May 31, 2016

To: Vendors

From: Alabama A&M University Department of Athletics
Re: Transportation Planning & Event Services

During the 2016-2017 fiscal year we are reaching out to LOCAL IN-STATE transportation planning and event service companies to obtain the best fit for the needs and objectives of our Division I athletic football program.

At this time we are requesting your company to only submit a bid to provide scheduling, planning, and transportation services for our Alabama A&M football team. Please note, that in order to be considered, the vendor must bid on each trip on the “2016 Football Team Travel Schedule”.

Please return a signed copy of our Bus Bid Requirements along with your actual bid submission by (June 7th, 2016)

Sincerely,

Jordan Brewer

Jordan Brewer
Ticket & Business Operations Assistant
jordan.brewer@aamu.edu
256-372-7103

Enclosures

- Bus Bid Requirements
- 2016 Football Team Travel Schedule
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 __________________________________

(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.
TYPE OF BID:

X__ This is a one time bid,

_____ This is a standing bid for _______ months.

QUANTITY:

X__ The quantity specified is exact.

_____ The quantity specified is estimated.

Note: Is the quantity defined adequately? If you are specifying a box or carton, how many are included per box or carton?

TECHNICAL SPECIFICATIONS:

_____ The manufacturer of the product(s) is named.

_____ The product model or part number(s) is specified.

X__ The size is defined.

_____ The color/finish is specified.

_____ I have attached a written quote provided by a vendor.

_____ I have talked with a vendor concerning this request and my contact person’s name is _______________________________ and the vendor's name is _______________________________

GENERAL INFORMATION:

_____ Installation is required by the successful bidder.

_____ There is a delivery date of __________________________
X There are particular features or accessory items needed which I have specified,

Please require samples to be provided with the bid response.

Samples and/or a demonstration may be required for evaluation purposes.

X There are special services which must be provide by the successful bidder and I have listed them.

Products of this type have previously been tested and I have provided a list of the one which is acceptable.

I have listed compatibility requirements that are necessary the successful performance of this product provided a statement explaining why this is necessary.

Funds Available yes or

Yes No

If funds are available, list FOAP to be charged:

100001 13008 73902 300
FUND ORGANIZATION ACCOUNT PROGRAM
I HEREBY AFFIRM I HAVE NOT BEEN IN ANY AGREEMENT OR COLLUSION AMONG BIDDERS OR PROSPECTIVE BIDDERS IN RESTRAINT OF FREEDOM OF COMPETITION BY AGREEMENT TO BID AT A FIXED PRICE OR TO REFRAIN FROM BIDDING OR OTHERWISE.

[Signature]

AUTHORIZED SIGNATURE (Ink Only)

**Dr. Renae Myles**

TYPED AUTHORIZED NAME

Associate Athletic Director/SWA

TITLE OF AUTHORIZED PERSON

**Athletics**

NAME OF DEPARTMENT

ALL SPECIFICATIONS MUST BE SUBMITTED ONLINE IN A WORD DOCUMENT
Name and address of Suggested Vendor(s)

1) Spirit Coach- Attn: Clip Coates, 9290 Madison Blvd Madison, AL 35758

2) Kline Tours- Attn: Wes Morrison, P.O. Box 321577 Birmingham, AL 35232
<table>
<thead>
<tr>
<th>Opponent</th>
<th>Sport</th>
<th>Location</th>
<th>Party #</th>
<th>Days</th>
<th>Departure</th>
<th>Return</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Tennessee State</td>
<td>Football</td>
<td>Murfreesboro, TN</td>
<td>125</td>
<td>2</td>
<td>09/02/2016</td>
<td>09/08/2016</td>
<td></td>
</tr>
<tr>
<td>Mississippi Valley State</td>
<td>Football</td>
<td>Itta Bena, MS</td>
<td>125</td>
<td>2</td>
<td>09/06/2016</td>
<td>09/07/2016</td>
<td></td>
</tr>
<tr>
<td>Texas Southern University</td>
<td>Football</td>
<td>Houston, TX</td>
<td>125</td>
<td>2</td>
<td>09/30/2016</td>
<td>10/01/2016</td>
<td></td>
</tr>
<tr>
<td>University of Arkansas-Pine Bluff</td>
<td>Football</td>
<td>Pine Bluff, AR</td>
<td>125</td>
<td>2</td>
<td>10/14/2016</td>
<td>10/15/2016</td>
<td></td>
</tr>
<tr>
<td>Alabama State University</td>
<td>Football</td>
<td>Birmingham, AL</td>
<td>125</td>
<td>2</td>
<td>10/28/2016</td>
<td>10/29/2016</td>
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</tr>
<tr>
<td>Jackson State University</td>
<td>Football</td>
<td>Jackson, MS</td>
<td>125</td>
<td>2</td>
<td>11/11/2016</td>
<td>11/12/2016</td>
<td></td>
</tr>
<tr>
<td>Auburn University</td>
<td>Football</td>
<td>Auburn, AL</td>
<td>125</td>
<td>2</td>
<td>11/18/2016</td>
<td>11/19/2016</td>
<td></td>
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</table>
REQUEST FOR FORMAL BID

CONTACT Jeffrey Robinson
PHONE 256-372-5227

VENDOR NO.

SPRIT COACH
9290 MADISON BLVD
MADISON, AL. 35758

DATE       BID NUMBER
June 8, 2016  2k16-07B

RESPONSE DUE BY
6/21/16 /
2:00 P.M.

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

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" RE-
SPONSE 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

<table>
<thead>
<tr>
<th>NO.</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENSION</th>
</tr>
</thead>
</table>

TOTAL 79.250.00

SHOULD A PURCHASE ORDER BE ISSUED, THE FOREGOING AND THE TERMS
AND CONDITIONS ON THE ATTACHED SHEET SHALL BE APPLICABLE AND BIND-
ING 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.

SIGNATURE
COMPANY REPRESENTATIVE

DATE 6/20/16

An affirmative action/equal opportunity institution
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).

<table>
<thead>
<tr>
<th>F.O.B. Point</th>
<th>TERMS</th>
<th>WARRANTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMU DESTINATION</td>
<td>NET 30</td>
<td>QUOTATION EFFECTIVE UNTIL</td>
</tr>
<tr>
<td>ESTIMATED DELIVERY</td>
<td>YOUR REFERENCE NO.*</td>
<td>JULY 22, 2016</td>
</tr>
</tbody>
</table>

*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.

**COMPANY NAME (TYPE OR PRINT)**

**TELEPHONE NUMBER**

**SIGNER’S NAME (TYPE OR PRINT)**

**FAX NUMBER**

**SIGNATURE**

**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.
<table>
<thead>
<tr>
<th>Item #</th>
<th>Quantity</th>
<th>Unit</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>$60</td>
<td></td>
<td>2,500</td>
<td>7,500</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>$60</td>
<td></td>
<td>2,160</td>
<td>6,480</td>
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<tr>
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<td>3</td>
<td>$60</td>
<td></td>
<td>2,700</td>
<td>8,100</td>
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<td>4</td>
<td>3</td>
<td>$60</td>
<td></td>
<td>4,000</td>
<td>12,000</td>
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<td>3</td>
<td>$60</td>
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<td>2,500</td>
<td>7,500</td>
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<tr>
<td>6</td>
<td>3</td>
<td>$60</td>
<td></td>
<td>3,500</td>
<td>10,500</td>
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<tr>
<td>7</td>
<td>3</td>
<td>$60</td>
<td></td>
<td>3,000</td>
<td>9,000</td>
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</table>

Grand Total: $79,250

FOB Point: 
Terms: NET 30

Estimated Delivery: Your Reference No.: Quotation Effective Until: 7/20/16

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: [Name]
Vendor Name: [Name]
Date: 6/20/16

By: [Signature]
Bid Number: 2K16-07B

Bus Passenger Capacity: 56

Bus Passenger Quoted: 56

Model: 2009-2016 Year  Prevost H3-45 Brand Name

<table>
<thead>
<tr>
<th>FOB Point</th>
<th>TERMS</th>
<th>WARRANTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NET 30</td>
<td></td>
</tr>
</tbody>
</table>

Estimated Delivery: Your Reference No.: Quotation Effective Until: 7/20/16

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

Signed: SPIRIT COACH LLC 6/20/16

VENDOR NAME DATE

By: A.J. Castelli
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.

<table>
<thead>
<tr>
<th>Name (Please Type or Print)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamie Wilson</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electronically Signed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
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</tr>
<tr>
<td>06/07/2011</td>
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</tr>
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</table>

Department of Homeland Security – Verification Division

<table>
<thead>
<tr>
<th>Name (Please Type or Print)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Electronically Signed</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>06/07/2011</td>
<td></td>
</tr>
</tbody>
</table>

Information Required for the E-Verify Program

Information relating to your Company:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Spirit Coach, LLC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Facility Address</td>
<td>3290 Madison Blvd</td>
</tr>
<tr>
<td></td>
<td>Madison, AL 35806</td>
</tr>
</tbody>
</table>

| Company Alternate Address: |
|                           |

<table>
<thead>
<tr>
<th>County or Parish:</th>
<th>MADISON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification Number:</td>
<td>631238937</td>
</tr>
</tbody>
</table>

www.dhs.gov/E-Verify
Company ID Number: 420368

<table>
<thead>
<tr>
<th>North American Industry Classification Systems Code:</th>
<th>485</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator:</td>
<td></td>
</tr>
<tr>
<td>Number of Employees:</td>
<td>20 to 99</td>
</tr>
<tr>
<td>Number of Sites Verified for:</td>
<td>1</td>
</tr>
</tbody>
</table>

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- ALABAMA 1 site(s)

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Jamie Wilson</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>(256) 772 - 7751</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:jamie@spirit-coach.com">jamie@spirit-coach.com</a></td>
<td></td>
</tr>
</tbody>
</table>
Federal Motor Carrier Safety Form

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

1. USDOT number: 823569

2. Current USDOT safety rating: Satisfactory

ATTACH TO THIS FORM

3. Date the company's last compliance review: 2/29/16

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 [DEPARTMENT OF DEFENSE]

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. [NO]

ATTACH TO THIS FORM

15. Company must provide notification procedures for roadside emergencies and breakdowns [MEMBER ABA, UMA, AMA, TMA, PROBUS, PASS, & AAA]

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

PRESENT AT THE TIME OF PICK UP
Company Snapshot

SPIRIT COACH LLC
USDOT Number: 823556

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 DataDispute system.

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 than 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 06/19/2016.

<table>
<thead>
<tr>
<th>Entity Type</th>
<th>Carrier</th>
<th>Operating Status: AUTHORIZED FOR Passenger</th>
<th>Out of Service Date: None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Name</td>
<td>SPIRIT COACH LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>2900 MADISON BLVD MADISON, AL 35750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>(256) 712-7751</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status Date</td>
<td>06/19/2016</td>
<td></td>
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</tr>
<tr>
<td>USDOT Number</td>
<td>823556</td>
<td></td>
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<tr>
<td>MCM/UF Number</td>
<td>13-3762444</td>
<td></td>
<td>PAX Number: 15-MHQ-3877</td>
</tr>
<tr>
<td>Power Units</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate Units</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NTE-150 Page Date</td>
<td>06/19/2016</td>
<td>NTE-150 Rate Units: 500,000 (2014)</td>
<td></td>
</tr>
</tbody>
</table>

Operation Disqualification:

- Auth. For Hire: Priv. Pass (Non-business), State Govt;
- Exempt For Hire: Migrant, Local Govt;
- Private (Property): U.S. Mail, Indian Nation;

Carrier Operations:

- Interstate: IntraState Only (HM), IntraState Only (Non-HM);
- State Only: Combination Only (Non-HM), Combination Only (HM);
- Local Only: Combination Only (Non-HM), Combination Only (HM);
- Intrastate Only: Liquids/Gases, Chemicals;
- Intrastate Only (Non-HM): Passengers, Refrigerated Food;
- Intrastate Only (Non-HM): Oilfield Equipment, Beverages;
- Intrastate Only (Non-HM): Livestock, Paper Products;
- Intrastate Only (Non-HM): Coal/Coke, Utilities;
- Intrastate Only (Non-HM): Meat, Agricultural/Farm Supplies;
- Intrastate Only (Non-HM): Garbage/Refuse, Construction;
- Intrastate Only (Non-HM): US Mail, Water Well.

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

US Inspection results for 24 months prior to: 06/19/2016

- Total Inspections: 28
- 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:

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th>Vehicle</th>
<th>Driver</th>
<th>Hazmat</th>
<th>IEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
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<td>14</td>
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<tr>
<td>Out of Service</td>
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<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Out of Service %</td>
<td>3.8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5 Yr Average %</td>
<td>20.72%</td>
<td>5.51%</td>
<td>4.50%</td>
<td>N/A</td>
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</tbody>
</table>

Crashes reported to FMCSA by states for 24 months prior to: 06/19/2016

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

Crashes:

<table>
<thead>
<tr>
<th>Type</th>
<th>Fatal</th>
<th>Injury</th>
<th>Tow</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Crashes</td>
<td>0</td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Canadian Inspection results for 24 months prior to: 06/19/2016

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

Inspections:

<table>
<thead>
<tr>
<th>Inspection Type</th>
<th>Vehicle</th>
<th>Driver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Out of Service</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Out of Service %</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Crashes results for 24 months prior to: 06/19/2016

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Fatal</th>
<th>Injury</th>
<th>Tow</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Crashes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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 interstate commerce.

Carrier Safety Rating:

The rating below is current as of: 06/19/2016

Review Information:

Rating Date: 06/21/2016
Rating: Statutory
Review Date: 06/19/2016
Type: Compliance Review

<table>
<thead>
<tr>
<th>Opponent</th>
<th>Sport</th>
<th>Location</th>
<th>Party #</th>
<th>Days</th>
<th>Departure</th>
<th>Return</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Tennessee State</td>
<td>Football</td>
<td>Murfreesboro, TN</td>
<td>125</td>
<td>2</td>
<td>09/02/2016</td>
<td>09/03/2016</td>
<td>7,500</td>
</tr>
<tr>
<td>Mississippi Valley State</td>
<td>Football</td>
<td>Itta Bena, MS</td>
<td>125</td>
<td>2</td>
<td>09/06/2016</td>
<td>09/07/2016</td>
<td>6,650</td>
</tr>
<tr>
<td>Texas Southern University</td>
<td>Football</td>
<td>Houston, TX</td>
<td>125</td>
<td>2</td>
<td>09/30/2016</td>
<td>10/01/2016</td>
<td>26,100</td>
</tr>
<tr>
<td>University of Arkansas-Pine Bluff</td>
<td>Football</td>
<td>Pine Bluff, AR</td>
<td>125</td>
<td>2</td>
<td>10/14/2016</td>
<td>10/15/2016</td>
<td>12,000</td>
</tr>
<tr>
<td>Alabama State University</td>
<td>Football</td>
<td>Birmingham, AL</td>
<td>125</td>
<td>2</td>
<td>10/28/2016</td>
<td>10/29/2016</td>
<td>7,500</td>
</tr>
<tr>
<td>Jackson State University</td>
<td>Football</td>
<td>Jackson, MS</td>
<td>125</td>
<td>2</td>
<td>11/11/2016</td>
<td>11/12/2016</td>
<td>10,500</td>
</tr>
<tr>
<td>Auburn University</td>
<td>Football</td>
<td>Auburn, AL</td>
<td>125</td>
<td>2</td>
<td>11/18/2016</td>
<td>11/19/2016</td>
<td>9,000</td>
</tr>
</tbody>
</table>
State of Alabama
Disclosure Statement
(Required by Act 2001-935)

ENTITY COMPLETING FORM

SPIRIT COACH LLC

ADDRESS
9290 MADISON BLVD.

CITY, STATE, ZIP
MADISON, AL 35758

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

TELEPHONE NUMBER
(256) 772 7751

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
ALABAMA A&M UNIVERSITY

TYPE OF GOODS SERVICES
BUS SERVICE

AMOUNT RECEIVED
$150,000

UA - HUNTSVILLE

$50,000

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
N/A

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

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.)

<table>
<thead>
<tr>
<th>FAMILY MEMBER</th>
<th>ADDRESS</th>
<th>PUBLIC OFFICIAL</th>
<th>AGENCY WHERE EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you identified individuals in items one and/or two above, describes 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:

<table>
<thead>
<tr>
<th>NAME OF PAID CONSULTANT/ LOBBYIST</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

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: [Signature] Date: [6/21/16]

Notary's Signature: [Notary's Signature] Date: [11/9/16] Date Notary Expires: [November 5, 2016]

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.
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.
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

Electronically Signed   06/07/2011
Signature   Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)   Title

Electronically Signed   06/07/2011
Signature   Date

Information Required for the E-Verify Program

Information relating to your Company:

<table>
<thead>
<tr>
<th>Company Name:</th>
<th>Spirit Coach, LLC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Facility Address:</td>
<td>9290 Madison Blvd</td>
</tr>
<tr>
<td></td>
<td>Madison, AL 35806</td>
</tr>
<tr>
<td>Company Alternate Address:</td>
<td></td>
</tr>
<tr>
<td>County or Parish:</td>
<td>MADISON</td>
</tr>
<tr>
<td>Employer Identification Number:</td>
<td>631236937</td>
</tr>
</tbody>
</table>
Company ID Number: 420368

<table>
<thead>
<tr>
<th>North American Industry Classification Systems Code:</th>
<th>485</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator:</td>
<td></td>
</tr>
<tr>
<td>Number of Employees:</td>
<td>20 to 99</td>
</tr>
<tr>
<td>Number of Sites Verified for:</td>
<td>1</td>
</tr>
</tbody>
</table>

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- ALABAMA 1 site(s)

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Jamie Wilson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number:</td>
<td>(256) 772 - 7751</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:jamie@spirit-coach.com">jamie@spirit-coach.com</a></td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(256) 772 - 7791</td>
</tr>
</tbody>
</table>
THE E-VERIFY
MEMORANDUM OF UNDERSTANDING
FOR EMPLOYERS

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

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


ARTICLE II
RESPONSIBILITIES

A. RESPONSIBILITIES OF THE EMPLOYER

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

   a. Notice of E-Verify Participation

   b. Notice of Right to Work

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

3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.
4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

   a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

   a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

   b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

Note: Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.

   a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between $550 and $1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly
employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civil or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee’s perceived employment eligibility status.
Company ID Number:

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee’s employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer’s responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at E-Verify@dhs.gov. Please use “Privacy Incident – Password” in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon
reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer’s use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see M-795 (Web)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer’s services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

B. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any “employee assigned to the contract” (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

   a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee’s assignment to the contract, whichever date is later.
b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,

ii. The employee’s work authorization has not expired, and

iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee’s Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).

f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

i. The Employer cannot determine that Form I-9 complies with Article II.A.6,

ii. The employee’s basis for work authorization as attested in Section 1 has expired or changed, or

iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with
Company ID Number:

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer’s compliance with Federal contracting requirements.

C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA’s database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA’s database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

   a. Automated verification checks on alien employees by electronic means, and
E-Verify

Company ID Number:

b. Photo verification checks (when available) on employees.

2. DHS agrees to assist the Employer with operational problems associated with the Employer’s participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.

4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.

5. DHS agrees to provide to the Employer a notice, which indicates the Employer’s participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

6. DHS agrees to issue each of the Employer’s E-Verify users a unique user identification number and password that permits them to log in to E-Verify.

7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.

8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees’ employment eligibility within three Federal Government work days of the initial inquiry.

9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee’s E-Verify
case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.

4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the
employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee’s Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

   a. Scanning and uploading the document, or
   b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee’s documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

ARTICLE IV
SERVICE PROVISIONS

A. NO SERVICE FEES

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

ARTICLE V
MODIFICATION AND TERMINATION

A. MODIFICATION

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.
Company ID Number:

B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.

2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer’s participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer’s business.

3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

ARTICLE VI
PARTIES

A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.

D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,
Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or, (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.
Company ID Number:

Approved by:

<table>
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<tr>
<td>Fred Carpenter</td>
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**Department of Homeland Security – Verification Division**

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**Information Required for the E-Verify Program**

Information relating to your Company:

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<td>9290 Madison Blvd</td>
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<td></td>
<td>Madison, Al 35758</td>
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<tr>
<td>Company Alternate Address</td>
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<td>County or Parish</td>
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**PURCHASE ORDER**

ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY  
PURCHASING DEPARTMENT  
NORMAL, ALABAMA 35762  
TELEPHONE: (256) 372-5227 FAX (256) 372-5223

---

**VENDOR NUMBER**  A00124763

Spirit Coach  
9290 Madison Blvd.  
Madison AL 35758

---

**SHIP TO:**  
AAMU Central Receiving  
453 Buchanan Way  
Normal; Alabama 35762  
**ATTN:**  Coach Spady

**PURCHASING CONTACT**  
Jeffrey Robinson  
**TELEPHONE**  
**ESTIMATED DELIVERY**  
10/26/16

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**TOTAL:** 39,000.00

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**AAMU AUTHORIZED PURCHASING OFFICIAL SIGNATURE**

**VENDOR COPY**
**Spirit Coach, LLC**  
9290 Madison Blvd.  
Madison, AL 35758  
256-772-7751  
(Fax: 256-772-7791)  
877-248-4748

Alabama A & M Football  
Bertha Bowers  
A/P Room 105 Patton Hall  
Normal, AL 35762

<table>
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<td>10/14/16</td>
<td>3</td>
<td>56 Pax Luxury Coach</td>
<td>168</td>
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**Charter # 16702**  
Date Printed: Wednesday, August 17, 2016  
PO #:  
Group Name: Football - Pine Bluff  
Phone: 256-372-5360  
Fax: 256-372-5373  
Salesperson: Bryan

**Total Cost:** $12,000.00  
Deposit of $1,200.00 is due: July 1, 2016  
Balance of $10,800.00 is due: October 4, 2016

**Itinerary:**

---

Please initial here that you have read and understand the General Terms of Contract on the last page of this contract.

Initial ____________________________  Date ____________________________
Spirit Coach, LLC
9290 Madison Blvd.
Madison, AL 35758
256-772-7751
(Fax: 256-772-7791) 877-248-4748

Alabama A & M Football
Bertha Bowers
A/P Room 105 Patton Hall
Normal, AL 35762

Charter # 16702
Date Printed: Wednesday, August 17, 2016
PO #: 
Group Name: Football - Pine Bluff
Phone: 256-372-5360 Fac: 256-372-5373
Salesperson: Bryan

General Terms of Contract

- A deposit as noted above is required to reserve motorcoach equipment. Please sign a copy of this agreement and return along with required deposit on or before the noted due date. YOUR CHARTER IS SUBJECT TO CANCELLATION IF REQUIRED DEPOSIT IS NOT RECEIVED ON OR BEFORE THE DUE DATE. Full Payment for your charter must be received in our office at least five (5) business days before your departure, unless other arrangements are made in advance with our office.

- Your cost is based on the services detailed above, and is subject to change in accordance with your actual itinerary. Please forward to us a preliminary itinerary for your trip along with your deposit, and your final, detailed itinerary at least one week in advance of your departure.

- Charters cancelled within 30 days of scheduled departure will result in forfeiture of deposit. Chartering party is responsible for full payment of any charter cancelled within 15 days of scheduled departure date.

- On overnight trips, or when lodging is otherwise required, the chartering party is responsible for Motorcoach Operator accommodations. On a multiple bus charter, one room is required for each Motorcoach Operator.

- Chartering party is responsible for all tolls, permit fees, and parking fees.

- Chartering party is responsible for all damage to motorcoach caused by passenger misuse or abuse. An interior cleaning fee of $100.00 will be charged to groups who return motorcoach equipment in an excessively dirty or trashed condition.

- By Federal regulation and to protect your safety, Motorcoach Operators are permitted during any 24-hour period, a maximum of 10 hours of actual driving time and a total of 15 hours of on-duty time. Motorcoach Operators must have a minimum of 8 consecutive hours of off-duty time during every 24-hour period. ADDITIONAL DRIVING TIME AND/OR HOURS OF ON-DUTY SERVICE WILL REQUIRE A RELIEF DRIVER AND RESULT IN ADDITIONAL CHARGES UNLESS THESE CHARGES ARE ALREADY DETAILED ON THIS AGREEMENT.

- Spirit Coach reserves the right to lease equipment from other companies to fulfill this agreement.

- Spirit Coach shall not be responsible for loss of time or revenue due to mechanical failure or inclement weather.

- SMOKING IS PROHIBITED AT ALL TIMES ON THE MOTORCOACHES.

- Spirit Coach shall not be liable for items left on the motorcoach or for the return or expense related to the return or replacement of items left on the motorcoach.

- Spirit Coach cannot guarantee the assignment of requested drivers or coaches.

- Failure of motorcoach amenity equipment, such as VCR, DVD player, sound system, or public address system shall not be cause for refund.

PLEASE SIGN THIS AGREEMENT, ENCLOSE PAYMENT AS NOTED ABOVE, AND RETURN TO US AT THE ABOVE ADDRESS. PLEASE KEEP A COPY OF THE SIGNED AGREEMENT FOR YOUR RECORDS. A SIGNED AGREEMENT AND DEPOSIT WILL CONFIRM YOUR RESERVATION AND ACKNOWLEDGE YOUR ACCEPTANCE OF THIS AGREEMENT.

Signature ___________________________ Date ___________________________
**Spirit Coach, LLC**

9290 Madison Blvd.
Madison, AL 35758

256-772-7751 877-248-4748

(Fax: 256-772-7791)

Alabama A & M Football  
Bertha Bowers  
A/P Room 105 Patton Hall  
Normal, AL 35762

---

**Charter # 16703**

Date Printed: Wednesday, August 17, 2016

PO #:  
Group Name: Football - Birmingham  
Phone: 256-372-5360 Fax: 256-372-5373  
Salesperson: Bryan

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**Total Cost:** $7,500.00  
**Deposit of** $750.00 is due: **July 1, 2016**  
**Balance of** $6,750.00 is due: **October 18, 2016**

---

**Itinerary:**

---

Please initial here that you have read and understand the General Terms of Contract on the last page of this contract.

Initial ___________________________ Date ______________
Alabama A & M Football  
Bertha Bowers  
A/P Room 105 Patton Hall  
Normal, AL 35762

Charter # 16703  
Date Printed: Wednesday, August 17, 2016  
PO #:  
Group Name: Football - Birmingham  
Phone: 256-372-5360  
Fax: 256-372-5373  
Salesperson: Bryan

General Terms of Contract

- A deposit as noted above is required to reserve motorcoach equipment. Please sign a copy of this agreement and return along with required deposit on or before the noted due date. **YOUR CHARTER IS SUBJECT TO CANCELLATION IF REQUIRED DEPOSIT IS NOT RECEIVED ON OR BEFORE THE DUE DATE.** Full Payment for your charter must be received in our office at least five (5) business days before your departure, unless other arrangements are made in advance with our office.

- **Charter** cancelled within 30 days of scheduled departure will result in forfeiture of deposit. Chartering party is responsible for full payment of any charter cancelled within 15 days of scheduled departure date.

- On overnight trips, or when lodging is otherwise required, the chartering party is responsible for Motorcoach Operator accommodations. On a multiple bus charter, one room is required for each Motorcoach Operator.

- Chartering party is responsible for all tolls, permit fees, and parking fees.

- Chartering party is responsible for all damage to motorcoach caused by passenger misuse or abuse. An interior cleaning fee of $100.00 will be charged to groups who return motorcoach equipment in an excessively dirty or trashed condition.

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- Spirit Coach shall not be liable for items left on the motorcoach or for the return or expense related to the return or replacement of items left on the motorcoach.

- Spirit Coach cannot guarantee the assignment of requested drivers or coaches.

- Failure of motorcoach amenity equipment such as VCR, DVD player, sound system, or public address system shall not be cause for refund.

PLEASE SIGN THIS AGREEMENT, ENCLOSE PAYMENT AS NOTED ABOVE, AND RETURN TO US AT THE ABOVE ADDRESS. PLEASE KEEP A COPY OF THE SIGNED AGREEMENT FOR YOUR RECORDS. A SIGNED AGREEMENT AND DEPOSIT WILL CONFIRM YOUR RESERVATION AND ACKNOWLEDGE YOUR ACCEPTANCE OF THIS AGREEMENT.

Signature ___________________________ Date ___________________________
Alabama A & M Football
Bertha Bowers
A/P Room 105 Patton Hall
Normal, AL 35762

Charter # 16704
Date Printed: Wednesday, August 17, 2016
PO #: 4
Group Name: Football - Jackson MS
Phone: 256-372-5360 Fax: 256-372-5373
Salesperson: Bryan

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<td>11/11/16</td>
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<td>168</td>
</tr>
<tr>
<td>Dropoff</td>
<td>Huntsville, AL</td>
<td>08:00 pm</td>
<td>11/12/16</td>
<td></td>
<td></td>
<td>168</td>
</tr>
</tbody>
</table>

Total Cost: $10,500.00
Deposit of $1,050.00 is due: July 1, 2016
Balance of $9,450.00 is due: November 1, 2016

Itinerary:

Please initial here that you have read and understand the General Terms of Contract on the last page of this contract.

Initial ____________________________ Date _____________
General Terms of Contract

- A deposit as noted above is required to reserve motorcoach equipment. Please sign a copy of this agreement and return along with required deposit on or before the noted due date. YOUR CHARTER IS SUBJECT TO CANCELLATION IF REQUIRED DEPOSIT IS NOT RECEIVED ON OR BEFORE THE DUE DATE. Full Payment for your charter must be received in our office at least five (5) business days before your departure, unless other arrangements are made in advance with our office.

- Your cost is based on the services detailed above, and is subject to change in accordance with your actual itinerary. Please forward to us a preliminary itinerary for your trip along with your deposit, and your final, detailed itinerary at least one week in advance of your departure.

- Charters cancelled within 30 days of scheduled departure will result in forfeiture of deposit. Chartering party is responsible for full payment of any charter cancelled within 15 days of scheduled departure date.

- On overnight trips, or when lodging is otherwise required, the chartering party is responsible for Motorcoach Operator accommodations. On a multiple bus charter, one room is required for each Motorcoach Operator.

- Chartering party is responsible for all tolls, permit fees, and parking fees.

- Chartering party is responsible for all damage to motorcoach caused by passenger misuse or abuse. An interior cleaning fee of $100.00 will be charged to groups who return motorcoach equipment in an excessively dirty or trashed condition.

- By Federal regulation and to protect your safety, Motorcoach Operators are permitted during any 24-hour period, a maximum of 10 hours of actual driving time and a total of 15 hours of on-duty time. Motorcoach Operators must have a minimum of 8 consecutive hours of off-duty time during every 24-hour period. ADDITIONAL DRIVING TIME AND/OR HOURS OF ON-DUTY SERVICE WILL REQUIRE A RELIEF DRIVER AND RESULT IN ADDITIONAL CHARGES UNLESS THESE CHARGES ARE ALREADY DETAILED ON THIS AGREEMENT.

- Spirit Coach reserves the right to lease equipment from other companies to fulfill this agreement.

- Spirit Coach shall not be responsible for loss of time or revenue due to mechanical failure or inclement weather.

- SMOKING IS PROHIBITED AT ALL TIMES ON THE MOTORCOACHES.

- Spirit Coach shall not be liable for items left on the motorcoach or for the return or expense related to the return or replacement of items left on the motorcoach.

- Spirit Coach cannot guarantee the assignment of requested drivers or coaches.

- Failure of motorcoach amenity equipment, such as VCR, DVD player, sound system, or public address system shall not be cause for refund.

PLEASE SIGN THIS AGREEMENT, ENCLOSE PAYMENT AS NOTED ABOVE, AND RETURN TO US AT THE ABOVE ADDRESS. PLEASE KEEP A COPY OF THE SIGNED AGREEMENT FOR YOUR RECORDS. A SIGNED AGREEMENT AND DEPOSIT WILL CONFIRM YOUR RESERVATION AND ACKNOWLEDGE YOUR ACCEPTANCE OF THIS AGREEMENT.
Spirit Coach, LLC
9290 Madison Blvd.
Madison, AL 35758
256-772-7751 (Fax: 256-772-7791) 877-248-4748

Alabama A & M Football
Bertha Bowers
A/P Room 105 Patton Hall
Normal, AL 35762

<table>
<thead>
<tr>
<th>Pickup</th>
<th>Huntsville, AL</th>
<th>Departure Time</th>
<th>Date</th>
<th># Coaches</th>
<th>Description</th>
<th>Total Capacity</th>
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<td>11/18/16</td>
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<tr>
<td></td>
<td>Auburn, AL</td>
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<td>11/19/16</td>
<td></td>
<td></td>
<td>168</td>
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<tr>
<td>Pickup</td>
<td>Auburn, AL</td>
<td></td>
<td>11/19/16</td>
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<td></td>
<td>168</td>
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<tr>
<td>Dropoff</td>
<td>Huntsville, AL</td>
<td>08:00 pm</td>
<td>11/19/16</td>
<td></td>
<td></td>
<td>168</td>
</tr>
</tbody>
</table>

Total Cost: $9,000.00
Deposit of $900.00 is due: July 1, 2016
Balance of $8,100.00 is due: November 8, 2016

Itinerary:

Please initial here that you have read and understand the General Terms of Contract on the last page of this contract.

Initial ____________________________ Date ____________________________


**Spirit Coach, LLC**

9290 Madison Blvd.  
Madison, AL 35758  
256-772-7751  
(Fax: 256-772-7791)  
877-248-4748

Alabama A & M Football  
Bertha Bowers  
A/P Room 105 Patton Hall  
Normal, AL 35762

**Charter # 16705**  
Date Printed: Wednesday, August 17, 2016  
PO #:  
Group Name: Football - Auburn  
Phone: 256-372-5360  
Fax: 256-372-5373  
Salesperson: Bryan

---

**General Terms of Contract**

- A deposit as noted above is required to reserve motorcoach equipment. Please sign a copy of this agreement and return along with required deposit on or before the noted due date. YOUR CHARTER IS SUBJECT TO CANCELLATION IF REQUIRED DEPOSIT IS NOT RECEIVED ON OR BEFORE THE DUE DATE. Full Payment for your charter must be received in our office at least five (5) business days before your departure, unless other arrangements are made in advance with our office.

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Signature ___________________________  
Date ___________________________
**PURCHASE ORDER**

ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY
PURCHASING DEPARTMENT
NORMAL, ALABAMA 35762
TELEPHONE: (256) 372-6227 FAX (256) 372-5223

**VENDOR NUMBER**  A00124763

Spirit Coach
9290 Madison Blvd.
Madison AL 35758

**SHIP TO:**
AAMU Central Receiving
453 Buchanan Way
Normal, Alabama 35762

**ATTN:**
Coach Spady

**PURCHASING CONTACT**
Jeffrey Robinson

**TELEPHONE**

**ESTIMATED DELIVERY**
08/25/16

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
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<th>EXTENSION</th>
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<td>2.00 EA</td>
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<td>4,200.0000</td>
<td>8,400.00</td>
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**DISCOUNT:** .00
**ADDITIONAL CHARGES:** .00
**TOTAL TAXES:** .00
**TOTAL:** 15,900.00

**AAMU AUTHORIZED PURCHASING OFFICIAL SIGNATURE**

**VENDOR COPY**
## 2016 Football Team Travel

<table>
<thead>
<tr>
<th>School</th>
<th>Sport</th>
<th>Location</th>
<th>Trip</th>
<th>Departure</th>
<th>Return</th>
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<td>09/03/2016</td>
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<td>2</td>
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<td>09/07/2016</td>
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<td>Houston, TX</td>
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<td>ND</td>
<td>ND</td>
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<tr>
<td>University of Arkansas–Pine Bluff</td>
<td>Football</td>
<td>Pine Bluff, AR</td>
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<td>2</td>
<td>10/14/2016</td>
<td>10/15/2016</td>
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<td>10/29/2016</td>
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<td>125</td>
<td>2</td>
<td>11/18/2016</td>
<td>11/19/2016</td>
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The dates for the trip originally for Sept 6-7 have been changed to Sept 9-10. The cost has increased from $6650.00 to $8400.00.

First 2 games = $15,900.00
PAY TO THE ORDER OF ALABAMA A&M UNIVERSITY

EXACTLY $3,962 AND 50/100 DOLLARS

$3,962.50