VEHICLE TYPE BREAKDOWN

VEHICLE TYPE	OWNED	TERM LEASED	TRIP LEASED
Straight Trucks	0	0	0
Truck Tractors	0	0	0
Trailers*	0	0	0
Hazmat Cargo Tank Trailers*	0	0	0
Hazmat Cargo Tank Trucks	0	0	0
Motor Coach	4	0	0
School Bus 1-8*	0	0	0
School Bus 9-15	0	0	0
School Bus 16+	0	0	0
Mini-Bus 16+	0	0	0
Van 1-8*	0	0	0
Van 9-15	0	0	0
Limousine 1-8*	0	0	0
Limousine 9-15	0	0	0
Limousine 16+	0	0	0

* Indicates power units not used by the Carrier Safety Measurement System when calculating total power units.

SMS Safety Measurement System

Learn About the CSA Prioritization Preview

FMCSA is proposing a new prioritization methodology to keep enforcement efforts focused on the carriers in most need of intervention. Learn more about these changes and how they will improve highway safety.

Visit the CSA Prioritization Preview

FRIENDSHIP TOURS LLC

DBA: FRIENDSHIP TOURS

U.S. DOT#: 530874
Address: 3782 ROBBIE GLOVER RD
AWENDAW, SC 29429
Number of Vehicles: 4
Number of Drivers: 11
Number of Inspections: 3

Safety Rating & OOS Rates

(As of 10/07/2024 updated daily from SAFER)

SATISFACTORY
(Rating Date: 03/01/2023)

Out of Service Rates

Type	OOS %	National Avg %
Vehicle	0.0	21.4
Driver		6.0
Hazmat		4.5

Licensing and Insurance

(As of 10/07/2024 updated hourly from L&I)

Active For-Hire Authority

Type	Yes/No	MC#/MX#
Property	No	
Passenger	Yes	MC-265502
Household Goods	No	
Broker	No	

BASIC Status (Public Passenger Carrier View) ?

Behavior Analysis & Safety Improvement Categories (BASICs) Based on a 24-month record ending September 27, 2024

Unsafe Driving	Crash Indicator	Hours-of-Service Compliance	Vehicle Maintenance	Controlled Substances and Alcohol	Hazardous Materials Compliance	Driver Fitness
	Not Public				Not Public	

⚠ Denotes this carrier exceeds the FMCSA Intervention Threshold relative to its safety event grouping based upon roadside data and/or has been cited with one or more Acute/Critical Violations within the past 12 months during an investigation. Therefore, this carrier may be prioritized for an intervention action and roadside inspection.

SMS Safety Measurement System

Subject to Passenger Threshold (as of 9/27/2024, updated monthly)

Carrier Meets:

Passenger Criteria: **Yes**
Hazardous Materials (HM) Criteria: **No**
General Criteria: **Yes**

Carrier subject to Passenger Threshold

Unsafe Driving, Crash Indicator, Hours-of-Service (HOS) Compliance: 50%; Vehicle Maintenance, Controlled Substances/Alcohol, Driver Fitness: 65%, Hazardous Materials (HM) Compliance: 80%

Why a Carrier's Intervention Threshold Matters

One of the ways the Federal Motor Carrier Safety Administration (FMCSA) prioritizes carriers for interventions is based on the number of BASIC percentiles above the carrier's established threshold; high BASIC percentiles indicate noncompliance within that BASIC. A carrier is subject to one of the three Intervention Thresholds: general, passenger carrier, or placardable hazardous materials (HM). The general Intervention Threshold applies to most carriers, except for those meeting the passenger carrier or placardable HM criteria.

Does carrier meet Passenger Carrier Threshold definition? Yes	Meets Criteria	Details
Meets Passenger Authority Criteria	Yes	
a. Carrier has "active" passenger authority in Licensing and Insurance	✓	as of 9/27/2024
AND		
b. At least 2% of the carrier's Power Units are 9+ passenger capacity vehicles	✓	100.0%
OR Meets For-Hire Criteria	Yes	
a. Carrier has selected a "for-hire" operation type on the MCS-150	✓	Authorized for Hire
AND		
b. One of the following:		
i. At least 2% of the carrier's Power Units are 9+ passenger capacity vehicles	✓	100.0%
ii. The carrier has registered no vehicles registered on the MCS-150 and has selected "passengers" as a type of cargo they carry		
OR Meets Private Passenger Criteria	No	
a. Carrier has selected a "private passenger" operation type on the MCS-150		
AND		
b. At least 2% of the carrier's Power Units are 16+ passenger capacity vehicles	✓	100.0%

Does carrier meet Hazmat Threshold definition? No	Meets Criteria	Details
Meets all HM placardable Inspection Criteria	No	
a. At least 2 HM placardable vehicle inspections in the past 24 months		# HM Placardable insp. in 24 mo.: 0
AND		
b. At least 1 HM placardable vehicle inspections in the past 12 months		# HM Placardable insp. in 12 mo.: 0
AND		
c. At least 5% of vehicle inspections are HM placardable inspections		% of total insp. as HM placardable inspections: 0.0%
OR Has a Hazardous Materials Safety Permit	No	

Does carrier meet General Threshold definition? Yes		Meets Criteria	Details
Has a company type of "Carrier"		Yes	
AND	Has a status of "Active"	Yes	

RFP 25-472
CHARTER BUS SERVICES

Medical Examiner's Certificate

I certify that I have examined Last Name: Emery First Name: Edward C 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 (State)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 11.15.25

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 I on file in my office.

Medical Examiner's Signature: C. Hall Medical Examiner's Telephone Number: Date Certificate Signed: 11.15.23
Medical Examiner's Name (printed or typed): Dr. Charles Hall
Medical Examiner's State License, Certificate, or Registration Number: Issuing State:
National Registry Number:

Driver's Signature: Edward L Emery Driver's Lic. Number: 054756344 Issuing State: Georgia
Driver's Address: Street: 7194 Cavender Dr. City: Athanta State: Ga Zip Code: 30314

Form MCSA-5876 OMB No. 2126-0006 Expiration Date 3/31/2025

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 23 minutes per respondent, 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

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: Lindley First Name: Lloyd 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 the 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 (State)
☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 11/21/2024

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 Signature: Lmontilla-Arrive, NPC Medical Examiner Phone Number: 404-963-5767 Date Certificate Signed: 11/21/2023
Medical Examiner's Name: L Montilla-Arrive, NPC, DOT-CME ○MD ○Physician Assistant ●Advanced Practical Nurse
Medical Examiner State Lic, Certificate, or Reg. Number: RN242390 ○DO ○Chiropractor ○Other Practitioner (specify)
Issuing State: GA National Registry Number: 7985709928

Driver's Signature: Lloyd Lindley Driver's Lic. Number: D01325025 Issuing State/Province: GA
Driver's Address: Street: 2620 Panhandle Rd City: Hampton State: GA Zip Code: 30228 CLP/CDL Applicant/Holder: ●Yes ○No

The 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 control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Form MCSA-5876 OMB No. 2126-0006 Expiration Date 3/31/2025

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 23 minutes per respondent, 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

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: Yancey First Name: Harrison 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 the 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 (State)
☐ Grandfathered from State requirements (State)

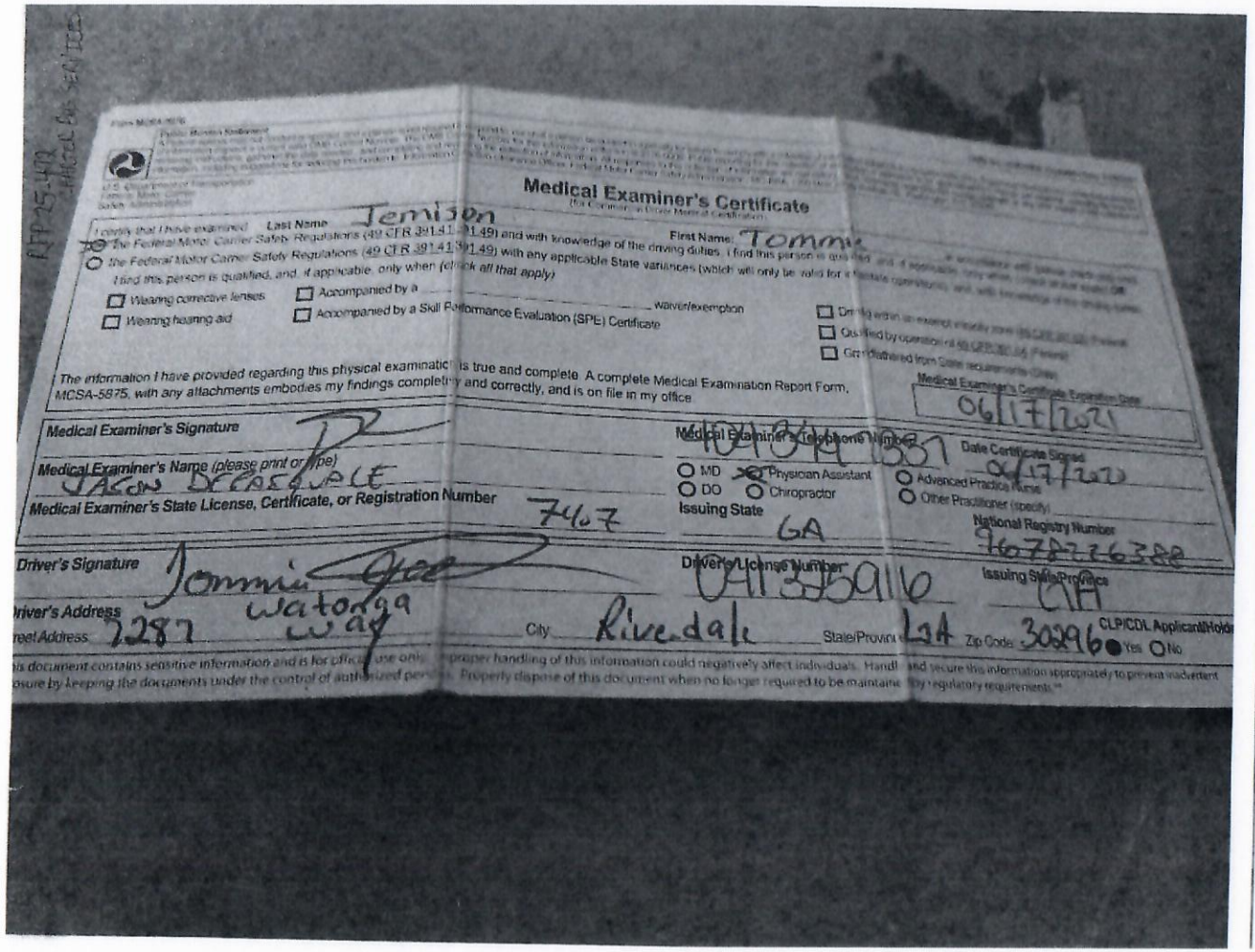
Medical Examiner's Certificate Expiration Date: 3/6/2026

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 Signature: Lmontilla-Arrive, NPC Medical Examiner Phone Number: 404-963-5767 Date Certificate Signed: 3/6/2024
Medical Examiner's Name: Iris Montilla-Arrive, NPC, DOT-CME ○MD ○Physician Assistant ●Advanced Practical Nurse
Medical Examiner State Lic, Certificate, or Reg. Number: RN242390 ○DO ○Chiropractor ○Other Practitioner (specify)
Issuing State: GA National Registry Number: 7985709928

Driver's Signature: Harrison Yancey Driver's Lic. Number: 055068597 Issuing State/Province: GA
Driver's Address: Street: 6522 Rabun Rd City: Morrow State: GA Zip Code: 30260 CLP/CDL Applicant/Holder: ●Yes ○No

The 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 control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



Medical Examiner's Certificate

I certify that I have examined Last Name Jemison First Name Tommie

☒ 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, may operate CMVs.

☐ The Federal Motor Carrier Safety Regulations (49 CFR 391.41–391.49) with any applicable State variances (which will only be valid for a [illegible] 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

☐ 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, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 06/17/2021

Medical Examiner's Signature

Medical Examiner's Telephone Number: [illegible]1561

Date Certificate Signed: 06/17/2020

Medical Examiner's Name (please print or type): JASON DEFOSSALE

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 7467

Issuing State: GA

National Registry Number: 9607826388

Driver's Signature: Tommie Jemison

Driver's License Number: GA39591l6

Issuing State/Province: GA

Driver's Address

Street Address: 7287 Watonga Way

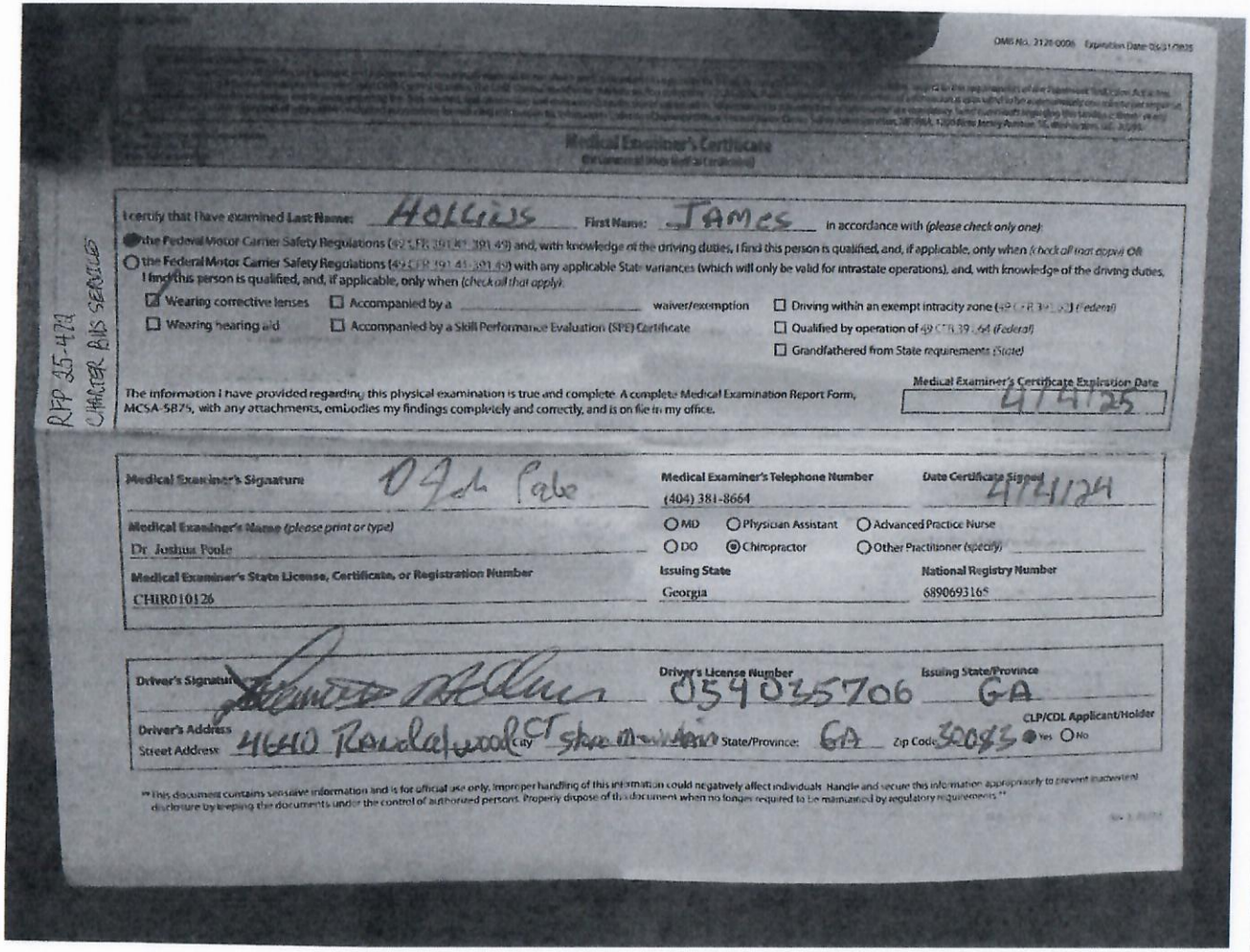
City: Riverdale

State/Province: GA

Zip Code: 30296

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.



OMB No. 2126-0006 Expiration Date: 06/31/2025

Medical Examiner's Certificate
(To be completed by the medical examiner)

I certify that I have examined **Last Name:** HOLLINS **First Name:** JAMES 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)*:

○ 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 39.64 *(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: 4/4/25

REP 35-474 CHARTER BUS SERVICES

Medical Examiner's Signature: Dr Poole

Medical Examiner's Telephone Number: (404) 381-8664

Date Certificate Signed: 4/4/24

Medical Examiner's Name *(please print or type)*: Dr Joshua Poole

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ◉ Chiropractor ○ Other Practitioner *(specify)*: _____

Medical Examiner's State License, Certificate, or Registration Number: CHIR010126

Issuing State: Georgia

National Registry Number: 6890693165

Driver's Signature: [signature]

Driver's License Number: 054035706

Issuing State/Province: GA

Driver's Address Street Address: 4640 Rondalewood CT City: Stone Mountain State/Province: GA Zip Code: 30083

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. **

DeKalb County
School District

1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

https://dekalbschoolsga.ionwave.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.

Friendship Tours, LLC/ Terry L. Glover
COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE

DeKalb County
School District

1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

https://dekalbschoolsga.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.

Friendship Tours, LLC/ Terry L. Glover
COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE

DeKalb County
School District

1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

https://dekalbschoolsga.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. 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.

Friendship Tours, LLC/ Terry L Glover
COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE

DeKalb County
School District

1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083

https://dekalbschoolsga.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.

Friendship Tours, LLC/ Terry L Glover
COMPANY NAME/ CERTIFYING OFFICIAL SIGNATURE

EXHIBIT "C"

DISRUPTING FOR EXCELLENCE
NEW LEVELS HEIGHTS

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"

DeKalb County School District | Finance

April 29, 2025

Friendship Tours, LLC
Attn: Terry L. Glover
3250 Harvester Woods Road
Decatur, GA 30034

EMAIL: friendship.tours@yahoo.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 **Friendship 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 **Friendship 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 **Friendship 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@dekalbschoolsga.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) **Friendship 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.

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 **Friendship Tours, LLC** for work performed prior to the issuance of a purchase order.

7) Upon receipt of the executed contract by **Friendship 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, CPPB, 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

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

Terry L Glover
Authorized Signatory

May 5, 2025
Date

Terry L. Glover
Name (Typed or Printed)

President
Title of Authorized Signatory

END OF EXHIBITS