schools
- 8 Start-up Charter Schools
- 12 Specialized Learning Centers
- 6 Administrative Centers, and
- 5 Athletic Stadiums

DCSD's wide-area network connects instruction and administration sites to deliver technology and learning tools to every child. The main administrative offices are located at 1701 Mountain Industrial Boulevard, Stone Mountain, Georgia 30083. DCSD is governed by a seven-member Board of Education.

C. Procurement Process

The procurement will be on a formally advertised basis. Proposals must be responsive to all aspects of this RFP.

D. Addenda

It is the responsibility of offerors to frequently check for any addenda, questions, and answers posted on the Purchasing Bulletin Board on the DCSD website. Failure on the part of offerors to make themselves aware of and comply with addenda requirements will not relieve them of this obligation.

All posted addenda must be printed, signed by the offeror, and included in the offeror's RFP submission.

Click on the following link to the Purchasing Bulletin Board: <https://dekalbschoolsga.ionwave.net>

E. Proposal Contact Person

The assigned contact person for offerors is Fred Christopher, Procurement Manager III-Non-Capital who can be reached at (678) 676-0217 or by email to solicitationquestions@dekabschoolsga.org.

F. Prohibited Contact(s)

Except with the consent of the proposal contact person, all offerors, including any persons affiliated with or in any way related to the offeror, are strictly prohibited from contacting DeKalb County Board of Education members and DCSD employees or consultants on any matter having to do in any aspect with this RFP between the time a request for proposal is formally released and a recommendation is made by the administration to the Board, other than as provided herein. Communication with anyone other than the proposal contact person regarding any portion of this RFP can result in the violating firm being disqualified. Furthermore, no employee, officer, or agent of the DeKalb County Board of Education or DCSD may participate in the selection, award or administration of a contract if he or she has a real or apparent conflict of interest.

Board Member Communication with Prospective Vendors

Vendors shall not contact Board members individually for the purpose of soliciting a purchase or contract between the time a request for proposal is formally released and a recommendation is made by the administration to the Board. If a vendor violates this prohibition during this timeframe, consideration for the vendor for award shall be invalidated. Board members shall be notified of possible violations and actions taken.

G. Optional Virtual Pre-Proposal Conference

An optional virtual pre-proposal conference will be held via Microsoft Teams at 11:00 AM EST on Thursday, October 24, 2024.

Prospective offerors must provide the following information by 5:00 PM EST, on Wednesday, October 23, 2024:

Name and Title
Company Name
Telephone Number
Email Address

This information must be sent to solicitationquestions@dekabschoolsga.org. Please enter "Optional Virtual Pre-Proposal Conference – RFP 25-472 Charter Bus Services" in the subject line of your email. An invitation will be sent via Microsoft Teams to those providing the above information no later than Thursday, October 24, 2024, by 10:30 AM EST.

H. Proposal Submission Deadline

All potential offerors must register as a vendor at <https://dekalbschoolsga.ionwave.net>.

Proposals in response to this RFP must be received electronically via IonWave no later than 2:00 PM on Tuesday, November 5, 2024. Proposals received after the stated deadline will not be considered.

I. Virtual Public Acknowledgement

The public acknowledgment will be held virtually through Microsoft Teams on Tuesday, November 5, 2024, at 3:00 PM EST. For those who would like to attend the acknowledgment, please register no later than Monday, November 4, 2024, by 5:00 PM EST, by sending an email to solicitationquestions@dekabschoolsga.org.

Please enter "Public Acknowledgement - RFP 25-472 Charter Bus Services" in the subject line of your email.

An invitation will be sent via Microsoft Teams to those participants no later than Tuesday, November 5, 2024, by 2:30 PM EST.

J. Questions and Answers

It is intended that this RFP be adequate for any offeror to respond to DCSD's requirements. However, should offerors have questions, all questions shall be submitted electronically to: <https://dekalbschoolsga.ionwave.net>. Questions submitted to any other mailbox, voice mail or e-mail address will not be considered for response. The deadline to submit questions is **Monday, October 28, 2024, at 12:00 PM EST**. Questions received after the deadline will not be considered.

All questions received by the deadline shall be answered in writing and both the questions and answers will be posted to the website <https://dekalbschoolsga.ionwave.net> no later than **Friday, November 1, 2024, at 4:30 PM EST**. Responses to questions will not be posted on official DCSD holidays.

<https://dekalbschoolsga.ionwave.net>

PART II GENERAL REQUIREMENTS

A. *Offeror Performance*

The successful offeror is required to perform and fulfill all the undertakings, covenants, terms, conditions, and agreements of this RFP document and any negotiated contract(s). Specifications contained herein and in the successful response will become contractual obligations if an award ensues. Failure of the offeror to fully perform these obligations may result in the cancellation of the award and contract.

DCSD will look to the offeror and his/her identified personnel to coordinate and deliver the services described in this RFP. The services shall not be delegated to sub-offerors or assigned to any third party.

B. *News Release*

Any news release or publicity pertaining to any phase of this project must be cleared through the DCSD Executive Director of Communications.

C. *Non-Discrimination*

DCSD does not discriminate based on race, color, religion, sex, national origin, age, or disability in any of its employment practices, education programs, services or activities.

DCSD supports an open, fair, and impartial free-market system which maximizes competition and seeks to include all responsible businesses and to provide ample opportunities for business growth and development. Minority businesses are encouraged and given the opportunity to bid on various projects; however, all responses will be evaluated on the same criteria. It is not the intention or desire of DCSD to restrict or impede competition, nor to increase the cost of the work.

D. *Drug-Free Workplace*

By submission of a response to this RFP, the offeror certifies that he/she and his/her employees shall not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of controlled substance or drugs during the performance of the contract.

E. *Smoke-Free Workplace*

By submission of a response to this RFP, the offeror certifies that he/she and his/her employees shall not use tobacco products on DCSD property at any time during the performance of this contract.

F. *Background Checks*

A criminal background check must be performed on all contractors, consultants, subcontractors, volunteers and vendors (hereinafter jointly referred to as "Individuals") who provide services on DCSD premises, supervise services on DCSD premises, or has contact with students. These Individuals shall undergo the same criminal background check, within the last 365 days, as required by DCSD employees. Such background checks will be performed by DCSD at the expense of the Individual at a cost of \$45.00 per individual.

Additionally, any charges against the Individual, may be deemed unacceptable in DCSD's sole discretion regardless of whether dismissed, expunged, sealed, removed from the record, treated as a "first offender" or dead docketed. Upon receipt and evaluation of DCSD's background check results, DCSD may demand that the Individual have no contact with DCSD students or parents or provide services to DCSD premises.

Any failure of the contractor to obtain a criminal records background check through DCSD, as stated herein, may result in termination of any resulting contract between contractor and DCSD.

G. Costs Incurred

DCSD is not liable for any costs incurred by an offeror in preparing and/or submitting a response to this RFP or for any interview if requested. Any and all costs incurred by the offeror in preparing and/or submitting a response to this RFP and interviewing with DCSD (if requested) shall be the sole responsibility of the offeror and shall not be reimbursed by DCSD.

There is no guarantee of any offeror receiving an award as a result of submitting a response to this RFP.

H. Insurance

Certificate of Insurance and/or ACORD Form is required with solicitation submittal and required upon award. Upload this documentation under the Response Attachment tab via IonWave titled "Certificate of Insurance".

The DCSD Director of Risk Management sets insurance and indemnification requirements for each Solicitation.

Certificate of Insurance / Accord Form is required with solicitation submittal upon award. Provision of Certificate of Insurance is a mandatory requirement. Proposals submitted with certificates of insurance will be considered conditionally responsive to the insurance and indemnification requirement. Final award of this RFP will be contingent upon receipt within six (6) business days of request for insurance documentation complete with the following requirements and fully acceptable to the DCSD Risk Manager. No work will commence / no purchases will be made without the written statement of approval of insurance coverage from the DCSD Risk Manager. In the event the awarded offeror cannot produce insurance coverage acceptable to the Risk Manager within the time provided, DCSD reserves the right to award this solicitation to the first runner-up.

(1) The successful Offeror shall procure and maintain throughout the term of this agreement a policy or policies of insurance providing coverage as set forth below that shall protect the offeror and the Indemnitees (as defined in Part II, Section I of this RFP) from any claims for bodily injury, property damage, or personal injury which may arise out of offeror's operations under this agreement. The foregoing policies shall be obtained from insurance companies approved to do business in the State of Georgia and companies acceptable to DCSD. Offeror shall procure the insurance policy(ies) at the offeror's own expense and shall furnish to DCSD a certificate of insurance containing the following:

- (a) Name and address of authorized agent;
- (b) Name and address of insured;
- (c) Name of insurance company;
- (d) Description of coverage in standard terminology;
- (e) Policy period;
- (f) Policy Number;
- (g) Limits of liability;
- (h) Name and address of certificate holder;
- (i) Acknowledgment to the DCSD of notice of expiration or cancellation;
- (j) Signature of authorized agent;
- (k) Telephone number of authorized agent; and
- (l) Details of policy exclusions applicable to this agreement in comments section of insurance certificate.

All certificates evidencing primary and excess layers shall be renewed and kept current and up to date on an annual basis.

(2) Offeror is required to maintain the following insurance coverage during the term of this agreement:

(a) Workers Compensation Insurance in the amounts of the statutory limits established by The General Assembly of the State of Georgia. Offeror shall have the ability to self-insure its required workers' compensation coverage if offeror is an approved self-insurer in the State of Georgia.

(b) Commercial General Liability Policy, or equivalent coverage, to include products and completed operations liability and contractual liability. The Commercial General Liability Policy shall have dollar limits sufficient to ensure that there is no gap in coverage between this policy and any excess or Commercial Umbrella Policy described below.

(c) Automobile Liability Policy to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by offeror or offeror's personnel in the performance of this agreement. The Comprehensive Automobile Policy shall have dollar limits sufficient to ensure that there is no gap in coverage between this policy and the excess or Commercial Umbrella Policy required under this agreement.

(d) Commercial Umbrella or Excess Liability Policy, which must provide the same or broader coverage than those provided for in the above Comprehensive General Liability and Business Auto Policies. Policy limits for the Commercial Umbrella or Excess Liability Policy shall have an annual occurrence and annual aggregate limit not less than \$2,000,000 per claim.

(e) Professional Liability or Errors & Omissions coverage with limits not less than \$2,000,000 per claim/\$2,000,000 aggregate. The deductible shall not exceed \$10,000 per claim.

(f) Under all coverage and certificates required hereunder, policies shall or be endorsed to include the following terms and conditions:

(i) All policies and coverage shall be on an "occurrence" not "claims made" basis (excepting (e) above)

(ii) The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed, allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to DCSD.

(iii) Shall waive all right of subrogation against Indemnitees (as defined in Part II, Section I of this RFP) for losses arising out of this agreement.

(iv) A severability of interest or cross liability clause or endorsement applies to commercial general liability and excess liability policies.

(v) Certificates of Insurance showing such coverage to be in force shall be filed with DCSD prior to commencement or continuation of any work under this agreement.

(vi) All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

(g) Under coverage and certificates required under Sections 2(a), 2(b), (c), and (d) above, policies shall be endorsed to include the following terms and conditions:

(i) Minimum limits of \$1,000,000 per occurrence \$2,000,000 in the annual aggregate.

Primary limits of coverage in the amount of \$1,000,000 per occurrence must be with insurers approved to conduct business in the State of Georgia. Excess or umbrella liability insurance may be placed with any insurer submitted by offeror, including captive or self-insured programs, with the prior written approval of DCSD.

- (ii) Contractual liability coverage, specifically referencing this agreement and its Indemnity applies to liability assumed by the named insured.
- (iii) Shall include Indemnitees as additional insured except on coverages (2) (a) and (2)(e).
- (iv) Shall waive all right of subrogation against Indemnitees (as defined in Part II, Section I of this RFP) for losses arising out of this agreement.
- (v) A severability of interest or cross liability clause or endorsement applies to commercial general liability and excess liability policies.
- (vi) Shall be primary and not excess to any other coverage provided by or available to the Indemnitees (as defined in Part II, Section H of this RFP).
- (h) Offeror shall require any and all subofferors performing work under this agreement to carry insurance of the types and with limits of liability as offeror shall deem appropriate and adequate for the work being performed. However, the obligations of the offeror to the Indemnitees assumed in Sections of Indemnification, and Insurance shall not be reduced or diminished by the standards set for the subofferors. Further, offeror agrees that their obligations to indemnify and insure the Indemnitees shall pertain to all losses arising out of the subofferor's acts or negligence in the same manner and to the same extent as if committed by the offeror. Offeror shall obtain and make available for inspection by DCSD, current certificates of insurance evidencing insurance coverage by such subofferors.

I. Indemnification

- 1) The successful offeror shall indemnify, defend, and hold harmless the DeKalb County School Board, the DeKalb County School District, DCSD, and their officials, officers, employees, agents, volunteers, and assigns (all of whom may collectively be referred to as "Indemnitees" throughout this RFP), from any and all claims, demands, suits, actions, legal or administrative proceedings, losses, liabilities, costs, interest, and damages of every kind and description, including any attorneys' fees and/or litigation and investigative expenses, for bodily injury, personal injury, (including but not limited to offeror's employees), or loss or destruction of property (including loss of use, damage or destruction of DCSD owned property) to the extent that any such claim or suit was caused by, arose out of, or contributed to, in whole or in part, by reason of any act, omission, professional error, fault, mistake, or negligence whether active, passive or imputed, of the offeror its employees, agents, representatives, or their employees, agents, or representatives in connection with or incidental to offeror's performance of the agreed-upon services regardless of whether such liability, claim, damage, loss, cost or expense is caused in part by an Indemnitee.
- 2) The successful offeror shall also indemnify, defend, and hold harmless the Indemnitees from any and all costs, expenses, claims, demands, rights, liabilities and causes of action inuring to offeror from events over which the Indemnitees exercise no control, such as Acts of God, strikes or government restrictions.

Offeror's obligation to indemnify any Indemnitee shall survive the completion, expiration, or termination of offeror's agreed-upon services for any reason.

J. Illegal Immigration Reform and Enforcement Act of

Upload this documentation under the Response Attachment tab via IonWave titled "IMMIGRATION SECURITY DOCUMENTATION".

The Illegal Immigration Reform and Enforcement Act of 2011 applies to and is a requirement for all DeKalb County School District solicitations for physical performance of services (i.e., public works contracts). The Illegal Immigration Reform and Enforcement Act of 2011 does not apply to solicitations for items, commodities and products.

Offerors must complete and/or have their subcontractors complete the following forms:

- 1) Immigration and Security Certification
- 2) Offeror E-Verify Affidavit
- 3) Contractor Affidavit (Contractor Only)
- 4) Subcontractor Affidavit (Subcontractor Only); and
- 5) Sub-Subcontractor Affidavit (Sub-Subcontractor Only)

The Immigration and Security Certification, the Offeror E-Verify Affidavit, the Contractor Affidavit, Subcontractor Affidavit and the Sub-Subcontractor Affidavit must be completed, notarized and submitted with your bid response.

I acknowledge the Illegal Immigration Reform and Enforcement Act of 2011 requirements for service providers and confirm by my signature below that the Immigration and Security Certification, the Contractor Affidavit, the Subcontractor Affidavit and the Sub-Subcontractor Affidavit are each completed, notarized and made a part of this solicitation response package. I also acknowledge that all items or services furnished to DCSD must comply with applicable federal and state immigration laws, and regulation.

_____ Please check here if the Illegal Immigration and Reform Act of 2011 **does not** apply to your solicitation, because it is one for items, commodities, or products. If this does not apply to any portion of the solicitation, then the Offeror is not required to complete the Contractor Affidavit, the Subcontractor Affidavit and the Sub-Subcontractor Affidavit (reference Attachment page).

K. Interviews

DCSD reserves the right to require offerors to participate in one or more interviews with DCSD board members and/or staff. Offerors must be prepared to discuss the salient points of their proposal within two (2) normal working days of being asked to participate in interviews. There are to be no presentations, individually or collectively, without such invitation.

L. Contract Terms

In the event DCSD determines that outsourcing these services are in its best interest, with the approval of the DeKalb County Board of Education, the successful offeror will be notified in writing. A contract confirming firm fixed price and other terms shall be signed by the parties. **Services will begin on or about February 2025. The initial contract term shall be one (1) year from the contract execution date.** The contract may contain **four (4), one (1) year renewal options** contingent upon DCSD's offer of such extension, the successful offeror's acceptance and the approval of the DeKalb County Board of Education to extend the contract. The contract is subject to the approval of the DeKalb County Board of Education and to fiscal year funding limitations. The contract price must be held firm for the entire term of the contract.

DCSD reserves the right to terminate any resulting contract for convenience. In the event of contract termination by DCSD, the DCSD will be responsible only for those services and deliverables that have been received and accepted. Any cancellation for convenience by DCSD shall be effective three (3) business days after receipt of the Notice of Cancellation for convenience from DCSD by the offeror. Non-performance of contract terms shall give sufficient cause for DCSD to cancel the contract. Non-performance shall be construed to include,

but is not limited to, failure of the offeror to deliver equipment or perform services in the time specified or in the manner required.

A contract is attached which includes all of the terms and conditions that the offeror must affirm and comply. **Refer to Attachment L, Sample Service Agreement.** Please review DCSD's attached contract terms and conditions prior to submitting a response to this RFP. Offerors should plan on the contract terms and conditions attached to this RFP being included in any award as a result of this RFP. Therefore, all costs associated with complying with these requirements should be included in any pricing quoted by the offeror.

M. Permits and Applicable Laws

By submitting a proposal, offeror acknowledges its acceptance of the RFP specifications and the contract terms and conditions without change except as otherwise expressly stated in the submitted proposal.

If an offeror takes exception to a contract term or provision, the offeror must state the reason for the exception and state the specific contract language it proposes to include in place of the provision. Any exceptions to the contract must be submitted as an attachment to the offeror's response. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the RFP.

Offerors shall at their own expense obtain all necessary permits, certifications, and licenses and shall comply with all applicable local, state, and federal laws, ordinances, rules, and regulations necessary to the full execution of the requirements stated herein. Offerors shall maintain all such permits, licenses, certifications, and compliances in a current status throughout the course of the contract. Offerors shall submit copies of permits, licenses, and certifications evidencing proof of the aforementioned immediately upon request of DCSD. Offerors shall be in compliance with registration with the Georgia Secretary of State's office as applicable.

N. Infringement

Offeror shall fully indemnify Indemnitees against any claims of infringement of any patent, copyright, trade secret, trademark, or other intellectual property rights related to the offeror's response to this RFP or services performed upon contract award. Offeror's obligation to indemnify any Indemnitee shall survive the completion, expiration, or termination of offeror's agreed-upon services for any reason.

O. Ownership Rights

DCSD shall retain ownership rights to the contents of all documents, supporting literature, and data submitted by offerors to this RFP.

P. Non-Collusion

Upload this documentation under the Response Attachment tab via IonWave titled "Non-Collusion". Offerors shall fully certify that they, as individuals or as officials of a business entity, have not entered into any agreement, participated in collusion, or otherwise taken any action in restraint of free and competitive responses to this RFP. Further, offerors guarantee that their response is not made in conjunction with or on behalf of another party and that they have not been directly or indirectly induced in any manner or taken any action to result in a restriction of trade or in an unfair advantage.

Q. Conflict of Interest

Upload this documentation under the Response Attachment tab via IonWave titled "Conflict of Interest". Offeror shall use its best efforts to disclose with their proposal the name of any officer, director, or agent who also is a DCSD employee, agent, representative, contractor, immediate family member (spouse, child, sibling, or parent or the spouse of a child, sibling or parent) or DeKalb County Board of Education member.

Offerors shall also disclose the name of any DCSD employee, agent, representative, contractor, immediate family member or board member who owns, directly or indirectly, an interest in five percent or more in the Offeror's company or any of its branches. In the event the Offeror was aware of a conflict of interest prior to the

award of the contract and did not disclose the conflict DCSD may, at its discretion, terminate the contract for default.

The Offeror further agrees that, if after award, a conflict of interest is discovered, an immediate and full disclosure in writing must be made to the DCSD Purchasing Department which must include a description of the action which the Offeror has taken or proposes to take to avoid or mitigate such conflicts. If a conflict of interest is determined to exist, DCSD may, at its discretion, cancel the contract. Offerors shall certify that their response to this RFP is impartial, at arms-length, and free of any conflict of interest at this time, unfair advantage, or personal benefit to any DCSD official.

R. Financial Stability

Upload this documentation under the Response Attachment tab via IonWave titled "FINANCIAL STATEMENTS".

1. Offerors shall provide a copy of their company's audited financial statements for the previous two (2) years – 2022 and 2023. A certified audit is preferred however, an offeror's 2022 and 2023 tax returns and balance sheets will be accepted.
2. Indicate here if your company is publicly traded or not publicly traded:
My company is publicly traded. ☐ /
My company is not publicly traded. ☐ /
3. If your company is a publicly traded company, provide a copy of your company's annual report for the previous two (2) years – 2022 and 2023.
4. List all civil and criminal proceedings your company has been the subject of, or named a party in, and provide the outcome of those proceedings. This list should include any lawsuits, administrative actions, or litigation to which your company is currently a party or has been a party. Please explain the basis for all claims, your response to those claims and state whether a settlement was reached, or a judgment entered.
5. State whether your company, or any affiliate currently or previously associated with your company, has ever filed a petition in bankruptcy, taken any actions with respect to insolvency, reorganization, receivership, moratoriums or assignment for the benefit of creditors, or otherwise sought relief from creditors.
6. State whether your company was the subject of any order, judgment or decree not subsequently reversed, suspended or vacated by any court permanently enjoining your company from engaging in any type of business practice.

S. No Obligation/No Award Guaranteed/Cost to Propose

This RFP does not commit DCSD to contract with any offeror to this RFP. There is no guarantee of any offeror receiving an award or contract as a result of submitting a response to this RFP. The contract, if any, will be awarded to the offeror whose proposal offers the best value to DCSD in meeting the required scope of work described herein, if the appropriate funds are available and the contract is approved by the DeKalb County Board of Education. No obligation or commitment is incurred by the DeKalb County Board of Education from the receipt of any proposal, marketing materials, or presentations. There is no guarantee that any offeror will receive an award as a result of submitting a proposal. Any/all costs incurred by the offeror in preparation and submission of this proposal are the sole responsibility of the offeror. Expenses incurred by the offeror will not be reimbursed by DCSD or become a reason for contracting with the offeror.

T. Confidentiality and Non-Disclosure

Information made available to offerors by DCSD shall be used only for purposes related to responding to this RFP and shall not be used for any other purpose without the express written permission of DCSD.

Offerors to this RFP unequivocally agree to assume responsibility for protecting and safeguarding the confidentiality of DCSD records that are not public information. Such information may include but is not limited to student and human resource file contents.

U. Business License

Upload this documentation under the Response Attachment tab via IonWave titled "BUSINESS LICENSE".

Offerors shall submit with their proposal, a copy of their valid company business license. If the offeror is a Georgia corporation, offeror shall submit a valid county or city business license.

If the offeror is not a Georgia corporation, offeror shall submit a certificate of authority to transact business in the state of Georgia and a copy of their valid business license issued by their home jurisdiction. If offeror holds a professional certification which is licensed by the state of Georgia, offeror shall submit a copy of their valid professional license. Any license submitted in response to this requirement shall be maintained by the offeror for the duration of the contract.

V. Protest Process

This section describes the mandatory administrative procedure whereby Offerors submitting sealed competitive bids/proposals (hereinafter referred to as "bidders") to DCSD for proposals worth \$100,000 or more may challenge the solicitation process, and whereby bidders/Offerors on sealed competitive bids directly related to Vendor Services for proposals worth \$100,000 or more, may challenge contract awards.

1. **Protests.** A bidder may file a written protest challenging DCSD's compliance with applicable procurement procedures subject to the bidder's compliance with the provisions outlined below. Any such written protest will be resolved in accordance with these provisions:

- a) appropriate identification of the solicitation;
- b) a statement of reasons for the protest;
- c) supporting exhibits, evidence, or documents to substantiate any claims unless not available within the filing time (in which case the Offeror must proceed to file the protest during the filing period identified below but state the expected availability of the material); and the desired remedy.

2. **Types of Challenges.** Any bidder interested in and capable of responding to a competitive solicitation may file a protest with respect to the competitive solicitation process including, but not limited to, a challenge to specifications or any events or facts arising during the solicitation process. Any bidder submitting a timely bid/proposal in response to a competitive solicitation may file a protest with respect to DCSD's intended or actual contract award including, but not limited to, events or facts arising during the evaluation and/or negotiation process.

3. **Form of Protest.** At a minimum, the written protest must include the following:

- a) the name and address of the protestor;
- b) appropriate identification of the solicitation;
- c) a statement of reasons for the protest;
- d) supporting exhibits, evidence, or documents to substantiate any claims unless not available within the filing time (in which case the Offeror must proceed to file the protest during the filing period identified below but state the expected availability of the material); and the desired remedy.

DCSD, at its discretion, may deem issues not raised in the initial protest as waived with prejudice by the protesting Offeror.

4. **Filing Protests.** A protest is considered to be properly filed when it is in writing, signed by a company officer authorized to sign contracts on behalf of the Offeror, and is received by the Vendor Services. The protest may be sent by any of the following means:

MAIL: Attention: Carla Smith, Executive Director
DeKalb County School District
Vendor Services

1701 Mountain Industrial Boulevard
Stone Mountain, Georgia 30083

Email: solicitationquestions@dekalbschoolsqa.org

The Offeror must observe the following deadlines when filing a protest:

Type of Protest	Protest Filing Deadline
Challenge to Competitive Solicitation Process	Two (2) business days prior to the closing date and time of the solicitation as identified on the Invitation to Bid.
Challenge to an Intended or Actual Contract Award	In the event DCSD posts a Notice of Intent to Award ("NOIA"), the protest must be filed within ten (10) calendar days of the date the NOIA is posted.
	In the event DCSD does not post a NOIA, the protest must be filed within ten (10) calendar days of the date the Notice of Award ("NOA") is posted.

If a bidder fails to file a protest by the applicable deadline, such failure shall be deemed as a waiver with prejudice of any grounds the bidder may have for protest.

5. Stay of procurement during protest review.

When a protest challenging the competitive solicitation process has been timely filed at least two (2) business days prior to the closing date and time, the solicitation shall not close until a final decision resolving the protest has been issued, unless the facilities management department makes a written determination that the closing of the solicitation without delay is necessary to protect the interests of DCSD.

When a protest challenging an intended contract award has been timely filed, DCSD shall not proceed to actual contract award unless the Vendor Services Department makes a written determination that the issuance of a contract or performance of the contract without delay is necessary to protect the interests of DCSD. If it is determined that it is necessary to proceed with contract performance without delay, the bidder/offeror with this contingent contract may proceed with performance and receive payment for work performed in strict accordance with the terms of the contract. The provisions of this paragraph are not applicable to a protest pertaining to events or facts arising during the solicitation process.

6. Protest Resolution.

The Vendor Services Department shall review and issue a written decision on the protest within seven (7) business days. This decision shall be deemed final. Available remedies for sustained protests are as follows:

- If a protest is sustained prior to the closing date and time of the solicitation, available remedies may include, but are not limited to, the following: modification of the solicitation document including, but not limited to, specifications and terms and conditions; extension of the solicitation closing date and time (as appropriate); and cancellation of the solicitation.
- If a protest of the intended/actual contract award is sustained, available remedies may include but are not limited to, the following: revision or cancellation of the NOIA/NOA, re-evaluation and re-award, or re-solicitation with appropriate changes to the new solicitation.

7. Costs

In no event shall a bidder be entitled to recover any costs incurred in connection with the solicitation or protest process, including, but not limited to, the costs of preparing a bid/proposal, the costs of participating in the protest process, or any attorney fees.

PART III SCOPE OF WORK

A. Purpose/Project Overview

The DeKalb County School District (DCSD) is seeking highly qualified, experienced, capable, fully licensed for both intrastate and interstate travel, and responsible charter bus service companies to provide a variety of passenger carrier services for DCSD students and staff expressly for educational and school related functions.

DCSD reserves the right to make multiple awards. DCSD at its discretion, determines the criteria and process whereby bids are evaluated and awarded. No damages shall be recoverable by any challenger as a result of these determinations or decisions by DCSD.

Awarded offeror shall provide services in accordance with the specifications, requirements and terms and conditions stated herein. Services shall include all labor, materials, tools specialized equipment, supplies, trained personnel, insurance, travel, per diem, direct and indirect administrative costs, overhead, tolls, parking, fuel, lodging, all other costs and charges, and all things and services necessary to provide Charter Bus Services in accordance with the requirements of this RFP. There shall be no add-on charges of any kind.

DCSD, at its discretion, determines the criteria and process whereby proposals are evaluated and awarded. No damages shall be recoverable by any challenger as a result of these determinations or decisions by DCSD.

DCSD reserves the right to add or remove DCSD facilities (schools, centers and portable classrooms) as needed.

B. Project Scope of Services

The District is seeking multiple vendors for this service. This service may not be subcontracted out, except to other bus companies that are on the District's approved carrier list. Any bus that is subcontracted out must be on **Attachment C, Bus List – Equipment Summary** of the approved carrier providing the subcontracted service(s).

Special Instructions And Conditions

1. Offeror shall provide ground transportation for students and staff to and from school related activities.
2. Services may be required for one (1) or more days of travel and include overnight stay.
3. Services may be required for intrastate and interstate travel. Some examples of recent DCSD trips include:

a. Field Trip Example

Travelers: (Who will be traveling i.e. school, organization, team, i.e. Blue Elementary School 5th Graders)
 Purpose of Travel: (Field Trip, Sporting event)
 Number of Travelers: 25
 Departure Date: December 15, 2024
 Departure Location: (Where the trip will depart from; Moss High School)
 Coach Arrival Time: (The time the bus needs to arrive for before departure)
 Departure Time: (The expected time of departure)
 Destination: (Where the trip is headed, i.e. Atlanta Aquarium)
 Destination Arrival Time: (Expected time of arrival at destination, 9:15 AM)
 Length of Stay: (The scheduled time in hours the trip will remain at the destination, i.e. 4-hours)
 Return Date: December 15, 2024
 Return Departure Location: (The location where the trip will return, i.e. Atlanta Aquarium)
 Return Departure Time: (The expected time of departure from the event, i.e. 5:45 PM)
 Arrive Back Location: The location where the trip will return to, i.e. James High School)
 Arrive Back Time: (The expected time the trip will arrive at the Arrive Back Location, i.e. 7:30 PM)

b. Athletic Department Field Trip Example

Travelers: Stephenson High School Football Team/Three (3) Coaches for Football, Four (4) Coaches for Band
 Purpose of Travel: State Playoff Game
 Number of Travelers: 56
 Departure Date: January 6, 2025
 Departure Location: Stephenson High School
 Report Time for Travelers: 9:30 AM
 Departure Time: 10:00 AM
 Destination: Ware County High School, Waycross, Georgia
 Arrival Time at Destination: 3:00 PM
 Length of Stay: Seven (7) hours
 Return Date: January 6, 2025
 Return Departure Location: Ware County High School, Waycross, Georgia
 Return Departure Time: 10:00 PM
 Arrive Back Location: Stephenson High School
 Arrive Back Time: 3:00 AM

4. Offeror shall list the variety and quantity of available fleet vehicles, including but not limited to full size buses (each providing minimum seating for 47-55 passengers); and mini coaches. Full size buses shall be "suburban or intercity coach" style accommodations (build on a "heavy" chassis as defined in the bus industry), with lavatory facilities, heat and air conditioning, tinted glass (preferable), overhead baggage or parcel racks, adequate headroom (a minimum of 74 inches preferable), and other features normally associated with comfortable suburban or intercity passenger service. Upon at least 48-hours prior notice, Offeror must ensure that the requested fleet vehicle(s) is readily accessible to and usable by individuals with disabilities, including but not limited to individuals who use wheelchairs and/or ramps. The entry doorstep height should be as low as is practical to permit easy boarding by passengers. In their proposal, the Offeror shall provide accommodation specification associated with other types of vehicles such as mini coaches. Offerors are not required to bid both types of vehicles to submit a proposal for this solicitation. Note: Offeror shall include all full-size buses on Attachment C, Bus List/Equipment Summary. Upload this documentation under the Response Attachment tab via IonWave titled "Attachment C – Bus List/Equipment Summary".

5. Each vehicle shall be equipped to meet all applicable federal and state Highway Specifications, Interstate Commerce Commission specifications and local specifications, safety standards, emission requirements, and handicap provisions. It is preferred that each bus have a front destination sign. Offeror shall state if their vehicles are equipped with wheelchair lifts to allow persons with wheelchairs to board on Attachment C, Bus List – Equipment Summary.
6. Each vehicle shall be maintained in good working condition, to include but not limited to properly functioning reclining seats, overhead bins that close, and operable interior lights, if applicable. **Each vehicle shall not be more than six (6) years old.** Overall appearance, interior and exterior, must be clean, in good repair, and free of unpleasant odors.

If an awarded charter bus service vehicle breaks down in a location that makes it impossible or unrealistic for the charter bus service to efficiently recover the students, the charter bus service may utilize the nearest/closest federally approved and fully insured carrier to assist the broken-down bus. The replacement carrier must be compliant with the U.S. Department of Transportation ("DOT") regulations. The District will ensure the replacement carrier's compliance via the DOT's Safety Measurement System (<https://ai.fmcsa.dot.gov/sms/>).
7. Equipment Summary. Offerors shall provide a summary of all vehicles that may be provided to DCSD for use. Refer to Attachment C, Bus List – Equipment Summary. In addition, offerors shall provide a current copy of the Georgia Department of Public Safety vehicle annual inspection report with a satisfactory rating for all vehicles listed on Attachment C, Bus List/Equipment Summary. **Upload this documentation under the Response Attachment tab via IonWave titled "Attachment C – Bus List/Equipment Summary".**
8. Storage of all vehicles shall exclusively be the responsibility of the Offeror.
9. All drivers of the vehicles shall have specialized driver training. Drivers shall have received customer relations training prior to providing any services under this contract. All customer service complaints received by the Contractor shall be reported verbally to the DCSD within 24 hours and followed up in writing within ten (10) working days.
10. All drivers must have a Commercial Driver's License (CDL) with a Passenger endorsement from the Department of Driver Services (DDS). Offerors are required to provide a list of all certified drivers under the company's employment on the Driver Certification Form and include a copy of each driver's license. Refer to Attachment B, Driver Certification Listing. **Upload this documentation under the Response Attachment tab via IonWave titled "Attachment B – Driver Certification Listing".**
11. All drivers must have a valid medical certificate. **Upload this documentation under the Response Attachment tab via IonWave titled "Valid Medical Certificate".**
12. The contractor shall be responsible for paying all toll charges, licenses, fees, taxes, parking fees, violation fines, and other operating costs incurred by the Contractor as part of this program. **There shall be no add-on charges of any kind.**
13. If lodging is required, the contractor will book and pay the actual lodging costs of the driver. Driver's meals shall be the responsibility of the Contractor.
14. All vehicles shall be equipped with two-way radios, cellular telephones, or like equipment that will enable communication with the Contractor's administrative and maintenance facility.
15. The Contractor shall be responsible for providing all services, equipment, functions, and all things necessary for the safe, reliable, and efficient operation of the vehicle service that are not specifically discussed herein.
16. The driver shall not smoke or operate a cell phone while performing the services provided for herein.
17. All Contractor drivers providing services to DCSD shall have been issued a DCSD identification badge. Badges are issued to drivers once a background check has been completed by the DCSD. The cost of

- performing driver background check will be billed to the Contractor for payment (see Part II, F). Drivers who have not been issued an identification badge by the DCSD will not be permitted to perform services and shall immediately be replaced by an employee already in possession of DCSD identification badge.
18. During field trips, bus and driver must remain with the group from DCSD departure through return to DCSD school/facility.
 19. Driver must have precise directions to specified locations upon arrival at DCSD, and not rely on DCSD staff.
 20. No friends or family of the driver are to accompany them on any trip at any time.
 21. Charter Buses must arrive at Pick-Up location at least twenty (20) minutes prior to departure time.
 22. Awarded Carriers must immediately contact the Requestor or designee for any of the following while contracted for an event: Bus accident (all types, minor and major); Breakdowns (All incidents in which the bus is not able to precede); Delays (Any delay which will impair the departure/arrival).
 23. All contract bus drivers will always present themselves in a professional manner with both students and staff during contract event period. Failure to do so will disqualify said driver from further contracts with DCSD.

Vehicle Maintenance

- a. The Contractor shall be fully responsible to meet or exceed all Federal Motor Carrier Safety Administration (FMCSA) and Department of Transportation (DOT) required inspections. During the term of the contract, the DCSD reserves the right to review current vehicle inspection and repair records.
- b. The Contractor shall be responsible for providing fuel, lubricants, tools, and employee uniforms.
- c. All vehicles shall have operable heating and air conditioning.
- d. DCSD expects all buses provided under this RFP to be in top operating condition. Firms that provide substandard buses that cause breakdowns, delays or otherwise inconvenience the participants or put them at risk, will be debarred for a to-be-determined length of time from participating in DCSD solicitations until such time as all problems have been demonstrated to have been corrected.
- e. Offeror shall provide information in their proposal of any additional services they will provide (i.e. lodging arrangements, tour guide arrangements, tour itinerary, etc.)

Request For Service/Reservations

- a. Individual schools or departments will contact the awarded offeror to request a quote and the pricing shall be based on pricing submitted in the proposal. The District may request services verbally or in writing. However, verbal orders must be acknowledged by the contractor within five (5) calendar days from the date of the order on the Contractor's standard confirmation form.
- b. DCSD has the right to request departure points anywhere within the County, weekdays, or weekends, at no additional charge.
- c. Notice of cancellation for a trip after reservations have been made, shall be given 24 hours before departure time at no cost to the DCSD. For service where less than 24-hour notice is given, except for weather conditions, the District agrees that Contractors may charge \$250.00 as a cancellation fee, if cancelled before leaving the terminal or cancelled on the job.
- d. DCSD has the right to revise or cancel trips due to snow emergency or other weather conditions, within two (2) hours' notice prior to the first pick-up, without financial penalty, and to revise departure and return times, trip intervals and number of trips during the time period covered by the contract without any additional cost to the DCSD.

Method Of Ordering

Purchase order(s) for bus services will be issued as required throughout the period of this contract and will become an integral part of the resulting contract. The purchase order(s) does not supersede any provision of the resulting contract. Blanket purchase order(s) may be issued by the Using Department in place of individual purchase orders, to expedite the procurement process for contracted services.

Cost Of Services

The Offeror shall include all charges incurred in fulfilling the terms of each contract. Contractors shall provide a cost breakdown for each service separately (i.e., hourly, daily, per mile, overnight stay, etc.). Pricing should include all reasonable expenses incurred by the Contractor (i.e., fuel, mileage, lodging (if applicable), etc.). Refer to Attachment A, Cost Proposal Form.

C. Brochures, Catalogs, Manuals, Websites, Literature

In addition to the formal response to this RFP, all offerors are encouraged to submit brochures, catalogs, manuals, website materials, industry literature, and any other marketing and informational media which will support and enhance their submission value.

D. Added Value

Offerors are encouraged to describe in detail all added value or additional services or benefits available and offered at no cost to DCSD in their RFP responses. Attach and label as **"ADDED VALUE."**

E. Technical Proposal

DCSD advertises this RFP as an opportunity for interested and qualified firms specializing in providing assessment services for science centers to submit responses consistent with the scope of work stated herein. Respondents to this RFP are encouraged to submit their most comprehensive, innovative and creative proposals for services for DCSD.

DCSD may, at its sole discretion, select or reject all or portions of the service(s) proposed from responsive offerors. As a part of the evaluation process, DCSD may find it necessary to evaluate the addition or deletion of components of an offeror's proposal in order to make equivalent comparisons to other proposals. DCSD will select the offeror whose proposal DCSD determines best meets the needs of DCSD, based on the requirements and evaluation criteria set forth herein.

The determination of the successful proposal will be based upon information supplied by the offeror in the RFP response and upon other information that will be obtained by DCSD as it deems necessary. Proposal conformance to RFP instructions, terms, conditions, and requirements is critical to offeror responsiveness.

The lowest-cost proposal submitted may not necessarily be determined to be the most responsive and responsible proposal when all factors have been considered. However, the quoted price is an important factor in the determination of the selected proposal.

Technical Proposals shall include the following:

Compliance Information

Firms must meet minimum criteria as specified to receive further consideration. This is a compliance section and carries no evaluation points. Proposals shall include the following:

The submitting company must be licensed by the State of Georgia or otherwise duly licensed in such a manner as to be able to provide all services specified in this RFP in Georgia and all documents must be in the name of the submitting company.

All employees of the submitting company that are assigned to this project must be either licensed by the State of Georgia or, if licensed by another state, authorized by Georgia to provide the licensed services in Georgia. Company must submit copies of all employees' licenses that will be assigned to this project.

Litigation Information: Identify and briefly discuss any instances in the past five (5) years where your contract was terminated, with or without cause. Provide Owner name, project name and Owner Project Representative Name and Number. For joint ventures responding to this RFP, provide the above information as it pertains to the joint venture and for each partner or entity creating said joint venture. If there is no failure or failures to complete a contract, please include a statement that the Firm has never failed to complete a contract or contracts or have defaulted or have been declared in default on any contract.

Identify any legal actions that have been filed against your company for services rendered in connection with in the past (5) years. Provide a brief explanation for each occurrence and the outcome/disposition. If there have been no legal actions filed against your company, please include a statement that the Company has not had any legal actions filed against them in the past five (5) years.

Evaluation Criteria

An Evaluation Committee will evaluate the proposals using the following criteria:

1. Firm's Overview (15 points)

- a. Provide a full and complete company profile to include, but not limited to Firm's name, address, headquarters and or branch office handling this project, as well as primary contact name, title, related telephone/fax numbers and email address.
- b. State how many years licensed to do business under the name stated above. Describe firm ownership structure and history.
- c. List the number of permanent licensed employees and provide an organizational chart of the firm. Include management-level employee(s) the firm intends to assign to the project. Include a professional biographical summary including any certifications/licenses and detailed outline of the role and responsibility of each employee that will be assigned to the project.

2. Scope of Services (25 points)

- a. Please provide your company's comprehensive and proposed strategy for providing charter bus services as outlined in the scope of work: Special Instructions, Vehicle Maintenance and Request for Services/Reservations. Please be detailed and specific in your response to each requirement.
- b. Provide the name and telephone number of the individual(s) that can be contacted in case of an emergency or for services needed after hours, holidays or weekends.
- c. Provide your company procedures and timeline to replace a disabled bus within the State of Georgia, outside the State of Georgia, i.e. accident breakdown, etc.
- d. Describe in detail your company training and education program for employees.
- e. Describe in detail your company's ability for accommodating disabled and special needs riders.
- f. Describe in detail amenities on units (bathrooms, TV/DVD, Wi-Fi, etc.)

3. Firm's Relevant Experience and Expertise (25 points)

- a. Submit past experience with projects that are comparable in scope and organizational size which best illustrates your firm's ability to provide charter bus services for K-12 school districts. While K-12 experience is preferred, experience with other governmental entities is allowed.

Please list no more than ten (10) projects and do not list projects that were not completed by your firm or completed over ten (10) years ago. Each project listed should include the following information:

1. Company/Entity Name
2. Mailing Address
3. Contact Name, Phone Number, and Email Address
4. Scope of Services Provided
5. Project Start and Finish Date

4. References (5 points)

- a. Minimum of three (3) references required. Offers must complete and upload Attachment H, Offeror Client Reference Form. Information provided on Attachment H: Offeror Client Reference Form, must be legible.

DCSD reserves the option of contacting any of the references provided to confirm information provided.

5. Cost Proposal (30 points) – Do not include with Technical Proposal

- a. Indicate your proposed price to provide the services as stated in this RFP using **Attachment A – Cost Proposal Form** provided as part of this RFP.
- b. Please provide any and all pricing breakdown as requested on the **Attachment A- Cost Proposal Form**.
- c. The **Attachment A-Cost Proposal Form** shall not be altered in any way. Any alterations to the provided cost proposal form may cause your company to be deemed non-responsive and disqualified from further consideration.
- d. The **Attachment A-Cost Proposal Form** shall be signed by an authorized company representative. Failure to sign the **Attachment A-Cost Proposal Form** may result in your proposal being deemed non-responsive.

Relative Weight	Evaluation Criteria
15	Firm's Overview
25	Scope of Services
25	Firm's Relevant Experience and Expertise
5	References
30	Cost Proposal
100 points	

F. Transition Plan/Transition on Commencement of Contract

The awarded offeror shall assume full services in accordance with the award of the RFP. The awarded offeror shall coordinate and cooperate with DCSD's existing provider(s) to ensure a smooth and orderly transition with uninterrupted services.

Transition and Continuity of Service upon Expiration of Contract

Continuity of services is necessary to DCSD. The awarded offeror agrees to this philosophy and upon expiration of contract, agrees to:

- a. Exercise best efforts and cooperation for an orderly and efficient transition to another provider or to DCSD.
- b. Negotiate a plan in good faith with successor to determine the nature and extent of the phase-in, phase-out services required. The plan shall specify a date for services described in the plan and shall be subject to approval by DCSD. The existing provider shall provide sufficiently experienced personnel during the phase-in and phase-out periods to ensure that the imperious services in the contract are maintained at the required level of need and proficiency.
- c. All DCSD property (including but not limited to, students and DCSD records, parts, equipment, facilities, keys, and materials) shall be returned to DCSD upon expiration of contract.
- d. Offeror shall include in their response any DCSD or any subsequent contractor requirements if offeror is awarded this contract and does not retain this contract upon its expiration.

G. REQUIRED CONTENT / DOCUMENT CHECKLIST

All potential respondents must register as a vendor at <https://dekalbschoolsga.ionwave.net/Login.aspx>.

IMPORTANT NOTICE: Submittals to this solicitation will be received electronically on the DeKalb County School District website at <https://dekalbschoolsga.ionwave.net/Login.aspx>.

IonWave will not accept a bid submission without the required documents listed below. Failure to upload the required information and/or documentation required in this solicitation may cause the submission to be declared non-responsive and rejected.

Offerors are required to upload one (1) pdf. copy electronically via <https://dekalbschoolsga.ionwave.net/Login.aspx> of their response. Offerors must reply in a narrative to each requirement and question. "Understand and comply" responses are not acceptable. All RFP submissions must include the following items and attachments.

The Request for Proposals document, RFP 25-472 Charter Bus Services (MUST BE the first document in the submission); this document is located at <https://dekalbschoolsga.ionwave.net/Login.aspx>

Table of Contents for your submission

- Addenda – Each individual Addendum must be printed, signed, and inserted immediately following the Table of Contents (Upload Required)
- Audited Company Financial Statements/Company Annual Reports for 2022 and 2023 (Upload Required)
- Business License (Upload Required)
- Certificate of Insurance (Upload Required)
- Valid Medical Certificate (Upload Required)
- Attachment A – Cost Proposal Form/Fee Schedule (Upload Required)
- Attachment B – Driver Certification Listing (Upload Required)
- Attachment C – Bus List/Equipment Summary (Upload Required)
- Attachment D – DCSD Locations and Addresses
- Attachment E – Non-Collusion (Upload Required)
- Attachment F – Conflict of Interest (Upload Required)
- Attachment G – Critical Paragraphs (Upload Required)
- Attachment H – Offeror Client Reference Form (Upload Required)
- Attachment I – Statement of Confidentiality (Upload Required)
- Attachment J – Suspension and Debarment Certification (Upload Required)
- Attachment K – Immigration & Security Certification (Upload Required)
- Attachment L – Sample Service Agreement
- Attachment M – Signature Page (Upload Required)
- Technical Proposal (Upload Required)
- Brochures, Catalogs, Manuals, Websites, Literature, and other marketing media
- Added Value

EXHIBIT "B"



RFP 25-472 Addendum 4 Williams Charters & Tours, LLC Supplier Response

Event Information

Number: RFP 25-472 Addendum 4
Title: Charter Bus Services
Type: Request for Proposal-Non Capital
Issue Date: 10/10/2024
Deadline: 11/5/2024 03:00 PM (ET)

Contact Information

Contact: Fred Christopher
Address: 1701 Mountain Industrial Blvd
Stone Mountain, GA 30083
Phone: 1 (315)
Email: solicitationquestions@dekalbschoolsga.org

Williams Charters & Tours, LLC Information

Contact: Dale Williams
Address: 361 17th St NW
Unit 2217
Atlanta, GA 30363
Phone: (770) 991-4458
Email: dalewilliams@williamscharters.com
Web Address: www.williamscharters.com

By submitting your response, you certify that you are authorized to represent and bind your company.

Dale Williams

Signature

Submitted at 11/4/2024 03:24:28 PM (ET)

dalewilliams@williamscharters.com

Email

Requested Attachments

Audited Financial Statements 2022	SKM_C364e I24110112480.pdf
Audited Financial Statements 2023	SKM_C364e I24110112481.pdf
Business License	SKM_C364e I24110112470.pdf
Certificate of Insurance	SKM_C364e I24110112510.pdf
Attachment A - Cost Proposal Form	SKM_C364e I24110112511.pdf
REVISED Attachment B - Driver Certification Listing	SKM_C364e I24110417531 (1).pdf
Attachment C - Bus List/Equipment Summary	SKM_C364e I24110112520.pdf
Attachment E - Non-Collusion	SKM_C364e I24110112530.pdf
Attachment F - Conflict of Interest	SKM_C364e I24110112531.pdf
Attachment G - Critical Paragraphs	SKM_C364e I24110112532.pdf
Attachment H - Offeror Client Reference Form	SKM_C364e I24110112533.pdf
Attachment I - Statement of Confidentiality	SKM_C364e I24110112540.pdf
Attachment J - Suspension and Debarment Certification	SKM_C364e I24110112541.pdf
Attachment K - Immigration & Security Certification	SKM_C364e I24110112550.pdf
Attachment M - Signature Page	SKM_C364e I24110112551.pdf
Technical Proposal	SKM_C364e I24110112581.pdf
Brochures, Catalogs, Manuals, Website, Literature, etc.	SKM_C364e I24110112570.pdf
Added Value	SKM_C364e I24110112590.pdf
RFP 25-472 Addendum No. 1	SKM_C364e I24110112571.pdf
RFP 25-472 Addendum No. 2	SKM_C364e I24110112572.pdf
RFP 25-472 Addendum No. 3	SKM_C364e I24110112581 (1).pdf
RFP 25-472 Addendum No. 4	SKM_C364e I24110417530.pdf

Application No. 501146

Class: "B" PERMANENT



Certificate No. PC501146

Approved: 2/22/2021

Re-issued: 3/1/2022

Changed back to the original company name

CERTIFICATE

Upon consideration of the record in the above numbered application, it is therefore
ORDERED: That authority be and is hereby granted to:

WILLIAMS CHARTERS & TOURS LLC.

whose principal address is 361 17th St #2217 NW Atlanta GA 30363

361 17th St #2217 NW
Atlanta GA 30363

to transport **PASSENGERS AND THEIR BAGGAGE** on and along the following route in the State of Georgia in accordance with the Rules and Regulations of the Georgia Department of Public Safety and of the Georgia "Motor Common Carrier Act of 2012," approved July 1, 2012:

Passengers and their baggage, between all points in Georgia, as long as carrier has sufficient insurance coverage, over no fixed route. Said Certificate to expire within one (1) year of issuance unless extended or made permanent.

This Certificate shall remain in effect until the further Orders of the DPS

By Order of the GEORGIA DEPARTMENT OF PUBLIC SAFETY

Colonel Christopher Wright, Commissioner





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TIB Transportation Insurance Brokers, LLC 425 W. Broadway Suite 300 Glendale CA 91204-1269		CONTACT NAME: Gabby Juncal PHONE (A/C No. Ext): 818-246-2800 E-MAIL: gjuncal@acrisure.com FAX (A/C No): 818-246-4890	
INSURED Williams Charters & Tours, LLC 361 17th St NW Unit #2217 Atlanta GA 30363		INSURER(S) AFFORDING COVERAGE	
WILLCHA-01		INSURER A: Trisura Insurance Company	NAIC #: 22225
		INSURER B: Trisura Specialty Insurance Company	16188
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 202942378

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOG OTHER:		KGA012672403	2/26/2024	2/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☒ SCHEDULED AUTOS ☒ NON-OWNED AUTOS	Y	KAA012672403	2/26/2024	2/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	☐ UMBRELLA LIAB ☒ EXCESS LIAB ☐ DED ☐ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		KXA012672403	2/26/2024	2/26/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EXCESS LIABILITY LIMIT: \$4,000,000 over AUTO LIABILITY
Certificate Holder is included as Additional Insured with respects to their interest in the operations of the named insured.

CERTIFICATE HOLDER

Dekalb County Schools Attn: Debbie Hackney 5809 Memorial Drive Stone Mountain GA 30083	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

ACORD 25 (2014/01)

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**Attachment A
RFP 25-472
Charter Bus Services**

COST PROPOSAL FORM

The Offeror shall include all charges incurred in fulfilling the terms of each contract. Contractors shall provide a cost breakdown for each service separately (i.e., hourly, daily, per mile, overnight stay, etc.). Pricing should include all reasonable expenses incurred by the Contractor (i.e., fuel, mileage, lodging (if applicable), etc.)

NOTE: PRICING MUST BE PROVIDED IN THE REQUESTED FORMAT. PRICING PROVIDED IN OTHER FORMAT WILL BE DEEMED NON-RESPONSIVE AND YOUR PROPOSAL WILL NOT BE CONSIDERED.

Rate for full contained Charter Coach:

A. IN STATE TRAVEL

1. Up to 35 passenger mini-bus

\$ _____ for first 5 hours and \$ _____ per hour thereafter

\$ _____ *Daily Rate

*Number of hours required to convert to daily rate _____

\$ _____ Rate per mile

2. Up to 40 passenger mini-coach

\$ _____ for first 5 hours and \$ _____ per hour thereafter

\$ _____ *Daily Rate

*Number of hours required to convert to daily rate _____

\$ _____ Rate per mile

3. Up to 56 passenger full-size coach

\$ 875.⁰⁰ for first 5 hours and \$ 175.⁰⁰ per hour thereafter

\$ 1750.⁰⁰ *Daily Rate

*Number of hours required to convert to daily rate 8

\$ 6.⁰⁰ Rate per mile

B. OUT OF STATE TRAVEL**1. Up to 35 passenger mini-bus**

\$ _____ for first 5 hours and \$ _____ per hour thereafter

\$ _____ *Daily Rate \$ _____ Overnight Rate

*Number of hours required to convert to daily rate _____

\$ _____ Per day extra driver charge for trips that exceed 10 hours

\$ _____ Rate per mile

2. Up to 40 passenger mini-coach

\$ _____ for first 5 hours and \$ _____ per hour thereafter

\$ _____ *Daily Rate \$ _____ Overnight Rate

*Number of hours required to convert to daily rate _____

\$ _____ Per day extra driver charge for trips that exceed 10 hours

\$ _____ Rate per mile

3. Up to 56 passenger full-size coach

\$ _____ for first 5 hours and \$ _____ per hour thereafter

\$ 1750.00 *Daily Rate \$ _____ Overnight Rate

*Number of hours required to convert to daily rate _____

\$ 1000.00 Per day extra driver charge for trips that exceed 10 hours\$ 6.00 Rate per mile

Pricing should include all reasonable expenses incurred by the Contractor (i.e., fuel, mileage, lodging (if applicable), etc.). Please refer to Cost of Services for additional information to provide comprehensive pricing.

Complete the following:

Williams Charters & Tours, LLC
Company Name

Dale Williams

owner / CEO

Authorized Company Representative Name (please print)

Title

Authorized Company Representative Signature

Date

3601 17th ST NW #2217 Atlanta GA 30363
Address

770-991-4458

Phone

Fax

dalewilliams@williamscharters.com
Email

DRIVER CERTIFICATION LISTING

Offerors are required to provide a list of all certified drivers that will be employed under this contract. Offeror shall include expiration dates of all certified drivers. Any driver(s) not listed at the time of this RFP may not be used until approved by DCSD. All drivers must have a Commercial Driver's License (CDL) with a Passenger endorsement from the Department of Driver Services (DDS).

[illegible]

***Attach additional names/pages as necessary**

Williams Charters & Tours, LLC
Offeror Company Name

Offeror Company Name

Dale L. Williams

Company Representative Name

20th June

Company Representative Signature

11/4/2024

Date _____

Attachment C
RFP 25-472
Charter Bus Services

BUS LIST/EQUIPMENT SUMMARY
 (Attach Additional Pages as Necessary)

	Vehicle Mfg.	Year, Make and Model	Seating Capacity	Vehicle License #	Wheelchair Lift Yes or No
1	Vanhoel	2019 Vanhoel	81	PME 327	YES
2	Vanhoel	2019 Vanhoel	81	PME 877	YES
3	MCI	2016 J4500	56	PME 806	YES
4	Vanhoel	2015 CX45	56	7230CME	NO
5	Vanhoel	2015 CX45	56	7231CME	NO
6	Vanhoel	2015 CX45	56	7233CME	NO
7	Vanhoel	2015 CX45	56	7456 30E	NO
8	Vanhoel	2015 TX45	56	7357 CMX	YES
9	Vanhoel	2015 TX45	56	7244 CM0	NO
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Attachment E
RFP 25-472
Charter Bus Services

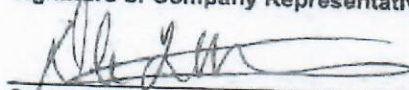
NON-COLLUSION

Upload this documentation under the Response Attachment tab via IonWave titled "NON-COLLUSION"

Bidders shall fully certify that they, as an individual or as an engaging official of a formal business entity, have not entered into any agreement, participated in collusion, or otherwise taken any action in restraint of free and competitive responses to this bid. Further, bidders guarantee that their response are not made in conjunction with or on behalf of another party and that they have not been directly or indirectly induced in any manner or taken any action to result in a restriction of trade or in an unfair advantage.

Bidder must sign below acknowledging the above statement.

Signature of Company Representative:


Company Name/Certifying Official Signature Williams Charles & Tows, LLC

Date: 10/21/2024

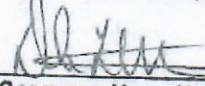
Attachment F
RFP 25-472
Charter Bus Services

CONFLICT OF INTEREST

Upload this documentation under the Response Attachment tab via IonWave titled "Conflict of Interest".

Offeror shall use its best efforts to disclose with their proposal the name of any officer, director, or agent who also is a DCSD employee, agent, representative, contractor, immediate family member (spouse, child, sibling, or parent or the spouse of a child, sibling or parent) or DeKalb County Board of Education member. Offerors shall also disclose the name of any DCSD employee, agent, representative, contractor, immediate family member or board member who owns, directly or indirectly, an interest in five percent or more in the Offeror's company or any of its branches. In the event the Offeror was aware of a conflict of interest prior to the award of the contract and did not disclose the conflict DCSD may, at its discretion, terminate the contract for default. The Offeror further agrees that, if after award, a conflict of interest is discovered, an immediate and full disclosure in writing must be made to the DCSD Purchasing Department which must include a description of the action which the Offeror has taken or proposes to take to avoid or mitigate such conflicts. If a conflict of interest is determined to exist, DCSD may, at its discretion, cancel the contract. Offerors shall certify that their response to this RFP is impartial, at arms-length, and free of any conflict of interest at this time, unfair advantage, or personal benefit to any DCSD official.

Signature of Company Representative:

 Williams Charters & Tours, LLC.
Company Name/Certifying Official Signature

Date:

10/21/2024

Attachment G
RFP 25-472
Charter Bus Services

Offerors must put their initials in the space provided in front of each critical paragraph and sign below. Initials signify that the information has been read and the offeror agrees to comply with the requirement, stipulations, terms and conditions. Attach and label "Critical Paragraph."

- 1) K This RFP does not commit DCSD to any offeror to this RFP. DCSD is not liable for any costs incurred by an offeror in responding to this RFP. There is no guarantee of any offeror receiving an award or contract as a result of submitting a response to this RFP.
- 2) K Any news release or publicity pertaining to any phase of this RFP will be the responsibility of DCSD and must be cleared through DCSD's Department of Communications and Community Relations.
- 3) K It is the responsibility of offerors to make themselves aware of and to comply with any addenda, questions and answers posted to the DCSD website in relation to this RFP. All addenda must be printed, signed by the certifying official and included in the RFP submittals. Failure to do so will cause the offeror to be deemed non-responsive to the requirements of this RFP.
- 4) K Offerors to the RFP agree to fully indemnify DCSD as stated in the RFP, Part II.
- 5) K Offerors certify that they have not engaged in collusion and guarantee that their response is not made in conjunction with or on behalf of another party and that they have not been directly or indirectly induced or acted in any manner to result in restriction of trade or unfair advantage.
- 6) K The DCSD reserves the right to reject any and/or all responses submitted and to waive any technicalities or minor irregularities in responses received. DCSD reserves the right to award any resulting contract in the manner that is in the best interest of and most advantageous DCSD.
- 7) K Offeror understands that this solicitation requires Board of Education Approval.

Signature of Company Representative:

[Signature] Williams Charter & Tours, LLC
Company Name/Certifying Official Signature

Date: 10/21/2024

Attachment H
RFP 25-472
Charter Bus Services

OFFEROR'S CLIENT REFERENCES

(Please copy this form and use one form per reference.)

Mississippi Valley State University
Company Name Providing Reference

14000 US82 Ithaca MS 38941
Address City/State/Zip

Miguel Bonds
Name of Contact Person

504-617-5678
Telephone Number of Contact Person

bonds@msvu.edu
Email Address of Contact Person

1 year
Date/Duration of Service Relationship

Describe in Detail Services Provided (use additional sheets if necessary):

Band Transportation to any engagement utilizing 6
motor coaches

Important! This is a vital part of your RFP submission. DCSD will verify client references. It is advisable that you inform your reference contact person that you have listed them for reference.

Attachment H

RFP 25-472

Charter Bus Services

OFFEROR'S CLIENT REFERENCES*(Please copy this form and use one form per reference.)*

Tuskegee University
Company Name Providing Reference

1200 W Montgomery Rd Tuskegee AL 36088
Address City/State/Zip

Dr. Nicholas
Name of Contact Person

334-724-4789
Telephone Number of Contact Person

nicholas@tuskegee.edu
Email Address of Contact Person

1 year
Date/Duration of Service Relationship

Describe in Detail Services Provided (use additional sheets if necessary):

Band Transportation

Important! This is a vital part of your RFP submission. DCSD will verify client references. It is advisable that you inform your reference contact person that you have listed them for reference.

Attachment I
RFP 25-472
Charter Bus Services

Statement of Confidentiality and Non-Disclosure

Any non-public information made available to the offeror by DCSD in relation to this RFP shall be used only for those purposes outlined in the RFP document and shall not be used in any other way without the written permission of the DCSD.

If the offeror is uncertain about the proposed use of information provided in relation to this RFP, the offeror shall consult with the DCSD RFP contact person as identified in the RFP document for clarification.

The offeror agrees to assume full responsibility for protecting the confidentiality of DCSD records that are not public information. Such information may include but is not limited to student and employee data and other written and oral information of a personal and/or confidential nature, which shall be safeguarded by the offeror to ensure that it is not improperly disclosed.

Williams Charters & Tours, LLC
Offeror Company Name

Dale L Williams
Company Representative Name

[Signature]
Company Representative Signature

10/21/2024
Date

Attachment J**RFP 25-472
Charter Bus Services****SUSPENSION AND DEBARMENT CERTIFICATION**

By submitting this RFP, the offeror certifies that the proposing company and/or its principals have not been suspended, excluded, disqualified, debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in any transaction by any federal or state department or agency and that the offeror complies with all applicable orders, rules and regulations related thereto.

Further, by submitting this RFP, the offeror certifies that all lower tier participating individuals and/or company(s) and all respective principals of lower tier participants have not been suspended, excluded, disqualified, debarred, proposed for debarment, declared ineligible or voluntarily excluded from participation in any transaction by any federal or state department or agency and that the offeror complies with all applicable orders, rules and regulations related thereto.

The certification placed herein is a material representation of fact upon which reliance will be placed as RFP submissions are evaluated and any transaction is entered into. If it is later determined that the prospective offeror has knowingly rendered an erroneous certification, the DCSD may pursue all available remedies, including but not limited to suspension and/or debarment.

The prospective offeror shall provide immediate written notice to the DCSD Purchasing Department if at any time the prospective offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

The prospective offeror agrees by submitting this form that, should the proposed transaction be entered into, the prospective offeror shall not knowingly enter into any lower tier transaction with a person or entity that is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction.

By signing and submitting this form, the offeror is providing the certification set out above.

Signature of Engaging Official: Williams Charles E. Towns
(Offeror Company Name/Certifying Official Signature)

Date: 10/21/2024

Further, the DCSD's Purchasing Department will check the SAMS website at <https://www.sams.gov/SAM/> to determine if the offeror is listed.

Attachment K
RFP 25-472
Charter Bus Services

IMMIGRATION & SECURITY CERTIFICATION

If you are providing service, performing work or delivering goods to the DeKalb County Board of Education/DeKalb County School District including, but not limited to schools, warehouses and central offices, the applicable Georgia Security and Immigration Compliance documents found here must be completed, signed, notarized and submitted with your bid/proposal. Failure to provide this document with your bid/proposal will result in the disqualification of the bid/proposal.

- 1) Offeror/Bidder (the "Offeror") shall at all times comply with the Georgia Security and Immigration Compliance Act, as amended, O.C.G.A. § 13-10-90 et. Seq.
- 2) In order to insure compliance with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act, as amended by the Illegal Immigration Reform Act of 2011, O.C.G.A. § 13-10-90 et. Seq. (collectively the "Act"), the Offeror **MUST INITIAL** the statement applicable to Offeror below:

- (a)  (Initial here): order to comply with the Act; is authorized to use and uses the federal authorization program under the federal work authorization user identification number issued on the date of authorization below; will continue to use the authorization program throughout the contract period; Offeror further warrants and agrees Offeror shall execute and return any and all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 et. Seq. [Offerors who initial (a) must attach and return a signed, notarized Contractor Affidavit and Agreement with the Contract if awarded];

or

- (b) _____ (Initial here): Offeror warrants that he/she does not employ any other persons, and he/she does not intend to hire any employees or to perform the Contract. [Offerors who initial (b) must attach and return a signed, notarized Affidavit of Exception with the Contract if awarded];

or

- 3) I _____ (Initial here): Offeror is an individual who is licensed pursuant to Title 26 or Title 43 or by the State Bar of Georgia and is in good standing when such contract is for services to be rendered by such individual and thus does not have to provide an affidavit.
- 4) _____ (Initial here) Offeror will not employ or contract with any subcontractor in connection with a covered contract unless the subcontractor is registered, authorized to use, and uses the federal work authorization program; and provides Offeror with all affidavits required by

the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 et. Seq.

- 5) _____ (Initial here) Offeror agrees that, if Offeror employs or contracts with any sub-contractor in connection with the covered contract under the Act and DOL Rules 300-10-1-.01, et seq that Offeror will secure from each sub -contractor at the time of the contract the sub-contractor's name and address, the employee-number applicable to the sub-contractor, the date the authorization to use the federal work authorization program was granted to sub-contractor; the subcontractor's attestation of the subcontractor's compliance with the Act and Georgia Department of Labor Rule 300-10-1-.01, et seq.; and the subcontractor's agreement not to contract with sub-subcontractors unless the sub-subcontractor is registered, authorized to use, and uses the federal work authorization program; and provides subcontractor with all affidavits required by the Act and the rules and regulations issued by the Georgia Department of Labor as set forth at Rule 300-10-1-.01 et. Seq.

- 6) W (Initial here) Offeror agrees to provide the DeKalb County School District with all affidavits of compliance as required by O.C.G.A. § 13-10-90 et seq. and Georgia Department of Labor Rules 300-10-1-.01, et seq within five (5) business days of receipt.

DeKalb
Signature

10/21/2024
Date

DWIL6318
EEV/Basic Pilot Program
User Identification Number

1/1/2024
Date of Authorization

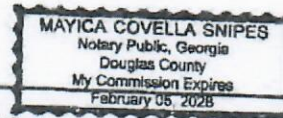
Firm Name: Williams Charters & Tours, LLC
Street/Mailing Address: 361 17th St. NW #2017
City, State, Zip Code: Atlanta, GA 30363
Telephone Number: 404-857-5928
Email Address: dalewilliams@williamscharters.com

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
23rd DAY OF October

2024

Notary Public

My Commission Expires: February 5, 2028



DEKALB COUNTY SCHOOL DISTRICT
Offeror E-Verify Affidavit

By executing this affidavit, the undersigned Offeror verifies its compliance with **Immigration Reform and Control Act of 1986 (IRCA), Pub.L. 99-603**, stating affirmatively that the individual firm or corporation which is engaged in services on behalf of the **DeKalb County School District** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established by federal law and regulation. Furthermore, the undersigned Offeror will continue to use the federal work authorization program throughout the contract period. Offeror hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification number:

DWIL 6318

Date of Authorization:

1/1/2024

Name of Project:

Charter Bus Services

Solicitation Number (if applicable):

RFP 25-472

Name of Public Employer:

DeKalb County School District

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 10.21.2024 in Fulton Co (Atlanta) GA
 (city) (state)

Signature of Authorized Officer or Agent

[Signature]

Printed Name and Title of Authorized Agent:

Dale L. Williams, CEO

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 23rd DAY OF October, 2024.

Notary Public

[Signature]

My Commission Expires:

February 5, 2028



DEKALB COUNTY SCHOOL DISTRICT
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual firm or corporation which is engaged in the physical performance of services on behalf of the **DeKalb County School District** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification number:

DWJL6318

Date of Authorization:

1/1/2024

Name of Subcontractor:

N/A

Name of Project:

Charter Bus Services

Solicitation Number (if applicable):

RFP 25-472

Name of Public Employer:

DeKalb County School District

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 10, 10, 2024 in Atlanta, GA
(city) (state)

Signature of Authorized Officer or Agent

[Signature]

Printed Name and Title of Authorized Agent:

Dale L. Williams, CEO

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 23rd DAY OF October, 2024.

Notary Public

[Signature]

My Commission Expires:

February 5, 2024



DEKALB COUNTY SCHOOL DISTRICT
Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ on behalf of the **DeKalb County School District** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five (5) business days of receipt. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number:

Date of Authorization:

Name of Subcontractor:

Name of Project:

Solicitation Number (if applicable):

Name of Public Employer:

Charter Bus Services

RFP 25-472

DeKalb County School District

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

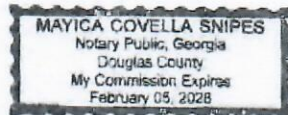
Printed Name and Title of Authorized Agent:

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 23rd DAY OF October, 2021.

Notary Public

My Commission Expires:

February 05, 2028



DEKALB COUNTY SCHOOL DISTRICT
Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for _____ and _____ on behalf of the **DeKalb County School District** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to _____. Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to the contractor within five (5) business days of receipt. Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number: _____

Date of Authorization: _____

Name of Sub-subcontractor: _____

Name of Project: _____

Charter Bus Services

Solicitation Number (if applicable): _____

RFP 25-472

Name of Public Employer: _____

DeKalb County School District

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city) _____ (state)

Signature of Authorized Officer or Agent _____

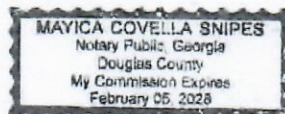
Printed Name and Title of Authorized Agent: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS 23rd DAY OF October, 2024.

Notary Public _____

My Commission Expires: _____

February 5, 2028



Attachment M
RFP 25-472
Charter Bus Services
SIGNATURE PAGE

I certify that I have read this RFP document in its entirety and agree to conform to and comply with the terms, conditions and requirements of this RFP. I also certify that I am a duly appointed official of the offering company with the authority to authorize and engage this RFP submittal. Further, I certify that the contents of the response to this RFP are true, accurate and complete.

Dale L Williams

Printed Name/Engaging Authorized
Company Official

CEO

Position/Title

Williams Charters & Tours, LLC

Offeror's Company Name

[Signature]

Signature/Engaging Authorized
Company Official

dalewilliams@williamscharters.com

E-mail Address

404 857 5928

Telephone Number

10/21/2024

Date



Williams Charters & Tours, LLC

770-991-4458 Office

dalewilliams@williamscharters.com

Website:

www.williamscharters.com



RFP 25-472 Addendum 3

Charter Bus Services

Issue Date: 10/10/2024

Questions Deadline: 10/29/2024 12:00 PM (ET)

Response Deadline: 11/5/2024 03:00 PM (ET)

Non-Capital

Contact Information

Contact: Fred Christopher

Address: 1701 Mountain Industrial Blvd
Stone Mountain, GA 30083

Phone: 1 (315)

Email: solicitationquestions@dekalbschoolsga.org



1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

<https://dekalbschools.ga.lonwave.net/Login.aspx>

October 29, 2024

TO: ALL OFFERORS UNDER RFP 25-472 Charter Bus Services

FROM: Procurement Department, DeKalb County School District

ADDENDUM NO. 3

RFP 25-472, Charter Bus Services, is hereby amended as follows:

1. The deadline to submit questions is hereby revised to Tuesday, October 29, 2024, at 12:00 Noon.
2. All other conditions remain in full force and effect.
3. All offerors under RFP 25-472 Charter Bus Services, are kindly requested to acknowledge receipt of this Addendum by signing the page below and uploading with your proposal.

Williams Charter & Tours / [Signature]
COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE
Addendum No. 3 to RFP 25-472 Charter Bus Services

Supplier Information

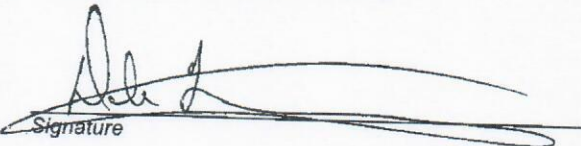
Company Name: Williams Charters & Tours LLC
Contact Name: 361 17th St. NW #2217
Address: Atlanta, GA 30363

Phone: 404 - 857 - 5928
Fax: _____
Email: dalewilliams@williamscharters.com

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Dale L. Williams
Print Name


Signature

Executive Summary

- Business overview

Williams Charters & Tours began in 2006 by owner and CEO Dale Williams who was a former high school band director for 14 years with the Atlanta Public Schools and DeKalb County School Districts. Williams Charters began with 2 motorcoaches and now operates over 20 full size motorcoaches in its fleet. Some of its current services include Airport transfers, over-the-road trips, and local day trips. Williams Charters provides services for Colleges and Universities in Georgia, Alabama, Florida, and South Carolina. Additionally, we serve all of the metro Atlanta school districts. One of the unique features of this company is the extensive understanding and knowledge of the needs of teachers and students. We have worked with well over 80 different schools and colleges on individual trips and requirements for each trip yearly.

- Target market

Our target market in this event is the Fulton County School district. With us operating over 20 motorcoaches we are fully capable of providing services for all of the schools in the county when motorcoaches are needed. The county will be able to contact our office on specific trip needs and receive a quote for travel. We are also capable of helping schools plan their entire trips from start to finish including hotels, tickets, and meals.

- Competitive advantage

Our competitive advantage is our 30 years of experience with working with schools and colleges. Additionally, the size of our fleet makes us a leader in this area to provide transportation for multiple groups at one time. All of our coaches are equipped with WIFI, GPS tracking, and cameras on both the inside and outside of each vehicle. We keep newer model vehicles in our fleet! Every 4 years we change out our older vehicles to improve our customers experience on their trips with modern vehicles.

- Financial summary

Williams Charters & Tours gross receipts with in the last 2 years has exceeded over 3 million dollars. Each year our sales are increasing as more and more schools join our regular and returning customer list.



Form MCSA-5875

OMB No. 2128-0006 Expiration Date: 09/01/2025

Medical Examiner's Certificate
 This certificate is valid only if the medical examiner has examined the applicant and found the applicant to be qualified to drive a commercial motor vehicle. The medical examiner must sign and date this certificate. The medical examiner must also sign and date the Medical Examination Report Form, MCSA-5875, with any attachments, embodying my findings completely and correctly, and is on file in my office.

I certify that I have examined **Last Name: Amn** **First Name: Stanley** in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties.
 I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)
 The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office. **Medical Examiner's Certificate Expiration Date** 11/7/25

Medical Examiner's Signature _____ **Medical Examiner's Telephone Number** (404) 381-8664 **Date Certificate Signed** 11/7/24
Medical Examiner's Name (please print or type) Dr. Jaeson Franklin ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number CHIR009887 **Issuing State** Georgia **National Registry Number** 4898778109

Driver's Signature _____ **Driver's License Number** 061285206 **Issuing State/Province** Ga
Driver's Address _____ **City** Lithonia **State/Province** Ga **Zip Code** 30058 **CLP/CDL Applicant/Holder** Yes ☒ No ☐

**This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev. 1/20/20

Public Burden Statement
 A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, reviewing the data provided, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Washington Field Office, Paperwork Project Manager, (202) 953-7071, and to the Office of Management and Budget, Paperwork Project Manager, (202) 395-7300.

U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
 (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) AUBOURG (first name) MARC in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.21-23) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when & how it is that apply? On driving duties, I find this person is qualified, and, if applicable, only when & how it is that apply?

☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): _____
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate _____

☐ Driving within an exempt intracity zone (49 CFR 391.23) (Federal)
☐ Qualified by operation of 49 CFR 391.24 (Person)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
11/01/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature Cristyle Morrison Medical Examiner's Telephone Number 770-302-6990 Date Certificate Signed 11/01/2022

Medical Examiner's Name (please print) Cristyle Morrison A-NP
☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

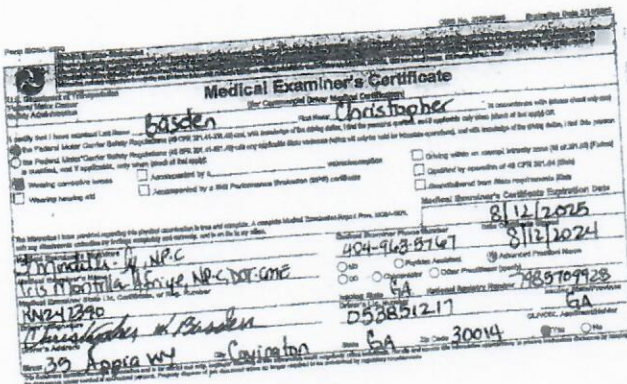
Medical Examiner's State License, Certificate, or Registration Number RN136960 Issuing State GA National Registry Number 7507860930

CMV DRIVER INFORMATION

Driver's Signature [Signature] Driver's License Number 070872142 Issuing State/Province GA

Driver's Address
 Street Address: 1130 OAK HOLLOW LN City: HAMPTON State/Province: GA Zip Code: 30228 CLP/CDL Applicant/Holder ☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals, entities and secure this info without responsibility to protect individual's data issued by leaving this document under the control of mailroom service. Please do not use of this document when no longer required to be maintained for regulatory requirements.



I certify that I have examined Last Name, First Name, Middle Initial

☒ the Federal Motor Carrier Safety Regulations, I and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when in accordance with (please check only one)

☐ the Federal Motor Carrier Safety Regulations, I find this person is qualified, and, if applicable, only when with any applicable State variances which will only be valid for interstate operations, and, with knowledge of the driving duties

I find this person is qualified, and, if applicable, only when with any applicable

☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption

☐ Wearing hearing aid ☐ Accompanied by a 5th Performance Evaluation (PEP) Certificate

☐ Driving within an existing industry scope ☐ Qualified by operation of _____

☐ Grandfathered from State requirements _____

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Examination Date
01/09/2026

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type):
Tiffany Ringfield

Medical Examiner's State License, Certificate, or Registration Number:
CHIR007410

Medical Examiner's Telephone Number:
(770) 759-8118

Date Certificate Signed:
01/09/2024

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify):

Issuing State:
GA

National Registry Number:
8471744322

Driver's Signature: [Signature]

Driver's License Number:
034907832

Issuing State/Province:
GA

Driver's Address:
Street Address: 1981 Pair Road
City: Marietta
State/Province: GA Zip Code: 30068

CLP/COL Applicant/Holder:
☒ Yes ☐ No

[illegible]



Form MCSA-6876

GMS No: 2136-0008 Expiration Date: 08/1/2025

Medical Examiner's Certificate
(The Commercial Driver's License Medical Certificate)

I certify that I have examined Last Name: Brown First Name: Raymond In accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 11/16/23

Medical Examiner's Signature [Signature] **Medical Examiner's Telephone Number** (404) 629-9999 **Date Certificate Signed** 11/16/23

Medical Examiner's Name (please print or type) Dr. Clark Payne ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☒ Chiropractor ☐ Other Practitioner (Specify) _____

Medical Examiner's State License, Certificate, or Registration Number CHIR011053 **Issuing State** Georgia **National Registry Number** 3964768811

Driver's Signature [Signature] **Driver's License Number** 056440478 **Issuing State/Province** Georgia

Driver's Address 2200 Gandy Road Apt F3 **City** College Park **State/Province** GA **Zip Code** 30349 **CLP/CPL Applicant/Holder** ☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Rev 3/28/22

GEORGIA
DRIVER'S LICENSE

Governor: *B. Per*

CDL  USA
GA

COMMERCIAL DRIVER'S LICENSE

4d DL NO. **056440478** 3 DOB **01/13/1993**
9 CLASS **B** 4b EXP **01/13/2025**
2 **RAYMOND LINDSEY**
1 **BROWN**

8 **2200 GODBY RD APT F3**
COLLEGE PARK, GA 30349-5013
FULTON

12 REST **E,K,M**
9a END **P,S**
4a ISS **10/13/2023**
15 SEX **M** 18 EYES **BRO**
16 HGT **5'-05"** 17 WGT **165 lb**

Commissioner: *James L. Mc*

R. Per

5 00 542277887670020000

-
- A. Williams Charters & Tours was started in 2006 by owner and CEO Dale L. Williams. Mr. Williams was a former high school band teacher in the Atlanta Public Schools for 15 years. After seeing the need to provide quality transportation to schools he started the company with 1 motorcoach. Currently we have 20 motorcoaches in our active fleet that we use on a daily basis for trips throughout the United States. After years of building strong relationships with other teachers throughout the metro Atlanta area Mr. Williams went into business full time chartering motorcoaches.

Some of our yearly customers include Talladega College in Talladega, AL. We have been transporting Talladega students since 2009. Mississippi Valley State University in Etta Bena, Mississippi. We have been transporting Mississippi Valley since 2023. Although they are a new customer we have 90% of their overall transportation business. We specialize in school transportation. 95% of all of our trips are school groups. Williams Charters & Tours is currently located at 1060 Jefferson St. NW, Atlanta, GA 30318. Our mailing address is 361 17th St. NW unit 2217, Atlanta, GA 30318. Our current phone number is 770-991-4458.

Our booking agent and general manager is Mayica Snipes. She is responsible for contract negotiations with Fulton County Schools. She can be reached at 770-991-4458.

Williams Charters & Tours is a single member LLC. Owned and operated by Dale L. Williams, CEO. We currently only have 2 permanent employees (Dale L. Williams and Mayica Snipes). We have been in business for 18 years. Within these 18 years we have done a plethora of trips for colleges and universities in addition to local school districts.

Williams Charters & Tours is authorized by the Federal Motor Carrier Safety Administration to operate within the United States. We currently have a Satisfactory Safety rating as the outcome of a July 2024 Safety Audit. Additionally, we are registered with the State of Georgia as an LLC. Finally, we agree that any and all licenses and registrations will remain current for the duration of the contract and such documents are material term to this agreement.

Public Burden Statement
A Federal agency may not conduct or sponsor and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless this collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0008. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-NRA, 1205 New Jersey Avenue, SE, Washington, D.C. 20590

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Douglas (first name) Robert in accordance with (please check only one):
☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.61 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

12/18/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name (please print or type)

(770)424-7125

12/18/2023

Horner, Paul

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

77380

GA

8381112394

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

Driver's Address

054325751

GA

Street Address: 1898 Spring Rd

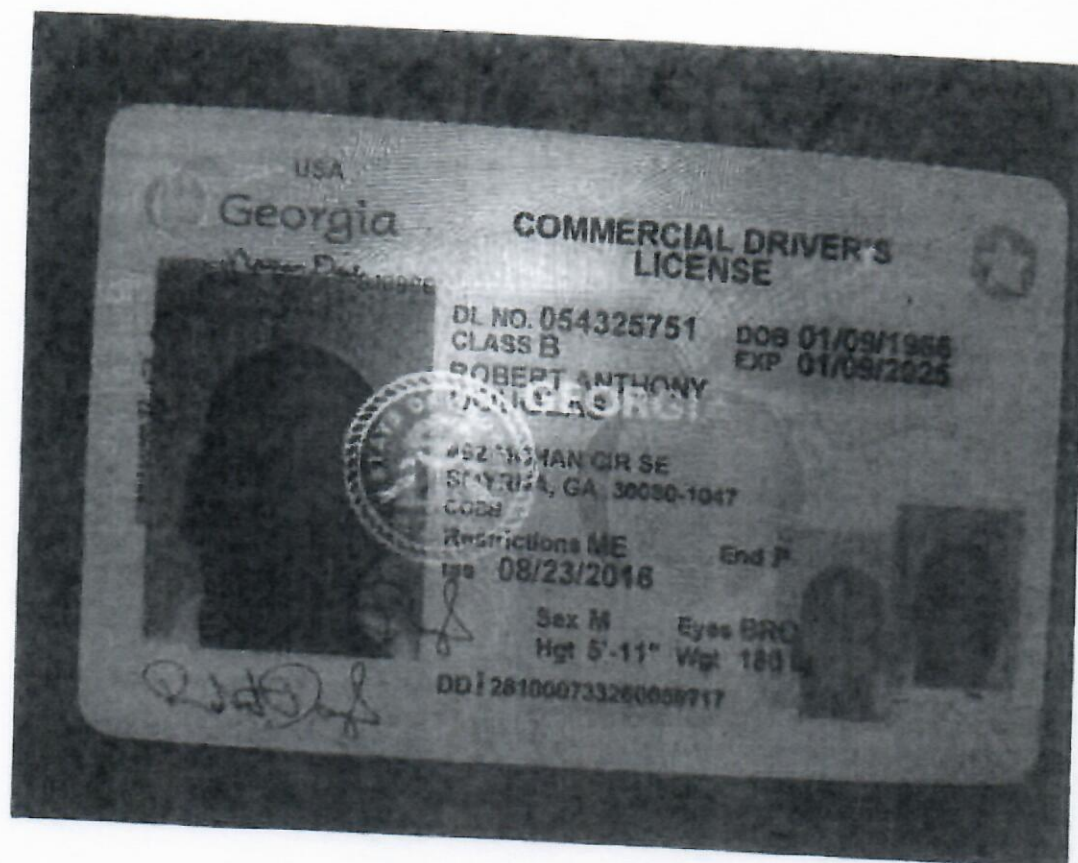
City: Smyrna

State/Province: GA

Zip Code: 30080

CLP/CDL
☒ Yes ☐ No

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Public Burden Statement
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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Gregory (first name) Randall in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.45) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
- ☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

10/13/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

(404) 788-3351

10/13/2023

Medical Examiner's Name (please print or type)

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Valliere-White, Tai

Medical Examiner's State License, Certificate, or Registration Number

Issuing State

National Registry Number

72510

GA

2176689210

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number

Issuing State/Province

062189658

GA

Driver's Address

CLP/CDL

Street Address: 94 Oakridge Dr

City: Aragon

State/Province: GA

Zip Code: 30104

☒ Yes ☐ No

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[illegible]

GEORGIA
SALES TAX

COMMERCIAL DRIVER'S LICENSE **CDL**

DL NO. 038312268 DOB 10/10/1959
CLASS A EXP 10/10/2032

1 HANNAY
 2 JESSE JAMES
 3

4001 LAKEMONT DR APT 331
 COLLEGE PARK, GA 30637-3833
 FULTON

12 BEST S.M
9a END N.P
4a ISS 08/24/2024
16 SEX M 4b EYES BRO
18 HGT 6'-08" 17 WGT 225 LB

DL 038312268 10/10/2032

ORGAN DONOR

GEORGIA DRIVER'S LICENSE

CDL COMMERCIAL DRIVER'S LICENSE

Governor: B. H.

Commissioner: James L. Hane

4d DL NO. **053557252** 3 DOB **05/06/1991**

9 CLASS **B** 4b EXP **05/06/2027**

2 **DEVIN LECORRY**

1 **JOHNSON**

8 **1255 STELLA CIR SW**
MABLETON, GA 30126-2041
COBB

12 REST **B,M**

9a END **P,S**

4a ISS **06/22/2021**

15 SEX **M** 16 EYES **BRO**

16 HGT **5'-07"** 17 WGT **130 lb** 05/06/1991

8 DO 457914416170026000

GEORGIA DRIVER'S LICENSE

CDL COMMERCIAL DRIVER'S LICENSE

Governor: B. H.

Commissioner: James L. Hane

4d DL NO. **053557252** 3 DOB **05/06/1991**

9 CLASS **B** 4b EXP **05/06/2027**

2 **DEVIN LECORRY**

1 **JOHNSON**

8 **1255 STELLA CIR SW**
MABLETON, GA 30126-2041
COBB

12 REST **B,M**

9a END **P,S**

4a ISS **06/22/2021**

15 SEX **M** 16 EYES **BRO**

16 HGT **5'-07"** 17 WGT **130 lb** 05/06/1991

8 DO 457914416170026000



Form MCSA-5875

OMB No. 2126-0006 Expiration Date

Public Comment Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-8RA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590

Medical Examiner's Certificate
(for Commercial Driver Medical Certificate)

I certify that I have examined Last Name: Johnson First Name: Steven in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when I checked the following OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when I checked all that apply:

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.41) (Specify) _____

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.41 (Specify) _____

☐ Grandfathered from State requirements (Specify) _____

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 7/1/21

Medical Examiner's Signature [Signature] Medical Examiner's Telephone Number 718-262-7670 Date Certificate Signed 7/1/21

Medical Examiner's Name (please print or type) Dr. David L. Linder

Medical Examiner's State License, Certificate, or Registration Number 2126 Issuing State NY National Registry Number 203184903

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Driver's Signature [Signature] Driver's License Number 964 266 060 Issuing State/Province NY

Driver's Address
Street Address: 219 Van Buren St. 3 City: Brooklyn State/Province: NY Zip Code: 11221 CLP/CDL Applicant/Holder: ☒ Yes ☐ No

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GEORGIA
DRIVER'S LICENSE

Governor: *B. Perdue*

COMPILED BY: J. G. Smith



Jurea Devita Lewis

5 DB 506551107460020000

CDL
COMMERCIAL DRIVER'S LICENSE



USA
GA

DL NO. 061296124 DOB 11/25/1971
CLASS B EXP 11/25/2030
JUREA DEVITA
LEWIS

927 FOREST PATH
STONE MOUNTAIN GA 30088-2608
DEKALB

12 REST B.E.M

9a END P

10 SS 10/21/2022

15 SEX F

16 HGT 5'-06"

18 EYES BRO

19 WGT 190 LB

Public Notice Statement
 (A Federal agency may not contract or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Project unless the collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0005. Public reporting burden for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden for information collection, to Washington, D.C. 20503.

U.S. Department of Transportation
 Federal Motor Carrier
 Safety Administration

MEDICAL EXAMINER'S CERTIFICATE (for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (first name) Lawie (last name) Jones in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

10/12/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Name (please print or type)
Peeples, Brenda

Medical Examiner's State License, Certificate, or Registration Number
CHIR010077

Medical Examiner's Telephone Number

(676) 806-1789

Date Certificate Signed

10/12/2023

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State

GA

National Registry Number
4914709884

CMV DRIVER INFORMATION

Driver's Signature

Driver's Address

Street Address: 35 Chetfield Dr Apt F

City: Stone Mountain

State/Province: GA

Zip Code: 30083

☒ Yes ☐ No

Driver's License Number

081286124

Issuing State/Province

GA

CLP/CDL

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GEORGIA COMMERCIAL DRIVER'S LICENSE

CLASS: **8A**

DL NO: **986672218** EXP: **12/18/2027**

CLASS: **8**

1 VERMAN

2 MOORE

3 JR

4 GET APPROX CENSUS FOR

5 LITHONIA, GA 30058-1512

6 DEKALB

7 SEX: **M**

8 EYES: **BRO**

9 HAIR: **BLK**

10 HT: **5-00"**

11 WT: **207 lb**

12 DOB: **06/14/2022**

13 SIGNATURE: *Verman Moore*

14 ID: **986672218**



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting burden for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Medical Examination Report Form

(for Commercial Driver Medical Certification)

MEDICAL RECORD #

4440910

(or sticker)

SECTION 1. Driver Information (to be filled out by driver)

PERSONAL INFORMATION

Last Name: Moore Jr First Name: Vernan Middle Initial: _____ Date of Birth: 12/18/1985 Age: 36
Street Address: 907 Arbor Crossing Dr City: Lithonia State/Province: GA Zip Code: 30058
Driver's License Number: 060872816 Issuing State/Province: GA Phone: 7888596262

E-mail (optional): _____

CLP/CDL Applicant/Holder: Yes ☒ No ☐

Driver ID Verified By: CDL

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not sure

* CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below.

☐ Yes ☒ No ☐ Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal, diet supplements)? If "yes," please describe below.

☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

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Rev 12/15/2021

Page 1

Last Name: Moore Jr First Name: Verman DOB: 12/18/1985 Exam Date: 01/13/2022

DRIVER HEALTH HISTORY (continued)

Do you have or have you ever had:	Yes	No	Not Sure		Yes	No	Not Sure
1 Head/brain injuries (e.g. concussion)	☐	☒	☐	16 Dizziness, headaches, numbness, tingling, or memory loss	☐	☒	☐
2 Seizures, epilepsy	☐	☒	☐	17 Unexplained weight loss	☐	☒	☐
3 Eye problems (except glasses or contacts)	☐	☒	☐	18 Stroke, mini-stroke (TIA), paralysis, or weakness	☐	☒	☐
4 Ear and/or hearing problems	☐	☒	☐	19 Missing or limited use of arm, hand, finger, leg, foot, toe	☐	☒	☐
5 Heart disease, heart attack, bypass, or other heart problems	☐	☒	☐	20 Neck or back problems	☐	☒	☐
6 Pacemaker, stents, implantable devices, or other heart procedures	☐	☒	☐	21 Bone, muscle joint or nerve problems	☐	☒	☐
7 High blood pressure	☐	☒	☐	22 Blood clots or bleeding problems	☐	☒	☐
8 High Cholesterol	☐	☒	☐	23 Cancer	☐	☒	☐
9 Chronic (long-term) cough, shortness of breath, or other breathing problems	☐	☒	☐	24 Chronic (long-term) infection or other chronic diseases	☐	☒	☐
10 Lung disease (eg. asthma)	☐	☒	☐	25 Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	☐	☒	☐
11 Kidney problems, kidney stones, or pain/problems with urination	☐	☒	☐	26 Have you ever had a sleep test e.g., sleep apnea?	☐	☒	☐
12 Stomach, liver or digestive problems	☐	☒	☐	27 Have you ever spent a night in the hospital?	☐	☒	☐
13 Diabetes or blood sugar problems	☐	☒	☐	28 Have you ever had a broken bone?	☐	☒	☐
Insulin Used	☐	☒	☐	29 Have you ever used or do you now use tobacco	☐	☒	☐
14 Anxiety, depression, nervousness, other mental health problems	☐	☒	☐	30 Do you currently drink alcohol	☐	☒	☐
15 Fainting or passing out	☐	☒	☐	31 Have you used an illegal substance in the past two years?	☐	☒	☐
	☐	☒	☐	32 Have you ever failed a drug test or been dependent on an illegal substance?	☐	☒	☐

Other health condition(s) not described above:

☐ Yes ☒ No ☐ Not Sure

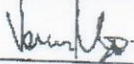
Did you answer "yes" to any of questions 1-32? If so, comment further on those health conditions below.

☐ Yes ☒ No ☐ Not Sure

CMV DRIVER SIGNATURE

(Attach additional sheets if necessary)

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.37 and 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 390.35 Appendices A and B.

Driver's Signature:  Date: 01/13/2022

SECTION 2. Examination Report (to be filled out by the medical examiner)

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

No significant health history.

(Attach additional sheets if necessary)

Page 2

Last Name: Moore Jr First Name: Vernan DOB: 12/18/1985 Exam Date: 01/13/2022**TESTING**Pulse Rate: 118 Pulse rhythm regular: ☒ Yes ☐ No

Blood Pressure	Systolic	Diastolic
Sitting	<u>138</u>	<u>86</u>
Second reading (optional)		

Other testing if indicated

Height: 5 feet 8 inches Weight: 236 pounds

Urinalysis	Sp.Gr.	Protein	Blood	Sugar
Urinalysis is required. Numerical readings must be recorded	<u>1.005</u>	<u>Negative</u>	<u>Negative</u>	<u>Normal</u>

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	<u>20/20</u>	<u>20/</u>	Right Eye: <u>90</u> degrees
Left Eye:	<u>20/20</u>	<u>20/</u>	Left Eye: <u>90</u> degrees
Both Eyes:	<u>20/20</u>	<u>20/</u>	

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors ☒ Yes ☐ NoMonocular vision ☐ Yes ☒ NoReferred to ophthalmologist or optometrist? ☐ Yes ☒ NoReceived documentation from ophthalmologist or optometrist? ☐ Yes ☒ No**Hearing**

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☒ Neither**Whisper Test Results**

Record distance (in feet) from driver at which a forced whispered voice can be first heard

OR

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average (right):			Average (left):		

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check if the body systems for abnormalities.

Body System

1 General

2 Skin

3 Eyes

4 Ears

5 Mouth/throat

6 Cardiovascular

7 Lungs/chest

Normal Abnormal

☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐**Body System**

8 Abdomen

9 Genito-urinary system including hernias

10 Back/Spine

11 Extremities/joints

12 Neurological system including reflexes

13 Gait

14 Vascular system

Normal Abnormal

☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐☒ ☐

Discuss any abnormal answers in details in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter any applicable item number before each comment.

Normal Exam

(Attach additional sheets if necessary)

Last Name: Moore Jr First Name: Verman DOB: 12/18/1985 Exam Date: 01/13/2022**MEDICAL EXAMINER DETERMINATION (Federal)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason):
- ☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate:
- ☐ Meets standards, but periodic monitoring required (specify reason):
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other (specify):
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type):
- ☐ Accompanied by a Skill Performance Evaluation (SPE) certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Driving within an exempt intracity zone (see 49 CFR 391.52) (Federal)
- ☐ Determination pending (specify reason):
- ☐ Return to medical exam office for follow-up on (must be 45 days or less):
- ☐ Medical Examination Report amended (specify reason):
- (if amended) Medical Examiner's Signature: _____ Date: _____
- ☐ Incomplete examination (specify reason):

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.



Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): Thomas K. Taylor, MDMedical Examiner's Address: 4795 Fulton Industrial Blvd. SW, Ste. F City: Atlanta State: GA Zip Code: 30336Medical Examiner's Telephone Number: 404-267-5700 Date Certificate Signed: 01/13/2022Medical Examiner's State License, Certificate, or Registration Number: 33212 Issuing State: GA
☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse
☐ Other Practitioner (specify): _____National Registry Number: 1408010017Medical Examiner's Certificate Expiration Date: 01/13/2024

GEORGIA
COMMERCIAL DRIVER'S LICENSE

DL NO. 052804128 EXPIRATION DATE 12/02/10
 CLASS B
 CHANDLER LAYMAN
 MOORE

8447001 DAK LOGS
 LAWRENCEVILLE, GA 30044-4200
 07/14/2003

SEX M HT 5'11" WT 250 LBS
 EYES B HAIR B SKIN B

6 DO 0007000340000000

Public Reading Statement:
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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Smith First Name: John in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.48) and, with knowledge of the driving duties, I find this person qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.48) with any applicable State variances (which will be only valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses ☐ Accompanied by a _____ with/without exception ☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate. ☐ Qualified by operation of (49 CFR 391.64) (Federal)

☐ Grandfathered from State requirement (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 09/26/2025

Medical Examiner's Signature 	Medical Examiner's Telephone Number 404-762-1001	Date Certificate Signed 09/26/2025
Medical Examiner's Name (please print or type) Cathy Lorraine Harper-Hogan, MD	☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____	
Medical Examiner's State License, Certificate, or Registration Number 44228	Issuing State GA	National Registry Number 379589444
Driver's Signature 	Driver's License Number 091819847	Issuing State/Province GA
Driver's Address Street Address: <u>2625 Howell Mill Rd NW STE 100</u> City: <u>Atlanta</u> State/Province: <u>GA</u> Zip Code: <u>30318</u>		CLP/CDL Applicant/Holder ☒ Yes ☐ No

"This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements."

Rev 3/2022

GEORGIA
RIVER'S LICENSE

Governor B. Perdue

COMMERCIAL DRIVER'S LICENSE



Duane Snipes

4565 12833660020000

4d DL NO. **057472116** 3 DOB **11/21/1980**

9 CLASS **A**

4b EXP **11/21/2024**

2 **DUANE ANTIONE**

1 **SNIPES**

8 **1610 CEDAR HL
DOUGLASVILLE, GA 30134-3267
DOUGLAS**

12 REST **M**

9a END **N,P**

4a ISS **06/08/2021**

15 SEX **M**

18 EYES **BRO**

16 HGT **5'-10"**

17 WGT **290 lb**

I certify that I have examined Last Name: SWIPES First Name: DAVID in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.439) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.439) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a _____ w/ver/exemption

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)

☐ Qualified by operation of (49 CFR 391.64) (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
6/20/15

Medical Examiner's Signature [Signature]

Medical Examiner's Name (please print or type)
Dr. Clark Payne

Medical Examiner's State License, Certification, or Registration Number
CHIR011053

Medical Examiner's Telephone Number
(404) 629-9999

Date Certificate Signed
6/20/24

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State
Georgia

National Registry Number
3964768811

Driver's Signature [Signature] Driver's License Number 057472116 Issuing State/Province GA
Driver's Address 1610 Cedar Hill Street Address Douglasville City GA State/Province GA Zip Code 30134 CLP/CDL Applicant/Holder ☒ Yes ☐ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping this document under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



GENERAL INFORMATION Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____	
PERSONAL INFORMATION Date of Birth: _____ Sex: _____ Marital Status: _____ Education: _____ Occupation: _____ Social Security Number: _____	
FINANCIAL INFORMATION Annual Income: _____ Assets: _____ Liabilities: _____ Net Worth: _____ Credit History: _____	
DECLARATION I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. Signature: _____ Date: _____	

[illegible]

Medical Examiner's Telephone Number: 624-244-9443
 Date Certificate Signed: 8/13/2024
☐ MD ☐ Physician Assistant ☐ Advanced Practitioner
☐ DO ☐ Chiropractor ☐ Other Practitioner (Specify):
 Issuing State: _____
 Signature: _____
 National Registry Number: 0016740170

Service 9/10/2010
 Driver's Address 2016 Munnys Creek
 Station Address Inshore
 Date 07/08/2010
 Station 09
 The Code 305

GEORGIA

DRIVER'S LICENSE

Governor: *B. Perdue*

COMMERCIAL DRIVER'S LICENSE

CDL

4d DL NO: **070247237**

9 CLASS **A**

2 **TEMIKA ROSCHELLE**

1 **THOMAS**

3 DOB **02/23/1980**

4b EXP **02/23/2029**

8 **1144 FOXWOOD DR**
DOUGLASVILLE, GA 30134-3686
DOUGLAS

12 REST **B,M**

9a END **P,S**

4a ISS **07/10/2021**

15 SEX **F**

16 HGT **5'-03"**

18 EYES **BRO**

17 WGT **285 lb**

5 DD **459715998800020000**

ORGAN DONOR

Form MCR-5078

Public Notice Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Project unless it displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2125-0040. Public reporting burden for this collection of information is estimated to be 1 hour per response, including the time for reviewing instructions, gathering the data needed, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Project Officer, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier Safety Administration

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Thompson (first name) Michael in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.61-391.69) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a valid exemption (specify type):

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)

☐ Qualified by operation of 49 CFR 391.64 (Federal)

☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5075, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: **10/04/2025**

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Vallero-White, Tai

Medical Examiner's State License, Certificate, or Registration Number: 72510

Medical Examiner's Telephone Number: (404) 768-3351

Date Certificate Signed: 10/04/2023

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify):

Issuing State: GA

National Registry Number: 2178969210

CMV DRIVER INFORMATION

Driver's Signature: [Signature]

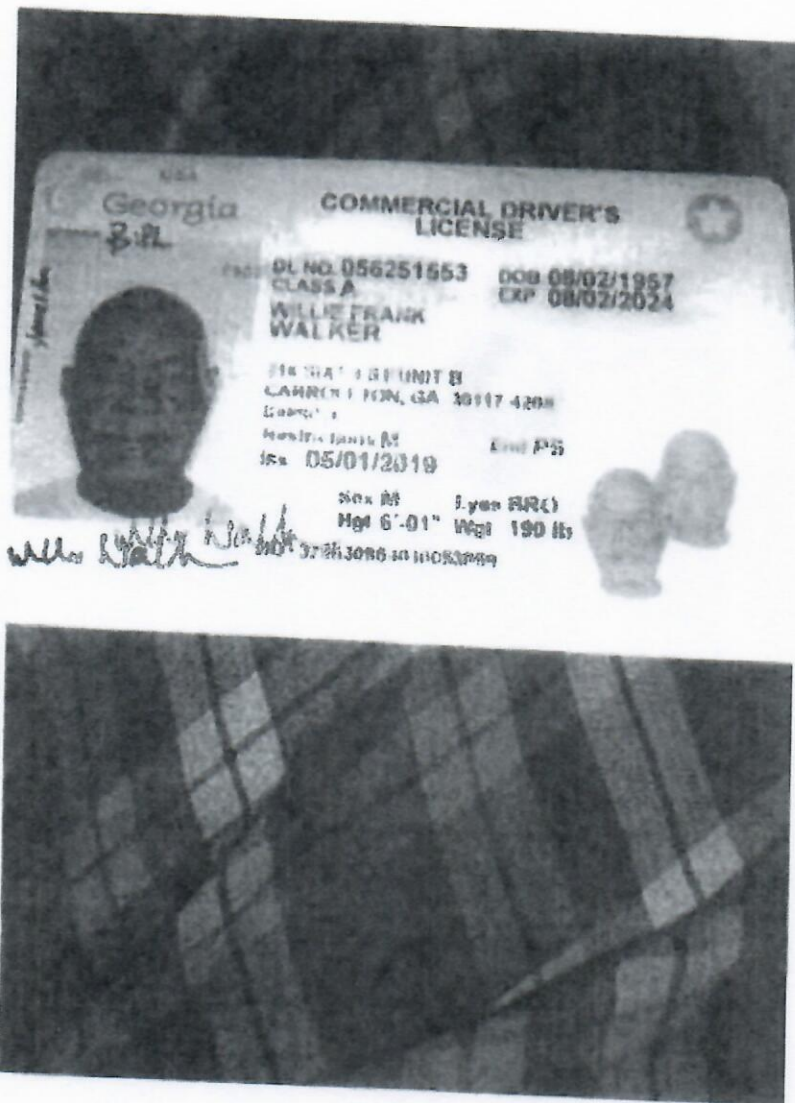
Driver's Address: Street Address: 4143 Buttner Pl City: Atlanta State/Province: GA Zip Code: 30349

Driver's License Number: 056432974

Issuing State/Province: GA

CLP/CDL: ☒ Yes ☐ No





Last Name: WALKERFirst Name: WILLIEDOB: 08/12/1957Exam Date: 04/17/2023

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

FEDERAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ☐ Does not meet standards (specify reason): _____
- ☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ☐ Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____
- ☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.6A (Federal)
- ☐ Driving within an exempt intracity zone (See 49 CFR 391.5c) (if federal)
- ☐ Determination pending (specify reason): _____
- ☐ Return to medical exam office for follow-up on (must be 45 days or less): _____
- ☐ Medical Examination Report amended (specify reason): _____
- (if amended) Medical Examiner's Signature: _____ Date: _____
- ☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature] 4/17/2023 9:28:21 AMMedical Examiner's Name (last, first, middle initial): LESLIE COTTRELL, MDMedical Examiner's Address: 1480 HIGHWAY 27 SOUTHCity: CarrolltonState: GAZip Code: 30117Medical Examiner's Telephone Number: (770) 812-9445Date Certificate Signed: 04/17/2023Medical Examiner's State License, Certificate, or Registration Number: 045194Issuing State: GA☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse☐ Other Practitioner (specify): _____National Registry Number: 7717533672Medical Examiner's Certificate Expiration Date: 04/17/2025

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

SECTION 1. Driver Information (to be filled out by the driver)**MEDICAL RECORD #**

(or sticker)

PERSONAL INFORMATION

Last Name: WALKER First Name: WILLIE Middle Initial: F Date of Birth: 08/12/1957 Age: 65
 Street Address: 717 Barnes Rd. 4222 City: Carrollton State/Province: GA Zip Code: 30117
 Driver's License Number: 056251553 Issuing State/Province: GA Phone: (678) 754-3527
 E-mail (optional): _____ CLP/CDL Applicant/Holder*: ☒ Yes ☐ No
 Driver ID Verified By**: CDL
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☒ No ☐ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER INFORMATION

Have you ever had surgery? If "yes," please list and explain below.

☐ Yes ☒ No ☐ Not SureAre you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)?
If "yes," please describe below.☐ Yes ☒ No ☐ Not Sure

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Last Name: **WALKER**First Name: **WILLIE**DOB: **08/12/1957**Exam Date: **04/17/2023**

Do you have or have you ever had:

	Yes	No	Not Sure		Yes	No	Not Sure
1. Head/brain injuries or illnesses (e.g., concussion)	☐	☒	☐	16. Dizziness, headaches, numbness, tingling, or memory loss	☐	☒	☐
2. Seizures/epilepsy	☐	☒	☐	17. Unexplained weight loss	☐	☒	☐
3. Eye problems (except glasses or contacts)	☐	☒	☐	18. Stroke, mini-stroke (TIA), paralysis, or weakness	☐	☒	☐
4. Ear and/or hearing problems	☐	☒	☐	19. Missing or limited use of arm, hand, finger, leg, foot, toe	☐	☒	☐
5. Heart disease, heart attack, bypass, or other heart problems	☐	☒	☐	20. Neck or back problems	☐	☒	☐
6. Pacemaker, stents, implantable devices, or other heart procedures	☐	☒	☐	21. Bone, muscle, joint, or nerve problems	☐	☒	☐
7. High blood pressure	☐	☒	☐	22. Blood clots or bleeding problems	☐	☒	☐
8. High cholesterol	☐	☒	☐	23. Cancer	☐	☒	☐
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	☐	☒	☐	24. Chronic (long-term) infection or other chronic diseases	☐	☒	☐
10. Lung disease (e.g., asthma)	☐	☒	☐	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	☐	☒	☐
11. Kidney problems, kidney stones, or pain/problems with urination	☐	☒	☐	26. Have you ever had a sleep test (e.g., sleep apnea)?	☐	☒	☐
12. Stomach, liver, or digestive problems	☐	☒	☐	27. Have you ever spent a night in the hospital?	☐	☒	☐
13. Diabetes or blood sugar problems Insulin used	☐	☒	☐	28. Have you ever had a broken bone?	☐	☒	☐
14. Anxiety, depression, nervousness, other mental health problems	☐	☒	☐	29. Have you ever used or do you now use tobacco?	☐	☒	☐
15. Fainting or passing out	☐	☒	☐	30. Do you currently drink alcohol?	☐	☒	☐
	☐	☒	☐	31. Have you used an illegal substance within the past two years?	☐	☒	☐
	☐	☒	☐	32. Have you ever failed a drug test or been dependent on an illegal substance?	☐	☒	☐

Other health condition(s) not described above:

☐ Yes ☒ No ☐ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below:

☐ Yes ☒ No ☐ Not Sure

29) 1/2 pcd cigarettes

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

(Attach additional sheets if necessary)

Driver's Signature: Willie WalkerDate: 04/17/2023

SECTION 2. Examination Report (to be filled out by the medical examiner)

PREVIOUS HEALTH HISTORY REVIEW

Driver's safe operation of a commercial motor vehicle (CMV). Comment on the driver's responses to the "Health History" questions that may affect the

Denies chest pain, SOB or work fatigue

(Attach additional sheets if necessary)

Last Name: **WALKER**

First Name: **WILLIE**

DOB: **08/12/1957**

Exam Date: **04/17/2023**

TESTING

Pulse Rate: **88** Pulse rhythm regular: ☒ Yes ☐ No

Height: **6.0** feet **1.00** inches Weight: **200.0** pounds

Blood Pressure Systolic: **128** Diastolic: **71**

Urinalysis Sp. Gr. Protein Blood Sugar
Urinalysis is required, 1.010 negative (0) + h negative (0)
Numerical readings must be recorded.

Second reading (optional)

Other testing if indicated

BMI: **28**

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 10° field of vision in horizontal meridian measured in each eye. The use of corrective lenses is permitted.

Acuity Uncorrected Corrected Horizontal Field of Vision
Right Eye: 20/ 40 20/ degrees
Left Eye: 20/ 40 20/ degrees
Both Eyes: 20/ 40 20/ degrees

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors

Monocular vision

Referred to ophthalmologist or optometrist?

Received documentation from ophthalmologist or optometrist?

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☒ Neither
Whisper Test Results
Record distance (in feet) from driver at which a forced whispered voice can first be heard
OR
Audiometric Test Results

Right Ear: Left Ear:
500 Hz 1000 Hz 2000 Hz 500 Hz 1000 Hz 2000 Hz

Average (right): Average (left):

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System

1. General	Normal	Abnormal	Body System	Normal	Abnormal
2. Skin	☒	☐	8. Abdomen	☒	☐
3. Eyes	☒	☐	9. Genito-urinary system including hernias	☒	☐
4. Ears	☒	☐	10. Back/spine	☒	☐
5. Mouth/throat	☒	☐	11. Extremities/joints	☒	☐
6. Cardiovascular	☒	☐	12. Neurological system including reflexes	☒	☐
7. Lungs/chest	☒	☐	13. Gait	☒	☐
			14. Vascular system	☒	☐

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: WALKER First Name: WILLIE DOB: 08/12/1957 Exam Date: 04/17/2023

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (FEDERAL)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49).

☐ Does not meet standards (specify reason): _____☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate☐ Meets standards, but periodic monitoring required (specify reason): _____Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)☐ Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)☐ Determination pending (specify reason): _____☐ Return to medical exam office for follow-up on (must be 45 days or less): _____☐ Medical Examination Report amended (specify reason): _____

If amended Medical Examiner's Signature: _____

Date: _____

☐ Incomplete examination (specify reason): _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(b), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

CERTIFIED TRUE COPY

Last Name: Williams First Name: Dale DOB: 01/20/79 Exam Date: 2/4/23

MEDICAL EXAMINER CERTIFICATION

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (FMCSRs) with any applicable State variances which will only be valid for intrastate operations:

- ☐ Does not meet standards in 49 CFR 391.41 with any applicable State variances (specify reasons): _____
- ☒ Meets standards in 49 CFR 391.41 with any applicable State variances _____
- ☒ Meets standards, but periodic monitoring required (specify reason): _____
- Driver qualified for: ☐ 3 months ☐ 6 months ☐ 1 year ☐ other (specify): _____
- ☒ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements (note): _____

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): Felix Anderson

Medical Examiner's Address: 6053 E. Jackson Road City: Portland State: OR Zip Code: 97210

Medical Examiner's Telephone Number: (503) 824-4343 Date Certificate Signed: 02/09/2023

Medical Examiner's State License, Certificate, or Registration Number: 055916 Issuing State: OR

☒ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner (specify): _____

National Registry Number: 9397821957

Medical Examiner's Certificate Expiration Date: 02/09/2025



1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

<https://dekalbschoolsga.inwave.net/Login.aspx>

October 28, 2024

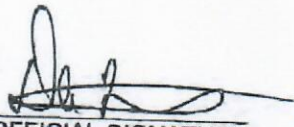
TO: ALL OFFERORS UNDER RFP 25-472 Charter Bus Services

FROM: Procurement Department, DeKalb County School District

ADDENDUM NO. 1

RFP 25-472, Charter Bus Services, is hereby amended as follows:

1. Delete in its entirety page 12, Section H, **Insurance** and replace with RFP 25-472 Revised Insurance Requirements.
2. Page 25, E. Technical Proposal – remove 'assessment services for science centers' and replace with 'charter bus services'.
3. Delete Attachment D, DCSD Locations and Addresses and replace with RFP 25-472 Revised Attachment D Location and Addresses.
4. The following has been attached:
 - RFP 25-472 Pre-Proposal Conference Sign-In Sheet
5. All other conditions remain in full force and effect.
6. All offerors under RFP 25-472 Charter Bus Services, are kindly requested to acknowledge receipt of this Addendum by signing the page below and uploading with your proposal.

Williams Charter & Tours 
COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE
Addendum No. 1 to RFP 25-472 Charter Bus Services



1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

<https://dekalbschoolsge.ionwave.net/Login.aspx>

October 29, 2024

TO: ALL OFFERORS UNDER RFP 25-472 Charter Bus Services

FROM: Procurement Department, DeKalb County School District

ADDENDUM NO. 2

RFP 25-472, Charter Bus Services, is hereby amended as follows:

1. The deadline to submit questions is hereby revised to Tuesday, November 29, 2024, at 12:00 Noon.
2. All other conditions remain in full force and effect.
3. All offerors under RFP 25-472 Charter Bus Services, are kindly requested to acknowledge receipt of this Addendum by signing the page below and uploading with your proposal.

Williams Charter & Tours / [Signature]

COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE
Addendum No. 2 to RFP 25-472 Charter Bus Services



RFP 25-472 Addendum 3

Charter Bus Services

Issue Date: 10/10/2024

Questions Deadline: 10/29/2024 12:00 PM (ET)

Response Deadline: 11/5/2024 03:00 PM (ET)

Non-Capital

Contact Information

Contact: Fred Christopher

Address: 1701 Mountain Industrial Blvd
Stone Mountain, GA 30083

Phone: 1 (315)

Email: solicitationquestions@dekalbschoolsga.org



1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

<https://dekalbschoolsga.inwave.net/Login.aspx>

October 29, 2024

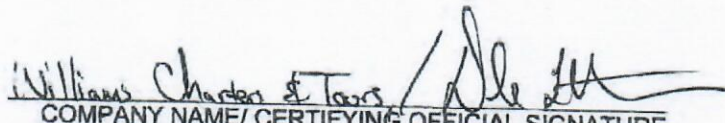
TO: ALL OFFERORS UNDER RFP 25-472 Charter Bus Services

FROM: Procurement Department, DeKalb County School District

ADDENDUM NO. 3

RFP 25-472, Charter Bus Services, is hereby amended as follows:

1. The deadline to submit questions is hereby revised to Tuesday, October 29, 2024, at 12:00 Noon.
2. All other conditions remain in full force and effect.
3. All offerors under RFP 25-472 Charter Bus Services, are kindly requested to acknowledge receipt of this Addendum by signing the page below and uploading with your proposal.


COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE
Addendum No. 2 to RFP 25-472 Charter Bus Services

Supplier Information

Company Name: Williams Charters & Tours LLC
Contact Name: 361 17th St. NW #2217
Address: Atlanta, GA 30363

Phone: 404 - 857 - 5928
Fax: _____
Email: dalewilliams@williamscharters.com

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Dale L. Williams
Print Name


Signature



1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

<https://dekalbschoolsqa.ionwave.net/Login.aspx>

November 1, 2024

TO: ALL OFFERORS UNDER RFP 25-472 Charter Bus Services

FROM: Procurement Department, DeKalb County School District

ADDENDUM NO. 4

RFP 25-472, Charter Bus Services, is hereby amended as follows:

1. Delete in its entirety page 33, Attachment B Driver Certification Listing and replace with RFP 25-472 Revised Attachment B – Driver Certification Listing.
2. Page 22, Scope of Work, Section B, #11 – delete 'Upload this documentation under the Response Attachment Tab via IonWave titled "Valid Medical Certificate".'
3. Page 29, G. Required Content/Document Checklist – delete 'Valid Medical Certificate (Upload Required)'.
4. The following has been attached:
 - RFP 25-472 Q&A document
5. All other conditions remain in full force and effect.
6. All offerors under RFP 25-472 Charter Bus Services, are kindly requested to acknowledge receipt of this Addendum by signing the page below and uploading with your proposal.

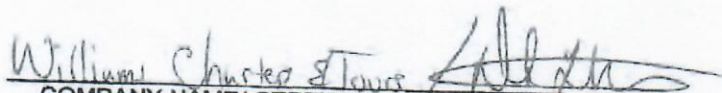

COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE
Addendum No. 4 to RFP 25-472 Charter Bus Services

EXHIBIT "C"



Robert R. Freeman Administrative Complex
1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083

MEMORANDUM

TO: Mr. Erick Hofstetter, Chief Operating Officer
Division of Operations

FROM: Dr. Devon Q. Horton, Superintendent
Office of the Superintendent

DATE: April 21, 2025

RE: **Contract Award ~ RFP 25-472 ~ Charter Bus Services ~ Atlantic Transportation & Coaches LLC, Coast to Coast Tours, LLC, Cooper Global, Eagle Christian Tours, Allstate Tours, LLC dba Elite Tours of Atlanta, Friendship Tours, LLC, Georgia Coach Lines, Inc., MTI Bus Company, R & W Motorcoach, Samson Tours, Inc., and William Charters & Tours, LLC**

At its business meeting on Monday, April 21, 2025, the DeKalb Board of Education approved the contract Award for **RFP 25-472** for the following Charter Bus Services:

- Atlantic Transportation & Coaches LLC
- Cooper Global
- Friendship Tours, LLC
- MTI Bus Company, R & W Motorcoach
- William Charters & Tours, LLC
- Allstate Tours, LLC dba Elite Tours of Atlanta
- Coast to Coast Tours, LLC
- Eagle Christian Tours
- Georgia Coach Lines, Inc.
- Samson Tours, Inc.

Please take the appropriate action to affect this directive of the Board.

DQH:cm

c: Ms. Carla Smith, Executive Director, Vendor Services, Division of Finance
Ms. Latrice Brown-Shropshire, Purchasing Assistant, Division of Finance

EXHIBIT "D"



Finance

April 29, 2025

Williams Charters & Tours, LLC
Attn: Dale Williams
361 17th Street NW, Unit 2217
Atlanta, GA 30363

EMAIL: dalewilliams@williamscharters.com

RE: Notice of Award – RFP 25-472 Charter Bus Services

Greetings:

This is to notify you that your bid for the above referenced project has been accepted. Accordingly, the accompanying Service Agreement is awarded to Williams Charters & Tours, LLC contingent on the following.

- 1) Attached is a copy of the Service Agreement for the above referenced project between the DeKalb County Board of Education and Williams Charters & Tours, LLC for your review and execution. The service agreement must be signed by an officer of the company and returned to this office within five (5) business days of receipt. Upon execution by the DeKalb County Board of Education, a copy of the contracts will be returned for your use.
- 2) Presentation of satisfactory Certificate of Insurance in accordance with Article 17 of the contract. All liability policies shall name the Owner, the DeKalb County School District, and the DeKalb County Board of Education as an additional insured.
- 3) A criminal background check must be performed on all Williams Charters & Tours, LLC employees, project subcontractors and vendors performing work on DCSD property under this contract. Such background checks will be performed by DCSD Public Safety Department at the expense of the individual at a cost of \$45.00 per individual. Background checks should be coordinated with Julia Holley, Procurement Clerk. Ms. Holley may be reached at julia_holley@dekalbschools.ga.org. NO ONE ASSIGNED TO THIS CONTRACT WILL BE ALLOWED ON ANY DCSD SITE UNTIL THEY HAVE BEEN CLEARED BY THE DCSD PUBLIC SAFETY DEPARTMENT.
- 4) Williams Charters & Tours, LLC shall provide each of their employees and all subcontracted employees with proper identification issued by DCSD Public Safety Department. This identification must be worn on the outer garment at all times when on DCSD premises.
- 5) Vendors are required to register through the Vendor Self Service Portal. The Vendor Self Service Portal is located at <https://dekalb.munisselfservice.com/Vendors/default.aspx>.

Robert R. Freeman Administrative Complex
1701 Mountain Industrial Blvd | Stone Mountain, GA 30083
678.676.0110 | www.dekalbschools.ga.org

- 6) You are reminded not to begin performance of the work until you receive a fully executed copy of the service agreement and a district issued purchase order. The DeKalb County Board of Education is not liable for costs incurred by Williams Charters & Tours, LLC for work performed prior to the issuance of a purchase order.
- 7) Upon receipt of the executed contract by Williams Charters & Tours, LLC and an acceptable Certificate of Insurance as outlined above, a (Kick-off Meeting) will be scheduled by the Project Manager or End User department.

If you have any questions or concerns regarding this award, give us a call at 678-676-0217.

Thank you for your interest and cooperation on behalf of the DeKalb County School District.

Sincerely,

Weyman F. Christopher

Weyman F. Christopher, NIGP-CPP, CPPS, CPPO
Procurement Manager III, Non-Capital

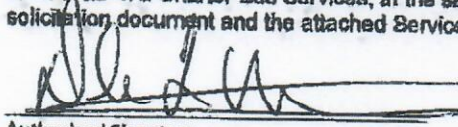
Attachment: Service Agreement

cc: Division Chief
Department Head/Executive Director
Project Manager or Director
Ms. Carla L. Smith

CLS/WFC

ACKNOWLEDGMENT

Williams Charters & Tours, LLC hereby acknowledges DeKalb County School District's offer of award of RFB 25-472 Charter Bus Services, at the same prices, terms, and conditions as stated in the original solicitation document and the attached Service Agreement.


Authorized Signatory

Dale L. Williams
Name (Typed or Printed)

5/6/2025
Date

CEO
Title of Authorized Signatory

Robert R. Freeman Administrative Complex
1701 Mountain Industrial Blvd | Stone Mountain, GA 30083
678.676.0110 | www.dekalbschools.org

END OF EXHIBITS