

ATTACHMENT A

RFP FORM - RFP #1916
CHARTER BUS SERVICES

TO: Mt. Diablo Unified School
District PURCHASING
DEPARTMENT C/O
Maintenance and Operations
Department 1480 Gasoline Alley,
Concord, CA 94520 ATTN: RFP
#1916 Charter Bus Services

FROM: AMERICAN STAGE TOURS.
Name of Bidder
1488 SOCCER CT
Mailing Address
CONCORD CA 94518
City, State & Zip

The undersigned declares the RFP Documents have been read and agrees and proposes to furnish all necessary labor, materials, and equipment to perform all work in accordance with the terms and conditions of the Scope of Work for Mt. Diablo Unified School District.

RFP N. 1916: Charter Bus Services in its entirety, all Addenda, and the following documents by this reference are hereby made a part of this contract:

- Notice of RFP
- Detailed Specifications or Scope of Work
- Instructions to Bidders
- Terms and Conditions
- AB 951/AB636 Charter Party Compliance Form

- Bid Bond
- Criminal background Investigation/fingerprinting certification
- Bidder’s Statement Regarding Insurance Coverage
- Worker’s Compensation Insurance Certificate
- Non-Collusion Affidavit
- Contractor Representation and Certification
- Equal Opportunity Statement of Compliance
- Drug Free Workplace Certification
- IRAN Contracting Act Certification (PCC2204)
- Reference Form
- Tobacco-Free Certification
- AB 951 and AB636 Compliance Form
- SB 1072 Paul Lee School Bus Safety Law – Charter-Party Carriers Compliance Form
- Sample Agreement/Contract

Receipt and acceptance of the following addenda is hereby acknowledged:

No. _____	Dated _____
No. _____	Dated _____
No. _____	Dated _____

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CHARTER BUS SERVICES

Minimum Hours	47 Passenger Coach	56 Passenger Coach	School Bus	Excess Hourly Rate after Minimum	Excess Mileage - Fee
4 hours	\$ <u>1125.00</u>	\$ <u>1275⁰⁰</u>	\$ _____	\$ <u>120⁰⁰</u>	\$ <u>7.00</u>
Written amount	\$ <u>1125.00</u>	\$ <u>1275⁰⁰</u>	\$ _____	\$ <u>120⁰⁰</u>	\$ <u>7.00</u>

% or Dollar Amount Discount Offered for Early Payment: _____

CANCELLATION FEES	Dollar Amount
Less than 7 days prior to trip	\$ <u>562.50</u> OR <u>50% OF CHARTER.</u>
Written amount-long hand	<u>DEPENDING ON THE CIRCUMSTANCES</u>
Less than 14 days prior to trip	\$ <u>562.50</u> OR <u>50% OF CHARTER.</u>
Written Amount-long hand	<u>DEPENDING ON THE CIRCUMSTANCES</u>
Less than 21 day prior to trip	\$ <u>0</u>
Written Amount-long hand	
CLEANING FEE	Dollar Amount
Fee for excessive cleaning	\$ <u>900⁰⁰</u>
Written Amount-long hand	<u>DEPENDING ON THE CIRCUMSTANCES</u>

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CHARTER BUS SERVICES

Bidder shall honor RFP prices for ninety (90) days or for the stated contract period - whichever is longer

RFPs must be on these RFP forms and signed by vendors'/Bidders' authorized representative

RFP will be declared invalid unless signed by the authorized representative making this quote

I have read, understand, and agree to the terms and conditions on all pages of RFP #1916. The undersigned agrees to furnish the commodity or service stipulated in this RFP as stated above.

Company Name: AMERICAN STAGE TOURS

Address: 1488 SOCCER CT, CONCORD CA 94518

Phone No.: 925-487-7705

Fax No.: 925-685-5421

Name (print): CHARLES L. WILLIAMS

Signature: 

Title of Signatory: MEMBER

Date: 4/4/2022

Attachment B
**CRIMINAL BACKGROUND INVESTIGATION/
FINGERPRINTING CERTIFICATION**
(SUBMIT WITH RFP)

PROJECT/CONTRACT NO.: RFP #1916: Charter Bus Services between the Mt. Diablo Unified School District ("District" or "Owner") and AMERICAN STAGE TOURS ("Contractor" or "Bidder") ("Contract" or "Project").

The undersigned does hereby certify to the governing board of the Mt. Diablo Unified School District as follows:

 That I am a representative of the Contractor currently under contract ("Contract") with the District; that I am familiar with the facts herein certified, and am authorized and qualified to execute this certificate on behalf of Contractor.

Contractor certifies that it has taken at least one of the following actions with respect to Supplemental Student Transportation Services which is the subject of the Contract (check all that apply):

 The Contractor has complied with the fingerprinting requirements of Education Code section 45125.1 with respect to all Contractor's employees and all of its subcontractors' employees who may have contact with District pupils in the course of providing services pursuant to the Contract, and the California Department of Justice has determined that none of those employees has been convicted of a felony, as that term is defined in Education Code section 45122. 1. A complete and accurate list of Contractor's employees and of all of its subcontractors' employees who may come in contact with District pupils during the course and scope of the Contract is attached hereto; and/or

N/A Pursuant to Education Code section 45125.2, Contractor has installed or will install, prior to commencement of Work, a physical barrier at the Work Site, which will limit contact between Contractor's employees and District pupils at all times; and/or

 Pursuant to Education Code section 45125.2, Contractor certifies that all employees will be under the continual supervision of, and monitored by, an employee of the Contractor who the California Department of Justice has ascertained has not been convicted of a violent or serious felony. The name and title of the employee who will be supervising Contractor's employees and its subcontractors' employees is

Name: Charles L. Williams

Title: Member

N/A The Work on the Contract is at an unoccupied school site and no employee and/or subcontractor or supplier of any tier of Contract shall come in contact with the District pupils.

Contractor's responsibility for background clearance extends to all of its employees, Subcontractors, and employees of Subcontractors coming into contact with District pupils regardless of whether they are designated as employees or acting as independent contractors of the Contractor.

Date: 6/6/2022

Proper Name of Contractor: AMERICAN STAGE TOURS Signature: Charles L. Williams

By: CHARLES L WILLIAMS

Title: MEMBER

Attachment C

Non-Collusion Declaration

(SUBMIT WITH RFP)

State of California }

County of Contra Costa County }

CHARLES L WILLIAMS (Bidder's Name), being first duly sworn, deposes and says that he or she is Owner

of AMERICAN STAGE TOURS (Contractor Name) the party making the foregoing RFP that the RFP is not

made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization,

or corporation; that the RFP is genuine and not collusive or sham; that the Bidder has not directly or indirectly induced or solicited any other Bidder to put in a false or sham RFP, and has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham RFP, or that anyone shall refrain from bidding; that the Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the RFP price of the Bidder or any other Bidder, or to fix any overhead, profit, or cost element of the RFP price, or of that of any other Bidder, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the RFP are true; and further, that the Bidder has not, directly or indirectly, submitted his or her RFP price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, RFP depository, or to any member or agent thereof to effectuate a collusive or sham RFP."

6/6/2022
Date

AMERICAN STAGE TOURS
Bidder Name
(Person, Firm, Corp.)

1488 Soccer Ct
Address

CONCORD CA 94518
City, State, Zip

CONCORD CA
Signed at (Place)

CHARLES L WILLIAMS
Authorized Representative

CHARLES L WILLIAMS
Representative's Name

MEMBER
Representative's Title

Attachment D

**BIDDER'S STATEMENT
REGARDING INSURANCE COVERAGE
(SUBMIT WITH RFP)**

BIDDER HEREBY CERTIFIES that the Bidder has reviewed and understands the insurance coverage requirements specified in the Invitation for RFP #1916: Charter Bus Services. Should the Bidder be awarded the contract for the work, Bidder further certifies that the Bidder can meet the specified requirements for insurance, including insurance coverage of the subcontractors, and agrees to name the Mt. Diablo Unified School District as Additional Insured for the work specified.

AMERICAN Stage TOURS

Name of Bidder (Person, Firm, or Corporation)

Charles L. Williams

Signature of Bidder's Authorized Representative

CHARLES L WILLIAMS MEMBER

Name & Title of Authorized Representative

6/5/2022

Date of Signing



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/3/2022

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

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

PRODUCER TIB Transportation Ins Brokers 425 West Broadway, Suite 300 Glendale CA 91204	CONTACT NAME: Orjhen Atanesyan	
	PHONE (A/C, No, Ext): 818-246-2800	FAX (A/C, No): 818-246-4690
E-MAIL ADDRESS: oatanesyan@tibinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Republic Indem Co of America		22179
INSURED American Stage Tours, LLC 1488 Soccer Court Concord CA 94518	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 742460885 **REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	1178431	10/1/2021	10/1/2022	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Officer Exclusion Applies - Charles Williams, Victoria Cole

CERTIFICATE HOLDER

CANCELLATION

Mt. Diablo Unified School District 2326 Bisso Lane Concord CA 94520	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2022

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

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

PRODUCER TIB Transportation Ins Brokers 425 West Broadway, Suite 300 Glendale CA 91204	CONTACT NAME: Amy Kwan
	PHONE (A/C, No, Ext): 818-246-2800 FAX (A/C, No): 818-246-4690
	E-MAIL ADDRESS: akwan@tibinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Lancer Insurance Company
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED
American Stage Tours, LLC
1488 Soccer Court
Concord CA 94518

AMERI-3

COVERAGES

CERTIFICATE NUMBER: 107317290

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		GL155380#20	7/14/2021	7/14/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		BA152849#19	7/14/2021	7/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as additional insured but only to the extent that the certificate holder is held liable for the conduct of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

Mt. Diablo Unified School District,
State of California, Its Officers and Employees
2326 Bisso Lane
Concord CA 94520

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Mt. Diablo Unified School District State of California, Its Officers and Employees 2326 Bisso Lane Concord CA 94520	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Attachment E

WORKER'S COMPENSATION INSURANCE CERTIFICATE

(SUBMIT WITH RFP)

The Contractor shall execute the following form as required by the California Labor Code, Sections 1860 and 1861:

I am aware of the provisions of Section 3700 of the Labor Code, which require every employer to be insured against liability for worker's compensation or to undertake self-insurance in accordance with the provisions of that code, and I will comply with such provisions before commencing the performance of the work of this contract.

AMERICAN STAGE TOURS

Name of Bidder (Person, Firm, or Corporation)

Charles L Williams

Signature of Bidder's Authorized Representative

CHARLES L WILLIAMS member

Name & Title of Authorized Representative

6/6/2014

Date of Signing

ATTEST:

By: _____

Signature

Title

Attachment F
CONTRACTOR REPRESENTATION AND CERTIFICATION
(SUBMIT WITH RFP)

The undersigned hereby affirms that:

He/she is a duly authorized agent of the Contractor (corporate or other authorization confirmation may be requested prior to final contract execution).

The offer is being offered independently of any other Contractor's and is in full compliance with the collusive prohibitions of this State. The Contractor certifies that no employee of its firm has discussed, or compared the RFP with any other Contractor or District employee, and has not colluded with any other Contractor or District employee.

The Contractor will accept any awards made to it as a result of this solicitation if the acceptance is made within 180 calendar days after the RFP due date.


I hereby certify that I am submitting the following offer as my firm's RFP. I understand that by virtue of executing and returning with this RFP this required response form, I further certify full, complete and unconditional acceptance of the contents of this Solicitation (except as may be noted in the offer). I also agree to be bound by any and all specifications, terms and conditions, contract document, accepted offer and other documents of the Solicitation.

Submitted: CHARLES L WILLIAMS Title: MEMBER

Company Name: AMERICAN STAGE TOURS

Address: 1488 Soccer Ct, Concord CA 94518

Phone: 925-687-7705 Fax: 925-685-5421

By:  Date: 6/4/2016

Manual Signature of Agent(s)

CHARLES L WILLIAMS

Name and Title of Authorized Agent

Attachment G

REFERENCE FORM

(SUBMIT WITH RFP)

Submit information regarding three (3) comparable K-12 transportation Charter Bus Services that the contractor has completed as the Prime Contractor within the last ten (5) years. Indicate the start and finish dates, owners name, address, telephone number, and contact person for each reference. Vendors must include at least one California K-12 school district of equal or greater size of Mt. Diablo Unified School District. If none are available, please submit what references you have.

Start and finish dates	Owner's name	Address	Telephone Number	Contact Person
2000 to PRESENT	ROGER KELSEY SIERRA PACIFIC TOURS	PO BOX 6084 CONCORD CA 94524	925-835-8500	ROGER KELSEY LOLLY KELSEY
1995 to PRESENT	DONALD STORER STORER COACHWAYS	359 McDONALD AVE. MODESTO CA 95385	209-521-8750	DANIE BUCHANAN
1983 to PRESENT	ROYAL COACH TOURS SANDY ALLAN	630 STOCKTON AVE SAN JOSE CA 95126	408-279-4801	EARL REELI
1990 to PRESENT	BERGAN CHRISTIAN HIGH SCHOOL	245 EL DIVISADERO WALNUT CREEK CA 94598	925-945-6414	TOM GRANT
2005 to PRESENT	TRACY UNIFIED SCHOOL DIST.	1975 W. LOWELL TRACY CA 95376	209-830-3216	LEA SAWYER.
2005 to PRESENT	SAN RAMON VALLEY UNIFIED SCHOOL DIST	3280 E CROW CANYON SAN RAMON CA 94583	925-824-1839	ROLI SAWYER.
2005 TO PRESENT	CASTRO VALLEY UNIFIED SCH. DIST	PO BOX 2146 CASTRO VALLEY CA 94546	510-881-5871	TRACY VIERRA

Attachment H

IRAN CONTRACTING ACT CERTIFICATION (Public Contract Code § 2204)

(SUBMIT WITH RFP)

PROJECT/CONTRACT NO.: RFQ RFP #1916 Charter Bus Services between Mount Diablo Unified School District (the "District" or the "Owner") and AMERICAN STAGG TOURS (the "Contractor" or the "Bidder") (the "Contract" or the "Project").

Pursuant to Public Contract Code (PCC) section 2204, an Iran Contracting Act certification is required for solicitations of goods or services of one million dollars (\$1,000,000) or more.

Bidder shall complete **ONLY ONE** of the following two paragraphs.

1. Bidder's Total Base Bid is less than one million dollars (\$1,000,000).

OR

2. Bidder's Total Base Bid is one million dollars (\$1,000,000) or more, but Bidder is **not** on the current list of persons engaged in investment activities in Iran created by the California Department of General Services ("DGS") pursuant to Public Contract Code § 2203(b), and Bidder is not a financial institution extending twenty million dollars (\$20,000,000) or more in credit to another person, for 45 days or more, if that other person will use the credit to provide goods or services in the energy sector in Iran and is identified on the current list of persons engaged in investment activities in Iran created by DGS.

OR

3. Bidder's Total Base Bid is one million dollars (\$1,000,000) or more, but the District has given prior written permission to Bidder to submit a proposal pursuant to PCC 2203(c) or (d). **A copy of the written permission from the District is included with Bid.**

I certify that I am duly authorized to legally bind the Bidder to this certification, that the contents of this certification are true, and that this certification is made under the laws of the State of California.

Date: 6/6/2022

Proper Name of Contractor: AMERICAN STAGG TOURS

Signature: Charles L. Williams

Print Name: CHARLES L WILLIAMS

Title: MEMBER

Attachment I
DRUG-FREE WORKPLACE CERTIFICATION
(Submit With RFP)

PROJECT/CONTRACT NO: RFP 1916: Charter Bus Services between Mt. Diablo Unified School District (the “District” or the “Owner”) and AMERICAN STAGE TOURS.

(the “Contractor” or the “Bidder”) (the “Contract” or the “Project”).

This Drug-Free Workplace Certification form is required from all successful bidders pursuant to the requirements mandated by Government Code section 8350 et seq., the Drug-Free Workplace Act of 1990. The Drug-Free Workplace Act of 1990 requires that every person or organization awarded a contract or grant for the procurement of any property or service from any state agency must certify that it will provide a drug-free workplace by doing certain specified acts. In addition, the Act provides that each contract or grant awarded by the state agency may be subject to suspension of payments or termination of the contract or grant, and the contractor or grantee may be subject to debarment from future contracting, if the contracting agency determines that specified acts have occurred.

The District is not a “state agency” as defined in the applicable section(s) of the Government Code, but the District is a local agency and public school district under California law and requires all contractors on District projects to comply with the provisions and requirements of Government Code section 8350 et seq., the Drug-Free Workplace Act of 1990.

Contractor shall certify that it will provide a drug-free workplace by doing all of the following:

- I. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the person’s or organization’s workplace and specifying actions which will be taken against employees for violations of the prohibition;
- II. Establishing a drug-free awareness program to inform employees about all of the following:
 1. The dangers of drug abuse in the workplace.
 2. The person’s or organization’s policy of maintaining a drug-free workplace.
 3. The availability of drug counseling, rehabilitation, and employee-assistance programs.

4. The penalties that may be imposed upon employees for drug abuse violations.

III. Requiring that each employee engaged in the performance of the contract or grant be given a copy of the statement required above, and that, as a condition of employment on the contract or grant, the employee agrees to abide by the terms of the statement.

I, the undersigned, agree to fulfill the terms and requirements of Government Code section 8355 listed above and will publish a statement notifying employees concerning (1) the prohibition of controlled substance at the workplace, (2) establishing a drug-free awareness program, and (3) requiring that each employee engaged in the performance of the contract be given a copy of the statement required by section 8355(a), and requiring that the employee agree to abide by the terms of that statement.

I also understand that if the District determines that I have either (a) made a false-certification herein, or (b) violated this certification by failing to carry out the requirements of section 8355, that the Contract awarded herein is subject to termination, suspension of payments, or both. I further understand that, should I violate the terms of the Drug-Free Workplace Act of 1990, I may be subject to debarment in accordance with the requirements of section 8350 et seq.

I acknowledge that I am aware of the provisions of Government Code section 8350 et seq. and hereby certify that I will adhere to the requirements of the Drug-Free Workplace Act of 1990.

Date:

4/4/2022

Proper Name of Contractor:

AMERICAN STAGE TOURS.

Signature:

Charles L Williams

Print Name:

CHARLES L WILLIAMS

Title:

MEMBER.

END OF DOCUMENT

Attachment J
TOBACCO-FREE ENVIRONMENT CERTIFICATION

(Submit With RFP)

PROJECT/CONTRACT NO. RFP 1916 Charter Bus Services between Mt Diablo Unified School District (the "District" or the "Owner") and AMERICAN STAGE TOURS
_____ (the "Contractor" or the "Bidder") (the "Contract" or the "Project").


This Tobacco-Free Environment Certification form is required from the successful Bidder.

Pursuant to, without limitation, 20 U.S.C section 6083, Labor Code section 6400 et seq., Health & Safety Code section 104350 et seq. and District Board Policies, all District sites, including the Project site, are tobacco-free environments. Smoking and the use of tobacco products by all persons is prohibited on or in District property. District property includes school buildings, school grounds, school owned vehicles and vehicles owned by others while on District property.

I acknowledge that I am aware of the District's policy regarding tobacco-free environments at District sites, including the Project site and hereby certify that I will adhere to the requirements of that policy and not permit any of my firm's employees, agents, subcontractors, or my firm's subcontractors' employees or agents to use tobacco and/or smoke on the Project site.

Date: 6/6/2022

Proper Name of Contractor: AMERICAN STAGE TOURS

Signature: 

Print Name: CHARLES L WILLIAMS

Title: MEMBER

END OF DOCUMENT

Attachment K
SUB CONTRACTOR LIST
(Submit with RFP)

Name of Sub-Contractor or Equipment Supplier	Location of business of Sub-Contractor or Equipment Supplier
SIERRA PACIFIC TOURS	CONCORD CA
STORER COACHWAYS	MODESTO CA
ROYAL COACH TOURS	SAN JOSE CA
SAN JOSE CHARTERS	SAN JOSE CA

**Attachment L
(Submit with RFP)**

AB 951 (Lieu) and AB 636 (Jones) Charter-Party Carriers Compliance Form

Effective January 1, 2010, all Charter Companies must be fully compliant with the new regulations for the State of California AB 636 and AB 951. Please review the attached documents.

Sign and date this form confirming that your company is fully compliant with these new regulations.

AB 636 (Jones) Charter-party carriers: Bus drivers	Compliant?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
AB 951 (Lieu) Charter-party carriers	Compliant?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Date: 4/4/2022

Company Name: AMERICAN STAGE TOURS

Signature: *Charles L Williams*

Name (printed): CHARLES L WILLIAMS

Title of Signatory: MEMBER

Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

**Attachment M
(Submit with RFP)**

Paul Lee School Bus Safety Law - Charter-Party Carriers Compliance Form

Effective July 1, 2022 all Charter Companies must be fully compliant with the new regulations for the State of California SB 1072. Please review the attached documents.

Sign and date this form confirming that your company is fully compliant with these new regulations.

SB 1072 (Mendoza) Charter-party carriers: Bus drivers	Compliant?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Date: 6/6/2022

Company Name: AMERICAN STAGE TOURS

Signature: 

Name (printed): CHARLES L WILLIAMS

Title of Signatory: MEMBER