

DATE
02/09/2016

BID NUMBER
2k16-02B

RESPONSE DUE BY

02/19/2016

2:00 P.M.

WHEN USING FEDEX, UPS, OR ANY EXPRESS PACKAGING/SHIPPING, THE BID NUMBER MUST BE CLEARLY PRINTED ON THE AIR BILL.

REQUEST FOR FORMAL BID

CONTACT **Jeffrey L. Robinson** PHONE 256-372-5227

VENDOR NO.

Camelot Charters - Attn: Jatonya May
PO Box 391
Pell City, AL. 35125

ALL BIDS MUST BE SIGNED, SEALED, AND RETURNED IN AN ENVELOPE WITH THE BID NUMBER AND OPENING DATE NOTED ON FRONT. FORWARD ALL BIDS TO THE ADDRESS INDICATED ABOVE. FAILURE TO COMPLY WILL RESULT IN A "NO BID" RESPONSE IN ACCORDANCE WITH ALABAMA COMPETITIVE BID LAW 41-16-24 sub-part b.

**THE ABOVE BID NUMBER MUST APPEAR ON ALL
BIDS AND RELATED CORRESPONDENCE**

NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION

SHOULD A PURCHASE ORDER BE ISSUED, THE FOREGOING AND THE TERMS AND CONDITIONS ON THE ATTACHED SHEET SHALL BE APPLICABLE AND BINDING UPON THE VENDOR.

I ACKNOWLEDGE THAT I HAVE SIGNATURE AUTHORITY TO SIGN ON BEHALF OF THE COMPANY AND HEREBY AGREE TO ALL GENERAL CONDITIONS OF THIS BID REQUEST.

TOTAL

93, 243, 80

SIGNATURE


COMPANY REPRESENTATIVE

DATE _____

2-18-14

An affirmative action/equal opportunity institution

Bid Number: **2k16-02B**Page **1** of **1**

Item #	Quantity	Unit	Description	Unit Price	Total Price
1			New Orleans, LA		3,405. ⁰⁰ ✓
2			Baton Rouge, LA		3,850. ⁰⁰ ✓
3			Kennesaw, GA		2,332. ⁰⁰ ✓
4			Auburn, AL		1,780. ⁰⁰ ✓
5			J.C., TN		3,520. ⁰⁰ ✓
6			Nashville, TN		2,320. ⁰⁰ ✓
7			Columbia, MO		4,380. ⁰⁰ ✓
8			Nashville, TN		1,050. ⁰⁰ ✓
9			Ita Bena, MS		3,490. ⁰⁰ ✓
10			Montgomery, AL		3,290. ⁰⁰ ✓
Grand Total:					

FOB Point:	Terms: <i>NET 7 days</i>	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: <i>30 days</i>

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed *Camelot* *2-18-16*
Vendor Name Date

By *[Signature]*

Bid Number: **2k16-02B**Page 1 of

Item #	Quantity	Unit	Description	Unit Price	Total Price
11			Tuscaloosa, AL	1830. ⁰⁰	✓
12			Troy, AL	1845. ⁰⁰	✓
13			Pine Bluff, AR	3110. ⁰⁰	✓
14			Jackson, MS	3320. ⁰⁰	✓
15			Jacksonville, FL	4328. ⁰⁰	✓
16			Birmingham, AL	950. ⁰⁰	✓
17			Tuskegee, AL	1650. ⁰⁰	✓
18			Lorman, MS	3318. ⁵⁰	✓
19			Pine Bluff, AR	2975. ⁰⁰	✓
20			Bowling Green, KY	1920. ⁰⁰	✓
Grand Total:					

FOB Point:	Terms:	Warranty:
	net 7 days	
Estimated Delivery:	Your Reference No.:	Quotation Effective Until:
		30 days

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed Comelot 2-18-16
Vendor Name Date

By Cay

Bid Number: 2k16-02BPage 1 of 1

Item #	Quantity	Unit	Description	Unit Price	Total Price
21			Cookeville, TN Richmond, KY	3180. ⁰⁰	✓
22			Mobile, AL	2980. ⁰⁰	✓
23			Jacksonville, AL	950. ⁰⁰	✓
24			Pulaski, TN	950. ⁰⁰	✓
25			Birmingham, AL	950. ⁰⁰	✓
26			Jackson, MS	2840. ⁰⁰	✓
27			Lorman, MS	3250. ⁰⁰	✓
28			Auburn, AL	1970. ⁰⁰	✓
29			Birmingham, AL	950. ⁰⁰	✓
30			Murray, KY	1870. ⁰⁰	✓

Grand Total:

FOB Point:	Terms: <u>Net 7 days</u>	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: <u>30 days</u>

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed Camelot 2-18-16
Vendor Name Date

By [Signature]

Bid Number: **2k16-02B**Page **1** of **2**

Item #	Quantity	Unit	Description	Unit Price	Total Price
31			Starkville, Ms	1970. ⁰⁰	✓
32			Atlanta, GA	1890. ⁰⁰	✓
33			Montgomery, AL	2620. ⁰⁰	✓
34			Troydale, AL	4550. ⁰⁰	✓
35			Martin, TN	1980. ⁰⁰	✓
36			New Orleans, LA	5680. ⁰⁰	✓

Grand Total:

FOB Point:	Terms: <i>NET 7 days</i>	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: <i>30 days</i>

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Signed *Camelot* *2-18-16*
Vendor Name Date

By *Cay*

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

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

F.O.B. Point	TERMS <i>NCT 7 days</i>	WARRANTY
AAMU DESTINATION ESTIMATED DELIVERY	YOUR REFERENCE NO.* <i>003580</i>	QUOTATION EFFECTIVE UNTIL <i>30 days</i>

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

Certification Pursuant To Act No. 2006-557

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

Camelot Charters
COMPANY NAME (TYPE OR PRINT)

205-525-1721
TELEPHONE NUMBER

Cortez Givell
SIGNER'S NAME (TYPE OR PRINT)

205-814-4001
FAX NUMBER

[Signature]
SIGNATURE

2-18-16
DATE

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

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

Alabama Agricultural and Mechanical University will not accept faxed bids.

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

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

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

SPECIAL NOTE:

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



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

Bid Number: 2k16-02B

Bus Passenger Capacity:

56 Pax

Bus Passenger Quoted:

56 Pax

Model: 2012

Year

MCI / VAN HOO

Brand Name

FOB Point:	TERMS:	WARRANTY:
	<u>7 days</u>	
Estimated Delivery:	Your Reference No.:	Quotation Effective Until:
	<u>003580</u>	<u>30 days</u>

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated.


Signed: Camelot Charters
VENDOR NAME

2-18-16
DATE

By: [Signature]

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

- Buses that are sent to us for our use must be no older than 2008 models. In the event that the bus does meet our requirements and not satisfactory for our purposes, a bus that does meet our specifications should be provided. Otherwise, a reduction in price or a refusal to use your service for the remainder of our trips if you are awarded our bid.
- Exact bus number provided prior to trip
- Seats with foot rest
- Workable VCR/DVD with six (6) monitors & Multi-disk CD changer
- Proof of service of bus prior to departure
- Extra-large flush type restrooms
- Provide adequate Air Conditioning/Heating
- Individual reading lights & Individual pull-down blinds
- Size should be of coach based on travel party size
- Wi-Fi Capability
- Bus driver must be knowledgeable regarding site-direction per itinerary
- Buses must be punctual and capable of departing on time
- Bus should be serviced and ready for travel prior to departure. Should a bus break down, another bus should be made available immediately. If this problem persists, we reserve the right to cancel services for the remainder of the bid term.
- Driver must have an understanding and experience as it pertains to transporting the team to games, practices, meals, etc.
- Successful bidder must be a member of United Bus Owner's Association American Bus Association/United Motor Coaches of America.
- The bidder must be licensed for interstate and intrastate passenger transportation.
- Each bus must be equipped with all safety devices and must meet all applicable state and federal requirements.
- Each bus must have affixed a current DOT inspection sticker
- The successful bidder will be required to carry a minimum of \$5,000,000 liability insurance and Certificate of Insurance must be provided to the University.
- The University reserves the right to cancel a trip at any time due to inclement weather or even scheduling changes. The University also reserves the right to cancel a trip for any reason with a 30-day notice.
- The successful bidder will be determined by evaluation of a number of factors which include but are not limited to the following:
 - Bid Pricing
 - Quality of the buses relative to appearance, comfort features, and mechanical reliability
 - Ability to provide local service when requested
 - Ability to plan and trouble shoot transportation issues with 24-hour customer service representatives
 - Ample fleet of buses, deluxe coaches, sleeper buses, and executive coaches
 - References from other Division I athletic programs
 - Ability to provide on-call services within a 2 hour time frame
- Award will be made to the bidder who is determined by the University to best meet its needs and objectives.

 _____, representative of Camelot Charters _____
(Signature) (Name of Vendor/Company)

understand by signing this Bus Bid Requirement from Alabama A&M University Athletic Department, that my company is responsible for meeting all requirements as listed or may not be considered as a vendor.



Company ID Number: 569905

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

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

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	HTRC INC
Company Facility Address:	1265 Earlie O'Neal Rd
	Cropwell, AL 35054
Company Alternate Address:	P O BOX 391
	Pell City, AL 35125
County or Parish:	SAINT CLAIR
Employer Identification Number:	631288413



Company ID Number: 569905

North American Industry Classification Systems Code:	485
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:	
<ul style="list-style-type: none">• ALABAMA 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	HELEN F ONEAL		
Telephone Number:	(205) 525 - 1721	Fax Number:	(205) 814 - 4001
E-mail Address:	helen@camelotcharters.com		

Federal Motor Carrier Safety Form

As a requirement of the University, provide all the following information:

1. USDOT number: 1005345

2. Current USDOT safety rating: Satisfactory

ATTACH TO THIS FORM

3. Date the company's last compliance review: 2015/8/12

ATTACH TO THIS FORM

4. Company must be authorized to transport passengers for hire. yes

5. Company must have current insurance in force. yes

6. Company must have record of regulatory violations and roadside out-of-service violations, with a comparison to national averages yes

ATTACH TO THIS FORM

7. Company must provide highway crash history yes

ATTACH TO THIS FORM

8. Driver must have a current commercial driver's license (CDL) with a passenger endorsement yes

COMPANIES MUST PROVIDE A COPY OF THIS DOCUMENT AT THE TIME OF PICK UP

9. Driver must have a valid medical certificate yes

COMPANIES MUST PROVIDE A COPY OF THIS DOCUMENT AT EACH TIME OF PICK UP

10. Company must have a driver drug and alcohol testing program that complies with U.S. dot regulations. yes

11. If your trips are not completed within the legal limit of 10 driving hours, company must agree that there will be a second driver or overnight rest stop scheduled to legally complete the trip yes

12. Company must have its buses inspected annually. Provide documentation of by whom required yes

COMPANIES MUST PROVIDE A COPY OF THIS DOCUMENT AT THE TIME OF PICK UP

13. Company must have the required \$5 million of public liability insurance: yes

14. Does the company subcontract with others for equipment and/or drivers? If so, what is the name of the second bus company and its USDOT number? University must approve any subcontractor with others for equipment or drivers. Subcontractor must meet all regulations stated in this bid.

n/a

ATTACH TO THIS FORM

15. Company must provide notification procedures for roadside emergencies and breakdowns yes

16. All drivers must be equipped with wireless communication devices yes

PRESENT AT THE TIME OF PICK UP



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

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

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

()

This form is provided with:

☐

Contract

☐

Proposal

☐

Request for Proposal

☒

Invitation to Bid

☐

Grant Proposal

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

☒

Yes

☐

No

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

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
JSU	Transportation	121031.50
ASU	"	
Gadsden State	"	

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

☐

Yes

☐

No

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

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
None		

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

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

OVER

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

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
-----------------------	---------	---	--

None

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

None

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

None

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

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

None

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

Cathy D. [Signature]

Signature

2-18-16

Date

Shallie C. [Signature]

Notary's Signature

Feb 18, 2016

Date

My Commission Expires

7/10/2018

Date Notary Expires

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



CAMEL-3

OP ID: J4

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2015

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 Ins. Brkrs 425 West Broadway, Suite 400 Glendale, CA 91204	CONTACT NAME: Jessica Landeros	
	PHONE (A/C, No, Ext): 818-246-2800	FAX (A/C, No): 818-246-4690
	E-MAIL ADDRESS: jlanderos@tibinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Lancer Insurance Company	26077
INSURED HTRC, INC., dba Camelot Bus Charters & Tours 1265 Earlie O'Neal Road Cropwell, AL 35054-4209	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		GL157428#6	06/07/2015	06/07/2016	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 \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ N/A
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		BA163223#6	06/07/2015	06/07/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

TMS LOGISTICS, THE STATE OF LOUISIANA, THE STATE OF ALABAMA, THE COMMONWEALTH OF VIRGINIA, AND THEIR SUBSIDIARIES IS ADDED AS ADDITIONAL INSURED BUT ONLY TO THE EXTENT THAT THE CERTIFICATE HOLDER IS HELD LIABLE FOR THE CONDUCT OF THE NAMED INSURED.

CERTIFICATE HOLDER

CANCELLATION

TMSLO05 TMS Logistics, the State of Louisiana, the State of Alabama & their subsidiaries 17810 Meetinghouse Rd #200 Sandy Spring, MD 20860	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
---	---

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

Bid Bonds

It is required for any contract exceeding \$10,000, that the bidder submits with his or her bid a Bid Bond payable to Alabama A&M University in the amount not less than five percent (5%) of the base bid or not to exceed \$10,000. Bids Bonds must be submitted in a form of a cashier's check, certified check, postal money order, irrevocable letter of credit or U.S. treasury notes in lieu of a bid bond. No personal checks or company checks will be accepted. It is at the buyer's discretion on whether or not to require Bid Bonds for all other bids. **If Bid Bonds are not included the bidder's results will not be considered.**

Bid Bonds remains in effect until the service or job is completed.

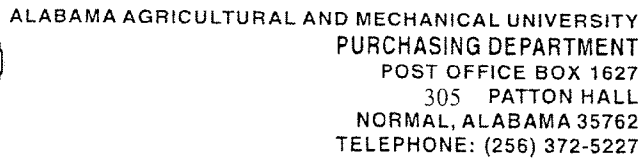
\$4,663.65

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

- Buses that are sent to us for our use must be no older than 2008 models. In the event that the bus does meet our requirements and not satisfactory for our purposes, a bus that does meet our specifications should be provided. Otherwise, a reduction in price or a refusal to use your service for the remainder of our trips if you are awarded our bid.
- Exact bus number provided prior to trip
- Seats with foot rest
- Workable VCR/DVD with six (6) monitors & Multi-disk CD changer
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- Extra-large flush type restrooms
- Provide adequate Air Conditioning/Heating
- Individual reading lights & Individual pull-down blinds
- Size should be of coach based on travel party size
- Wi-Fi Capability
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- Bus should be serviced and ready for travel prior to departure. Should a bus break down, another bus should be made available immediately. If this problem persists, we reserve the right to cancel services for the remainder of the bid term.
- Driver must have an understanding and experience as it pertains to transporting the team to games, practices, meals, etc.
- Successful bidder must be a member of United Bus Owner's Association American Bus Association/United Motor Coaches of America.
- The bidder must be licensed for interstate and intrastate passenger transportation.
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- Each bus must have affixed a current DOT inspection sticker
- The successful bidder will be required to carry a minimum of \$5,000,000 liability insurance and Certificate of Insurance must be provided to the University.
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 - References from other Division I athletic programs
 - Ability to provide on-call services within a 2 hour time frame
- Award will be made to the bidder who is determined by the University to best meet its needs and objectives.

I Gabe Coates, representative of Spirit Coach LLC
(Signature) (Name of Vendor/Company)

understand by signing this Bus Bid Requirement from Alabama A&M University Athletic Department, that my company is responsible for meeting all requirements as listed or may not be considered as a vendor.



DATE
02/09/2016

BID NUMBER
2k16-02B

02/19/2016

WHEN USING FEDEX, UPS, OR ANY EXPRESS PACKAGING/SHIPPING, THE BID NUMBER MUST BE CLEARLY PRINTED ON THE AIR BILL.

REQUEST FOR FORMAL BID

CONTACT **Jeffrey L. Robinson** PHONE 256-372-5227

VENDOR NO.

V
E
N
D
O
R

Spirit Coach Attn: Clip Coates
9290 Madison Blvd
Madison, AL. 36125

ALL BIDS MUST BE SIGNED, SEALED, AND RETURNED IN AN ENVELOPE WITH THE BID NUMBER AND OPENING DATE NOTED ON FRONT. FORWARD ALL BIDS TO THE ADDRESS INDICATED ABOVE. FAILURE TO COMPLY WILL RESULT IN A "NO BID" RESPONSE IN ACCORDANCE WITH ALABAMA COMPETITIVE BID LAW 41-16-24 sub-part b.

**THE ABOVE BID NUMBER MUST APPEAR ON ALL
BIDS AND RELATED CORRESPONDENCE**

NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION

TOTAL

93,273⁰⁰

SIGNATURE

W. C. C.

COMPANY REPRESENTATIVE

DATE _____

2/19/16

An affirmative action/equal opportunity institution

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

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

F.O.B. Point	TERMS NET 30	WARRANTY
AAMU DESTINATION ESTIMATED DELIVERY	YOUR REFERENCE NO.*	QUOTATION EFFECTIVE UNTIL MAR 1, 2016


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

Certification Pursuant To Act No. 2006-557

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

SPIRIT COACH LLC
COMPANY NAME (TYPE OR PRINT)

ROBERT F. GATES JR
SIGNER'S NAME (TYPE OR PRINT)


SIGNATURE

256 772 7751
TELEPHONE NUMBER

256 772 7791
FAX NUMBER

2/19/16
DATE

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

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

Alabama Agricultural and Mechanical University will not accept faxed bids.

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

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

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

SPECIAL NOTE:

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

Bid Number: 2k16-02B

Page 1 of 2

Item #	Quantity	Unit	Description	Unit Price	Total Price
1			NEW ORLEANS		3,867 ✓
2			BATON ROUGE		4,344 ✓
3			KENNESAW		3,075 ✓
4			AUBURN		2,231 ✓
5			JOHNSON CITY		N/B ✓
6			NASHVILLE		N/B ✓
7			COLUMBIA		4,860 ✓
8			NASHVILLE		1,087 ✓
9			ITTA BENA		4,100 ✓
10			MONTGOMERY		4,100 ✓

Grand Total:

FOB Point:	Terms: NET 30	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: 3/1/16

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed SPIRIT Coach LLC 2/19/16
Vendor Name Date

By [Signature]

Bid Number: 2k16-02B

Page 1 of 2

Item #	Quantity	Unit	Description	Unit Price	Total Price
11			TUSCALOOSA		N/B ✓
12			TROY		2,179 ✓
13			PINE BLUFF		3,288 ✓
14			JACKSON		4,100 ✓
15			JACKSONVILLE		4,895 ✓
16			BIRMINGHAM		1,050 ✓
17			TUSKEGEE		2,128 ✓
18			WORMAN		3,180 ✓
19			PINE BLUFF		3,288 ✓
20			BOWLING GREEN		2,050 ✓

Grand Total:

FOB Point:	Terms: NET 30	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: 2/19/16

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed SPIRIT COACH LLC 2/19/16
Vendor Name Date

By [Signature]

Bid Number: 2k16-02B

Page 1 of 2

Item #	Quantity	Unit	Description	Unit Price	Total Price
21			COOKEVILLE / RICHMOND		N/B ✓
22			NEW ORLEANS		4,100 ✓
23			MOBILE		N/B ✓
24			JACKSONVILLE		N/B ✓
25			PULASKI		1,050 ✓
26			BIRMINGHAM		1,050 ✓
27			JACKSON		3,075 ✓
28			LOZMAN		4,100 ✓
29			AUBURN		2,231 ✓
30			BIRMINGHAM		1,050 ✓

Grand Total:

FOB Point:	Terms: NET 30	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: 3/1/16

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed SPRINT CASH LLC 2/19/16

Vendor Name

Date

By Gabe Canty

Bid Number: 2k16-02B

Page 1 of 2

Item #	Quantity	Unit	Description	Unit Price	Total Price
31			MURRAY		2,026 ✓
32			STARKVILLE		2,050 ✓
33			ATLANTA		2,050 ✓
34			MONTGOMERY		3,075 ✓
35			IRONDALE		5,125 ✓
36			MARTIN		2,319 ✓
37			NEW ORLEANS		6,150 ✓

Grand Total: 93,273

FOB Point:	Terms: <u>NET 30</u>	Warranty:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: <u>3/1/16</u>

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated. Pricing on this page reflects the pricing for the associated specifications.

Signed SPIRIT COACH LLC 3/19/16
Vendor Name Date

By GOLF CARTER



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

Bid Number: 2k16-02B

Bus Passenger Capacity:

56

Bus Passenger Quoted:

56

Model:

2009-2016

Year

PROBEST H3-45

Brand Name

FOB Point:	TERMS: <u>NET 30</u>	WARRANTY:
Estimated Delivery:	Your Reference No.:	Quotation Effective Until: <u>MAR. 1, 2016</u>

If we receive your order to furnish items listed hereon at the prices and under the conditions indicated.

Signed:

SPRIT COACH LLC

VENDOR NAME

2/19/16

DATE

By:

GEOFF CARTER

Company ID Number: 420368

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Spirit Coach, LLC.	
Jamie Wilson	
Name (Please Type or Print)	Title
<i>Electronically Signed</i>	06/07/2011
Signature	Date

Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
<i>Electronically Signed</i>	06/07/2011
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Spirit Coach, LLC.
Company Facility Address:	9290 Madison Blvd
	Madison, AL 35806
Company Alternate Address:	
County or Parish:	MADISON
Employer Identification Number:	631236937

Company ID Number: 420368

North American Industry Classification Systems Code:	485
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
<p>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</p> <ul style="list-style-type: none">• ALABAMA 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Jamie Wilson	Fax Number:	(256) 772 - 7791
Telephone Number:	(256) 772 - 7751		
E-mail Address:	jamie@spirit-coach.com		

Federal Motor Carrier Safety Form

As a requirement of the University, provide all the following information:

1. USDOT number: 823559

2. Current USDOT safety rating: SATISFACTORY

ATTACH TO THIS FORM

3. Date the company's last compliance review: 8/20/12

ATTACH TO THIS FORM

4. Company must be authorized to transport passengers for hire. YES

5. Company must have current insurance in force. YES

6. Company must have record of regulatory violations and roadside out-of-service violations, with a comparison to national averages INCLUDED

ATTACH TO THIS FORM

7. Company must provide highway crash history INCLUDED

ATTACH TO THIS FORM

8. Driver must have a current commercial driver's license (CDL) with a passenger endorsement

YES

COMPANIES MUST PROVIDE A COPY OF THIS DOCUMENT AT THE TIME OF PICK UP

9. Driver must have a valid medical certificate YES

COMPANIES MUST PROVIDE A COPY OF THIS DOCUMENT AT EACH TIME OF PICK UP

10. Company must have a driver drug and alcohol testing program that complies with U.S. dot regulations. YES

11. If your trips are not completed within the legal limit of 10 driving hours, company must agree that there will be a second driver or overnight rest stop scheduled to legally complete the trip YES

12. Company must have its buses inspected annually. Provide documentation of by whom required DOT

COMPANIES MUST PROVIDE A COPY OF THIS DOCUMENT AT THE TIME OF PICK UP

13. Company must have the required \$5 million of public liability insurance: YES

14. Does the company subcontract with others for equipment and/or drivers? If so, what is the name of the second bus company and its USDOT number? University must approve any subcontractor with others for equipment or drivers. Subcontractor must meet all regulations stated in this bid.

OK

ATTACH TO THIS FORM

15. Company must provide notification procedures for roadside emergencies and breakdowns
MEMBER AMA, ABA, UMA, PREVOST PASS, + TNMA

16. All drivers must be equipped with wireless communication devices YES

PRESENT AT THE TIME OF PICK UP

☒ USDOT Number ☐ MC/MX Number ☐ Name

Enter Value:

Company Snapshot

SPIRIT COACH LLC

USDOT Number: 823559

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

▼ [SMS Results](#)

▼ [Licensing & Insurance](#)

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance then what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 05/30/2015.

Entity Type:	Carrier																																
Operating Status:	AUTHORIZED FOR Passenger	Out of Service Date:	None																														
Legal Name:	SPIRIT COACH LLC																																
DBA Name:																																	
Physical Address:	9290 MADISON BLVD MADISON, AL 35758																																
Phone:	(256) 772-7751																																
Mailing Address:	9290 MADISON BLVD MADISON, AL 35758																																
USDOT Number:	823559	State Carrier ID Number:																															
MC/MX/FF Number(s):	MC-365947	DUNS Number:	15-501-3977																														
Power Units:	12	Drivers:	34																														
MCS-150 Form Date:	01/19/2015	MCS-150 Mileage (Year):	600,000 (2014)																														
Operation Classification:																																	
<table border="0"> <tr> <td>x Auth. For Hire</td> <td>Priv. Pass.(Non-business)</td> <td>State Gov't</td> </tr> <tr> <td>Exempt For Hire</td> <td>Migrant</td> <td>Local Gov't</td> </tr> <tr> <td>Private(Property)</td> <td>U.S. Mail</td> <td>Indian Nation</td> </tr> <tr> <td>Priv. Pass. (Business)</td> <td>Fed. Gov't</td> <td></td> </tr> </table>				x Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	Exempt For Hire	Migrant	Local Gov't	Private(Property)	U.S. Mail	Indian Nation	Priv. Pass. (Business)	Fed. Gov't																			
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Cargo Carried:																																	
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ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 05/30/2015

Total Inspections: 37

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:				
Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	36	16	0	0
Out of Service	1	0	0	0
Out of Service %	2.8%	0%	%	0%
Nat'l Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

Crashes reported to FMCSA by states for 24 months prior to: 05/30/2015

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

Canadian Inspection results for 24 months prior to: 05/30/2015

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:		
Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 05/30/2015

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 05/30/2015

Review Information:

Rating Date:	08/20/2012	Review Date:	08/15/2012
Rating:	Satisfactory	Type:	Compliance Review

[SAFER Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#)

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

Spirit Coach, LLC

ADDRESS

9290 Madison Blvd

CITY, STATE, ZIP

Madison, AL 35758

TELEPHONE NUMBER

(256) 772-7751

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

Alabama A & M University

ADDRESS

P. O. Box 1627

CITY, STATE, ZIP

Normal, AL 35762

TELEPHONE NUMBER

(256) 372-5227

This form is provided with:



Contract



Proposal



Request for Proposal



Invitation to Bid



Grant Proposal

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



Yes



No

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

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
University of Alabama Huntsville	Transportation	\$50,000
Jacksonville State University	Transportation	\$25,000
Alabama A & M University	Transportation	\$25,000

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



Yes



No

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

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
-------------------------	--------------------	-----------------

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

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
N/A		

OVER

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

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
-----------------------	---------	---	--

N/A

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

N/A

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

N/A

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

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

None

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



Signature

4/16/15

Date



Notary's Signature

4/16/15

Date

MY COMMISSION EXPIRES OCTOBER 04, 2015

Date Notary Expires

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

2016 Athletic Team Travel

Opponent	Sport	Location	Party #	Days	Departure	Return	Price
Tulane	Baseball	New Orleans, LA	35	2	2/22/16	2/23/16	
SWAC Round-up	M & W Tennis	Baton Rouge, LA	15	3	2/25/16	2/27/16	
Kennesaw State	Softball	Kennesaw, GA	25	3	2/26/16	2/28/16	
Auburn	Baseball	Auburn, AL	35	2	3/1/16	3/2/16	
East Tennessee State	Softball	Johnson City, TN	25	4	3/3/16	3/6/16	
Lipscomb	Baseball	Nashville, TN	35	3	3/4/16	3/6/16	
Missouri	Baseball	Columbia, MO	35	3	3/7/16	3/9/16	
Belmont	Softball	Nashville, TN	25	1	3/10/16	3/10/16	
Mississippi Valley State	Baseball	Itta Bena, MS	35	4	3/10/16	3/13/16	
SWAC Round-up	M & W Tennis	Montgomery, AL	15	4	3/17/16	3/20/16	
Alabama	M & W Track	Tuscaloosa, AL	34	2	3/18/16	3/19/16	
Troy	Baseball	Troy, AL	35	1	3/22/16	3/22/16	
UAPB	Softball	Pine Bluff, AR	25	3	3/24/16	3/26/16	
Jackson State	Baseball	Jackson, MS	35	4	3/24/16	3/27/16	
Univ. North Florida	M & W Track	Jacksonville, FL	34	3	3/24/16	3/26/16	
UAB	Baseball	Birmingham, AL	35	1	3/29/16	3/29/16	
Tuskegee	Softball	Tuskegee, AL	25	1	3/29/16	3/29/16	
Alcorn	Softball	Lorman, MS	25	3	4/7/16	4/9/16	
UAPB	Baseball	Pine Bluff, AR	35	3	4/8/16	4/10/16	
Bowling Green	M & W Track	Bowling Green, KY	34	2	4/8/16	4/9/16	
Tennessee Tech Eastern Kentucky	Baseball	Cookeville, TN Richmond, KY	35	3	4/12/16	4/14/16	