

IFB No. 11-09-22-12 FloridaTours.com Supplier Response

Event Information

Number: IFB No. 11-09-22-12

Title: Charter Bus Transportation Services

Type: Invitation for Bids

Issue Date: 10/16/2022

Deadline: 11/9/2022 12:00 PM (ET)

Notes: The City of Coconut Creek, Florida is actively seeking bids from

qualified Bidders to provide Charter Bus Transportation Services to the City in full accordance with the scope of services, terms, and

conditions contained in this Invitation for Bids (IFB).

Contact Information

Contact: Asha Benjamin, Procurement Analyst Address: A/P - Finance & Administrative Services

Government Center

4800 West Copans Road Coconut Creek, FL 33063

Phone: (1) 954-956-1499 Fax: (1) 954-973-6754

Email: abenjamin@coconutcreek.net

FloridaTours.com Information

Contact: Crane Gladding

6278 N Federal Highway 287 Address:

Fort Lauderdale, FL 33308

Phone: (954) 637-1933 (954) 637-1934 Fax:

crane@floridatours.com Email: Web Address: www.FloridaTours.com

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

Bret@floridatours.com Bret T. Brittenum Email

Signature

Submitted at 11/9/2022 09:30:09 AM (ET)

Response Attachments

Coconut Creek FloridaTours.com LLC Tax Receipt.pdf

Tax Receipt

Coconut Creek FloridaTours.com LLC COI.pdf

COI

Coconut Creek FloridaTours.com LLC DOT Authority.pdf

DOT Authority

Coconut Creek FloridaTours.com LLC Sunbiz.pdf

Coconut Creek FloridaTours.com City Documents.pdf

Master Documents

Bid Attributes

Section I - General Terms and Conditions

I acknowledge reading and understanding the General Terms and Conditions.

✓ Yes (Yes)

Section II - Special Terms and Conditions

I acknowledge reading and understanding the Special Terms and Conditions.

Yes (Yes)

Section III - Detailed Requirements - Scope of Services

I acknowledge reading and understanding the Detailed Requirements - Scope of Services.

✓ Yes (Yes)

Section IV - Required Documents

I acknowledge and understand that all forms shall be completed and notarized (if applicable) and submitted as a requirement of this solicitation.

✓ Yes (Yes)

Page 2 of 3 pages Vendor: FloridaTours.com IFB No. 11-09-22-12

5	Insurance Requirements
	I acknowledge reading and understanding the Insurance Requirements and shall upload with my response a copy of a current Certificate of Insurance as a requirement of this solicitation.
	✓ Yes (Yes)
6	Visa Credit Card - Preferred Method of Payment
	The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through SunTrust Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, deal directly with the cardholder (in most cases). Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with a transaction. Such charges are allowable, however must be included in the total cost of their response. Vendors are not to add notations such as "+3% service fee" in their response. All responses shall be inclusive of any and all fees associated with the acceptance of the P-Card. Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term.
7	Purchase by other Governmental Agencies
	Please indicate if you will permit other governmental entities to purchase from your agreement with the City of Coconut Creek. Yes
Bio	d Lines
1	38 passenger bus
	Quantity: 1 UOM: Per hour, Per Bus Unit Price: \$120.00 Total: \$120.00
	Item Notes: The following details must be provided via the "Add Note" option - Size of Bus, Make/Model of Bus (Buses) and Year of each bus, Number of buses in fleet for bus size, Unit Price Per Hour/per bus
	(Bases) and Tear of each bas, Namber of bases in fleet for bas size, effect fleet of Fleat/per bas
2	55 passenger bus
	Quantity: 1 UOM: Per hour, Per Bus Unit Price: \$125.00 Total: \$125.00
	Item Notes: The following details must be provided via the "Add Note" option - Size of Bus, Make/Model of Bus (Buses) and Year of each bus, Number of buses in fleet for bus size, Unit Price Per Hour/per bus
3	60 passenger bus
	Quantity: 1 UOM: Per hour, Per Bus Unit Price: \$140.00 Total: \$140.00
	Item Notes: The following details must be provided via the "Add Note" option - Size of Bus, Make/Model of Bus (Buses) and Year of each bus, Number of buses in fleet for bus size, Unit Price Per Hour/per bus
4	ADA Compliant Charter Bus (passenger size 47 + 2 wheelchair guests)
	Quantity: 1 UOM: Per hour, Per Bus Unit Price: \$125.00 Total: \$125.00
	Item Notes: The following details must be provided via the "Add Note" option - Size of Bus, Make/Model of Bus (Buses) and Year of each bus, Number of buses in fleet for bus size, Unit Price Per Hour/per bus

Response Total: \$510.00

SECTION IV REQUIRED FORMS

BID REQUIREMENTS CHECKLIST

Bidder has completed the required documents listed in the checklist below. The required documents shall be executed, notarized (if applicable), and submitted as a condition to this Invitation for Bids. Bidder shall electronically submit all required documents and any other pertinent information electronically through the eBid System.

Required Documents	Yes	No
Bidder Information	V	
Bid Confirmation	V	
Bid Schedule		
Reference Sheet		
Indemnification Clause	Y	
Sworn Statement on Public Entity Crimes		
Non-Collusive Affidavit		
Bidder's Qualifications	Ū∕	
Drug-Free Workplace Form		
Scrutinized Companies Certification	<u> </u>	
E-Verify Form		
Exception to the Invitation For Bids	4	
Company's www.Sunbiz.org Record		
Payment Methods		
Submitted Pricing through the eBid System "Line Items" Tab		
Certificate of Insurance		
Business Tax Receipt		
Copies of Valid Licenses		

BIDDER INFORMATION

Company Name:	Florida Tour	s.com CCC	
Federal Tax I.D. No.:			
Bidder's Name (Print):	Bret Britten	Title: C.O.O.	
Address:	2705 Barris		
City/State/Zip:	Davie FC	33314	
Phone:	954-637-	1933 Fax: 954-637-	1934
Email:	bret Q f	Floridatours.com	
	ACKNOWLEDGEME	ENT OF ADDENDA	
Ins	tructions: Complete Part I	or Part II, Whichever Applies	A. A. C.
Part I:			
Bidder has examined cop which is hereby acknowle		uments and of the following Addenda (re	∋ceipt of all
	Addendum No:	Dated:	
Part II:			
No Addendum was	received in connection with	this bid.	
awards on all items or an in the Bid or in the Bids re by submitting a bid, Bidde of any kind shall be create	y items according to the best eceived as a result of the Bid er shall be deemed to undersed at any point during the after the and signed by both particles.	eserves the right to reject any and all Bist interest of the City, and to waive any it. It is also understood and agreed by the stand and agree that no property interest coresaid evaluation/selection process untirities. 11/8/22 Date Date	rregularities Bidder that or legal right

BID CONFIRMATION

In accordance with the requirements to provide Charter Bus Transportation Services pursuant to Bid No. 11-09-22-12, the undersigned submits the attached bid.

Bidder accepts and hereby incorporates by reference in this bid all of the terms and conditions of the scope of service, including EPA Standards, Motor Vehicle Safety Standards and required warranty and guarantee certificates.

Bidder is fully aware of the Scope of Service based on these requirements, the legal requirements (federal, state, county and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the work and has made such independent investigation as Bidder deems necessary.

This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham bid; Bidder has not solicited or induced any person; firm or a corporation to refrain from proposing and Bidder has not sought by collusion to obtain for himself any advantage over any other Bidder or over City.

The Bidder shall acknowledge this Bid by signing and completing the spaces provided. I hereby submit this Bid Package for Charter Bus Services pursuant to Bid No. 11-09-22-12 to the City of Coconut Creek with the full understanding of the IFB, General Conditions, Special Conditions, Detailed Requirements, and the entire Bid Package.

Bret T. Brittenum Bidder's Name Signar	11/8/22 Date
State of: Florida County of: Broward	
The foregoing instrument was acknowledged before by Brithness Brithness and Brithness British Brithness British Br	re me this day of, 2022,, who is (who are) personally known to me or who as identification and who did (did not) take an oath.
Notary Public Signature Tayler Stamped Notary Name, Printed, Typed or Stamped Commission Number: 125595	Notary Public State of Florida Taylor Stadler My Commission HH 125595 Expires 05/03/2025

My Commission Expires: 05/03/2-3

CITY OF COCONUT CREEK CHARTER BUS TRANSPORTATION SERVICES BID NO. 11-09-22-12

BID SCHEDULE

BIDDER SHALL SUBMIT PRICES ELECTRONICALLY THROUGH THE EBID SYSTEM "LINE ITEMS" TAB

WWW.COCONUTCREEK.NET/FIN/PROCUREMENT

BID PRICING

Size Bus	Make/Model of Bus(Buses)	Year of each bus(buses)	Amount of buses in fleet for bus size	Unit Price Per Hour/per bus
38	Temsa	2016-2018	4	\$120°
55-51	MCI	2012-2023	24	\$12500
6061	MCI	2011-2023	6	\$ 140°
A04	Vannool	3008-3017	4	B1250c

I agree to meet the stated detailed specifications and minimum requirements as set forth in the specifications stated herein and any documents attached for the total bid amount of:

Total Bid Amount (Written):	\$510° Five Hundred Ten and Gloo
5:11 /O N	Florida Tours.com CLC
Bidder/Company Name:	TIBITER (00.5.COM CCC
Authorized Representative:	Bret T. Brittenum
Signature: Set	1.
Title:	
Address: 2105	Burris Road
City State & Zin:	Davie, FC 33314

NOTES:

- 1. Bidder understands that the Extended Amount for each and every item is the result of multiplying the Estimated Quantity times the Unit Price stated in figures.
- 2. It is the intention of the City to award a contract to the lowest responsive Bidder based on the total amount of the bid.
- 3. Any discrepancy between the written and numerical, the written prevails.
- 4. Bidder agrees to supply the products or services at the prices bid in accordance with the terms, conditions, and specifications contained in this IFB.
- 5. Pricing proposed shall include all operating costs such as driver, licenses, permits, training, fuel supervisory personnel, etc. and shall also be inclusive of any parking fees or highway tolls.
- 6. As specified in the minimum requirements of this IFB, Bidder must own or lease for operation at least eight (8) coach buses that have a minimum fifty-five (55) passenger capacity and at least four (4) coach buses with a minimum of thirty-eight (38) passenger capacity. These quantities of charter buses, respectively, must be reserved exclusively for the City of Coconut Creek.

PAYMENT METHODS

VISA PURCHASING CARD

The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through SunTrust Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, and deal directly with the cardholder (in most cases).

Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with a transaction. Such charges are allowable, however must be included in the total cost of the bid. Vendors are not to add notations such as "+3% service fee" in their bid response. All bid responses shall be inclusive of any and all fees associated with the acceptance of the P-Card.

Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term.

EFT

The City of Coconut Creek's Electronic Funds Transfer (EFT) Program allows the City to process payments to vendors electronically, directly to their financial institution of choice. With EFT payments, funds are deposited to vendor's bank account and are available the date the bank receives them. There will be no more waiting to receive payments in the mail, and no trips to the bank to make deposits. EFT payments also reduced the risk of misrouting, theft, and forgery. Additionally, an automated e-mail of the remittance advice will be sent to the e-mail specified by the vendor.



Paper checks can also be processed by the City for vendor payments.

Check Paper

PURCHASE BY OTHER GOVERNMENTAL AGENCIES:

Please indicate below if you will permit other governmental entities to purchase from your agreement with the City of Coconut Creek.

Yes, Others can purchase; [] No, Only the City of Coconut Creek can purchase

REFERENCES

The following is a list of at least four (4) references that Bidder has provided similar service in the past three (3) years. Government agency references are preferred.

1.	Name of Firm, City, County or Agency: School Board of Brower County
	Address: 600 NE 13 Ave
	City/State/Zip: Ponpono Beach, FL 33060
	Contact: Shown Cerra Title: County Director Athletics
	Telephone: 954 - 612 - 7114 Fax:
	Email Address: Shavn. (erra C browad Schools. (um
	Scope of Work:
	field trip and Sports transportation
_	
2.	Name of Firm, City, County or Agency: City of Miami Gardens
	Address: 18605 NW 27 Ave.
	City/State/Zip: miani Gardens, FC 33056
	Contact: Angela Coates Title: Parts Manager
	Telephone: 305-622-8000 Fax: Fax: Fax: Fax:
	Email Address: a coates & migmi gardens - fl.gov
	Scope of Work:
	football sports transportation
3.	Name of Firm, City, County or Agency: <u>Seminale</u> Fraise Tribe of Florida
	Address: 6300 Staling Wood
	City/State/Zip: Hollywood, PC 33024
	Contact: Peter Tamaja Title: Travel Manager
	Telephone: <u>954-966-6306</u> Fax:
	Email Address: petertangya C Sentribe, com
	Scope of Work:
	Motorcesuch and mini bus charters
	0 00 00 00 00
4.	Name of Firm, City, County or Agency: School Board of Palm Beach County
	Address: 3300 Forest Hill 13102
	City/State/Zip: West Palm Beach, FC 33406
	Contact: Carlos Santana Title: Borchesing Agent
	Telephone: <u>561-434-8508</u> Fax:
	Email Address: <u>Carlos. Santang</u> C palm beach Schools. org
	Scope of Work: Fleld trop and Sports transportation
	1

NOTE: Additional references may be attached and provided.

INDEMNIFICATION CLAUSE

The parties agree that one percent (1%) of the total compensation paid to Contractor for the work of the contract shall constitute specific consideration to Contractor for the indemnification to be provided under the contract. The Contractor shall indemnify and hold harmless the City Commission, the City of Coconut Creek, and their agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the performance of the work provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including the loss of use resulting therefrom, and (2) is caused in whole or in part by any negligent act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

In any and all claims against the City, or any of their agents or employees by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on this amount or type of damages compensation or benefits payable by or for the Contractor or any subcontractor under Workers' Compensation Acts, Disability Benefit Acts or other Employee Benefit Acts. Nothing in this section shall affect the immunities of the City pursuant to Chapter 768, Florida Statutes, as amended from time to time, nor shall it constitute an agreement by the City to indemnify Contractor, its officers, employers, subcontractors or agents against any claim or cause of action. This section shall not be construed as consent to be sued by any third parties in any matter arising out of this Agreement. The foregoing indemnification and release shall survive the termination of this Agreement.

floridg Taronon cu	But 18/2
Contractor's Name Signa	ature Date
State of: Florida County of: Browad	
The foregoing instrument was acknowledged bef	ore me this 9 day of November
2022, by Bret Britterum	, who is (who are) personally known to me or who
has produced	as identification and who did (did not) take an oath.
Notary Public Signature	
Taylor Stadler	— Sust %. Notary Public State of Florida
Notary Name, Printed, Typed or Stamped	Taylor Stadler My Commission HH 125595
Commission Number: 125595	Expires 05/03/2025
My Commission Expires: 05/03/25	

SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1

1.	This sworn statement is submitted with Bid No. 11-09-22-12 for Charter Bus Transportation Services.
2.	This sworn statement is submitted by <u>Floride Tools.con</u> (name of entity submitting sworn statement) whose business address is <u>2705 Buris Road Dave 33314</u> and (if applicable) its Federal Employer Identification Number (FEIN) is (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:)
3.	My name is Bret T. Brittenum and my (Please print name of individual signing)
	relationship to the entity named above is Chief Operation Officer.
 A	London to add that a Booklin and the administration of the December 007 400/4\/e\ Florida Otatutaa

- I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, 4. means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- 5. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of quilty or nolo contendere.
- 6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, includes but is not limited to:
 - 1. A predecessor or successor of a person convicted of a public entity crime: or
 - 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.
- 7. I understand that a "person" as defined in Section 287.133(1)(e), Florida Statutes as amended from time to time, means any natural person or entity organized under the laws of any state or of the

United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, who are active, or who have been active, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity within the last five (5) years of this sworn statement.

8.	Based on information and belief, the statement which I have marked below is true in relation t entity submitting this sworn statement. Please check all statements that are applicable.	o the
	Neither the entity submitting this sworn statement, nor any officers, directors, execut partners, shareholders, employees, members, or agents who are active in management of entity, nor any affiliate of the entity have been charged with and convicted of a public of the subsequent to July 1, 1989.	of the
	The entity submitting this sworn statement, or one or more of the officers, directors, executed partners, shareholders, employees, members, or agents who are active in management of entity, or an affiliate of the entity has been charged with and convicted of a public entity of subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)	of the
	☐ There has been a proceeding concerning the conviction before a hearing officer of the Sta Florida, Division of Administrative Hearings. The final order entered by the hearing office not place the person or affiliate on the convicted vendor list. (Please attach a copy of the order.)	er did
٠	☐ The person or affiliate was placed on the convicted vendor list. There has been a subsect proceeding before a hearing officer of the State of Florida, Division of Administrative Hear The final order entered by the hearing officer determined that it was in the public interest remove the person or affiliate from the convicted vendor list. (Please attach a copy of the order.)	ings. est to
9.	Based on information and belief, the statement that I have marked below is true in relation t entity submitting this sworn statement. Please check if statement is applicable.	o the
	The person or affiliate has not been placed on the convicted vendor list. (If the box is not checked, please describe any action taken by or pending with Department of General Services.)	ı the
10.	The herein sworn statement shall be subject to and incorporate all the terms and cond contained in Section 287.133, Florida Statutes as amended from time to time.	tions
11.	Conviction of a public entity crime shall be cause for disqualification.	_
	rica Tous.com CL Bret Brittenun Signature	
Diddei	orginature \ \ (
	Date:	

State of: Florida	
County of: Broward	
The foregoing instrument was acknowledged by 2022, by Brand Brandson, produced	who is (who are) personally known to me or who has as identification and who did (did not) take an oath.
Notary Public Signature Torrest Standard Notary Name, Printed, Typed or Stamped Commission Number: 12 55 75 My Commission Expires: 05/63/25	Notary Public State of Florida Taylor Stadler My Commission HH 125595 Expires 05/03/2025

NON-COLLUSIVE AFFIDAVIT

State o	of Florida y of Browad) ss.
F	Bret Britterum being first duly sworn, deposes and says that:
(1)	He/she is the
(2)	He/she is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
(3)	Such bid is genuine and is not a collusive or sham bid;
(4)	Neither the said Contractor nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Contractor, firm, or person to submit a collusive or sham bid in connection with the work for which the attached bid has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with and Contractor, firm or

(5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Contractor or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

or any person interested in the proposed work;

person to fix the price or prices in the attached bid or of any other Contractor, or to fix an overhead, profit, or cost elements of the bid price or the bid price of any other Contractor, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient),

Signed, sealed and delivered in the presence of:	
Damaries Rodeiguez	Ву:
Quausha Washington	
	(Printed Name)
	(Title)
ACKNOW	LEDGEMENT
State of Florida	
County of Broward	
The foregoing instrument was acknowledged before	re me this day of NoveMe
2022, by Bret Brittenum	, who is personally known to me or who has pro-
	as identification and who did (did not) take an oa
WITNESS my hand and official seal	
WITNESS my hand and official seal	
WITNESS my hand and official seal	
Taylor Dadler	

Taylor Dadler	Notary Public State of Florida Taylor Stadler Taylor Stadler
taylor Dadler	Notary Public State of Florida Taylor Stadler My Commission HH 125595 Expires 05/03/2025

(Page 1 of 5)

NOTE: This statement of Bidder's Qualifications must be completely filled out, properly executed and returned as part of your bid.

		business and pri	•	•	
Nam	e of Company:	Porida Tours	,. (UM	((
	77/95	Q			
					- 7221
					zip: <u>3331</u>
Phor	ne No.: <u>954-(</u>	<u> 1037 - 1933</u>		Fax No.:	954-637-1934
Fede	eral Tax I.D.:				
					President
					mandamental and a state of the
			 -		
a.	Are you licensed, a	s may be require	d, in the	designated	I area(s) of Broward County, Flor
				Ye	es No
b.	List Principals Lice	ensed:		Ye	es No
b.	List Principals Lice				
	List Principals Lice				tle:
	ne(s):			_ Ti	tle:
Nam	ne(s):			_ Ti -	tle:
Nam	ne(s):			_ Ti -	tle:
Nam	ne(s):			_ Ti	tle:
Rem ——	ne(s): narks: v long has your compa	any been in busin	ess and	_ Ti	

(Page 2 of 5)

c. State whether general or limited partnership: If Bidder is other than an individual, corporation or partnership, describe the organ the name and address of principals. If Bidder is operating under a fictitious name, submit evidence of compliance Fictitious Name Statute. How many years has your organization been in business under its present busine Section Section	uner
If Bidder is other than an individual, corporation or partnership, describe the organ the name and address of principals. If Bidder is operating under a fictitious name, submit evidence of compliance Fictitious Name Statute. How many years has your organization been in business under its present busine Sycas a. Under what other former names has your organization operated?	
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(Page 3 of 5)

Submit relative Also in governorma.	sheet, if necessary). Management at Floridatous com has hundred plus
governi a.	nent agency and/or professional board. Nothing Other than minor accident or workers complete the complete of the key individuals of your organization (continue on insense). Management of Florida Tows com has hundred plus
-	workers (amplessation) List the pertinent experience of the key individuals of your organization (continue on insendent, if necessary). Management of Florida Tows com has hundred plus
	List the pertinent experience of the key individuals of your organization (continue on insesseet, if necessary). Management of FloridaTows.com has hundred plus
	sheet, if necessary). Management at Floridatous com has hundred plus
(years of transportation and tourism experi
	years of transportation and tourism experiences from one bus to 42 in eight year
	State the name of the individual(s) and titles that will have personal supervision of the wo
Br	et T. Britlenum, COO Krabot Duarte, Director
	resto Ocidon, Asst. Dir. Ops
	ne and title of persons in your company who are authorized to enter into a contract with t Coconut Creek, Florida for the proposed work should your company be the Success
Namo	Bret T. Brittenm Crane Cladding C.O.O. President

(Page 4 of 5)

The undersigned guarantees the authenticity of the foregoing statements and does hereby authorize and request any person, firm or corporation to furnish any information requested by the City of Coconut Creek, Florida to verification of the recitals comprising this statement of the Bidder's qualifications. **DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE BIDDER'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE CITY TO REJECT THE BID, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.**

Date: ///8/22	
Signature	Bret T. Brittenum Print Name
Oignature	Tillt walle
Florida Tours. com CC	Chief Operating Officer
Company	Title
If Corporation (Seal) If Individual or Partnership, two Witn	esses are required:
Taylor Stadler Witness	D. Po Pregues Witness
Respectfully submitted	
(CORPORATE SEAL)	
	Ω
	florida tours, com UC

Company - Contractor

(Page 5 of 5)

ATTEST:	
Secretary Secretary	By <u>Scal Not Availuble</u> (Seal) President
Taylor Stadler Witness	
Witness Patroques	
	But J. Bourne Contractor Signature
Construction Industry Licensing Board	
Registration No.: N/A	
Certification No.: N/A	
Qualifying Individual:\U\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

DRUG-FREE WORKPLACE FORM

certifie	ndersigned vendor in accordance with <i>Florida Statutes</i> , Chapter 287, Section 287.087 hereby s thatdoes: of Business)
1)	Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2)	Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3)	Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4)	In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendered to, any violation of <i>Florida Statutes</i> , Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5)	Impose a sanction on, or require the satisfactory participation in a drug abuse assistance of rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6)	Make a good faith effort to continue to maintain a drug-free workplace through implementation o this section.
	e person authorized to sign the statement, I certify that this firm complies fully with the above ements.
Riddo	But (18/22) Pr's Signature Date

SCRUTINIZED COMPANIES CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725

I,	<u>3ret T. Britlenum</u> , on behalf of	Florida Tours.com	
Prir	nt Name Cor	mpany Name	
certifi	es that Florida Tous. com Company Name	uc	does not:
1.	Participate in a boycott of Israel; and		
2.	Is not on the Scrutinized Companies that Boyo	ott Israel list; and	
3.	Is not on the Scrutinized Companies with Activ	rities in Sudan List; and	
4.	Is not on the Scrutinized Companies with Activ List; and	rities in the Iran Petroleum E	nergy Sector
5.	Has not engaged in business operations in Cu	ba or Syria.	
-	But T. Be		
Signa	ature		
	Chief Operation alfi		
Title			
	454-637-1933	11/8/22	
Phone	е	Date	

ACKNOW! EDGEMENT

E-VERIFY FORM

	Charter Bus Transportation Services
Project Name:	·
Project No.:	IFB No. 11-09-22-12

Definitions:

"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.

"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) All persons employed by Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and
- (b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Coconut Creek; and

Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

<u> </u>	Company Name: floridatours, com cuc
MATI	Authorized Signature: But (
IFOR	Print Name: Bret T. Brittenum
ا اول	Title Chief Operating Officer
ONT	Date: 1/8/23
NY C	Phone: 954-637-1933
COMPANY CONTACT INFORMATION	Email: Dret e Pluridatoursium L
ပိ	Website: www.floridatours.com

EXCEPTION TO THE INVITATION FOR BIDS

	be attached.) However	s to that which are specified and outlined below. (Additional sheets in a laterations or omissions of required information or any change in but the risk of the Bidder presenting the bid and may result in the rejection
		No	exceptions
			•

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/29/2021

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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). CONTACT Tara Carney **RRL Insurance Agency** PHONE (A/C, No, Ext): 800-407-4077 E-MAIL ADDRESS: tcarney@rrl-ins.com FAX (A/C, No): 321-752-7980 4450 W. Eau Gallie Blvd., Suite 115 Melbourne FL 32934 INSURER(S) AFFORDING COVERAGE NAIC# 26077 INSURER A: Lancer Insurance Company FLORLLC-01 INSURED INSURER B: Lloyd's of London FloridaTours.com, LLC INSURER C: US Bus, LLC 6278 N Federal Highway #287 INSURER D: Ft. Lauderdale FL 33308 **INSURER E:** INSURER F: **REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: 1485243048** 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. ADDL SUBR INSD WVD POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER (MM/DD/YYYY) Х **COMMERCIAL GENERAL LIABILITY** GL159000#2 10/1/2021 10/1/2022 Α **EACH OCCURRENCE** \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR \$ 100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY LOC PRODUCTS - COMP/OP AGG \$1,000,000 \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 10/1/2022 \$5,000,000 BA174460#2 10/1/2021 \$ BODILY INJURY (Per person) ANY AUTO OWNED SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY Х \$ X \$10,000 **UMBRELLA LIAB** EACH OCCURRENCE \$ OCCUR **FXCESS LIAB** CLAIMS-MADE AGGREGATE \$ \$ DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000 Deductible \$20,000 in contents 11/20/2020 11/20/2021 Contents Coverage L36230 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named as additional insured with respect to the operations of the named insured only. **CERTIFICATE HOLDER CANCELLATION** 30 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Coconut Creek ATTN: Risk Management AUTHORIZED REPRESENTATIVE 4800 West Copans Road

Coconut Creek FL 33063

USDOT Number	O MC/MX Number	○ Name
Enter Value: 28	00589	i
ſ	Search	

Company Snapshot

FLORIDATOURSCOM LLC USDOT Number: 2800589

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

▼ Licensing & Insurance

▼ SMS Results

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 11/08/2022.

To find out if this entity has a pending insurance cancellation, please click here.

Entity Type	: CARRIER				
Operating Status	: AUTHORIZED FOR Passen	iger	Out of Service D	ite: None	THE LOCAL COLUMN STATES OF THE
Legal Name	FLORIDATOURSCOM LLC	amona de concerno en en estado	to a management of a many of the state of th	agentonia (la seco comercia Austriae en Aresta como	Section and Commission of Colors (1997) (1997). A Section of Colors (1997)
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Physical Address	2705 BURRIS ROAD 2F DAVIE, FL 33314	PROCESSES TARRESTANCES E VAL	erila din mengenden arabata lari da cinit ultil da da ketap	a portante de la maria de como de como en el como de c	ONE OF STAN PROPERTY OF THE STANDARD COMMON PROPERTY OF THE
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Mailing Address	6278 N FEDERAL HIGHWA FORT LAUDERDALE, FL		TOTALO TITOLIA TIACOTAT SOCI PERTENDA SIMPOADA ASSAN-A-	CONTRACTOR CONTRACTOR SOCIAL AND	3-4-661 3 Manual Resident of the control of the con
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MC/MX/FF Number(s)	: MC-935460	ANTHOREMON BENEFIT & CHARGE TO THE PROPERTY BASE	DUNS Num	<u>oer:</u>	2000 Committee (Committee Committee Committee Committee Committee Committee Committee Committee Committee Commi
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ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

US Inspection results for 24 months prior to: 11/08/2022

Total Inspections: 2
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		IEP			
Inspections			0		
Out of Service			0		
Out of Service %	0%	0%		0%	
Nat'l Average % as of DATE 10/28/2022*	21.85%	6.42%	4.48%	N/A	

^{*}OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 11/08/2022

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

Crashes:				
Туре	Fatal	Injury	Tow	Total
Crashes	0	0	1	1

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

Canadian Inspection results for 24 months prior to: 11/08/2022

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:		
		Driver	
Inspection Type			
preserve, com as the case of protecting eighted for the first of the foreign eighted statement and the company	AND AND THE PROPERTY OF THE PR		
Inspections	0	0 [
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Crashes results for 24 months prior to: 11/08/2022

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

		<u>Crasnes:</u>	CONTROL OF THE PROPERTY OF THE	DESCRIPTION OF A COMMERCE STREET STREET, THE STREET, S	
i _				Total	
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	,				

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: 11/08/2022

Review Information:

ĺ						
	Rating Date:	03/12/2020	Review Date:	03/05/2020		
	Rating:	Satisfactory	Туре:	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



Detail by Entity Name

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company FLORIDATOURS.COM LLC

Filing Information

Document Number

L15000098570

FEI/EIN Number

36-4811720

Date Filed

06/04/2015

State

FL

Status

ACTIVE

Principal Address

2705 BURRIS ROAD,

SUITE 7

DAVIE, FL 33314

Changed: 08/31/2018

Mailing Address

6278 N FEDERAL HWY #287 FT LAUDERDALE, FL 33308

Registered Agent Name & Address

Gladding, Stephen Crane, II 6278 N Federal Highway

#287

FT LAUDERDALE, FL 33308

Name Changed: 03/07/2018

Address Changed: 03/07/2018

<u>Authorized Person(s) Detail</u>

Authorized Teroon(o) Beta

Name & Address

Title Authorized Member

GLADDING, STEPHEN C, II 6278 N FEDERAL HWY #287 FT LAUDERDALE, FL 33308

Annual Reports

Report Year	Filed Date
2020	01/24/2020
2021	02/02/2021
2022	03/14/2022

Document Images

03/14/2022 ANNUAL REPORT	View image in PDF format
02/02/2021 ANNUAL REPORT	View image in PDF format
01/24/2020 ANNUAL REPORT	View image in PDF format
03/22/2019 ANNUAL REPORT	View image in PDF format
03/07/2018 ANNUAL REPORT	View image in PDF format
01/24/2017 ANNUAL REPORT	View image in PDF format
02/09/2016 ANNUAL REPORT	View image in PDF format
06/04/2015 Florida Limited Liability	View image in PDF format

Florida Department of State, Division of Corporations

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000 VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA: Business Name: FLORIDATOURS.COM

Receipt #: 326-270419 COURIER/TRANSPORT/DLVRY/TOWNG Business Type: (TRANSPORTATION)

Business Location: 2705 BURRIS RD STE 7

Owner Name: FLORIDATOURS.COM

Seats

Business Opened:06/04/2015

State/County/Cert/Reg:

Exemption Code:

DAVIE

Business Phone: 561-716-1217

Rooms

Machines

Professionals

		F	or Vending Business O	nly		
	Number of Mac	hines:	Sparte (Maringayayaya) Makar (Salatan)	Vending Type		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0,00	0.00	0.00	0.00	0.00	33.00

Employees

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

FLORIDATOURS.COM 6278 N FEDERAL HWM FORT LAUDERDALE, L

33308

Receipt #1CP-20-00010313 Paid 07/22/2021 33.00 07/20/2021 Effective Date

2021 - 2022