



LINCOLN



LANCASTER
COUNTY

6740

Charter Bus Services

Issue Date: 6/22/2026

Questions Deadline: 6/25/2026 11:00 AM (CT)

Response Deadline: 6/29/2026 02:00 PM (CT)

Lincoln Purchasing

Contact Information

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Event Information

Number: 6740
Title: Charter Bus Services
Type: Quotation Request
Issue Date: 6/22/2026
Question Deadline: 6/25/2026 11:00 AM (CT)
Response Deadline: 6/29/2026 02:00 PM (CT)
Notes: The City of Lincoln is requesting bids from qualified companies for the Annual Service of Charter Bus Services.

Bid Attachments

6740 Specifications.pdf

Specifications

[Download](#)

Insurance Requirements.pdf

Insurance Requirements

[Download](#)

Contractual Insurance Result Guide.pdf

Contractual Insurance Result Guide

[Download](#)

Instructions to Bidders 11-2023.pdf

Instructions to Bidders

[Download](#)

United States Citizenship Attestation Form.pdf

United States Citizenship Attestation Form

[Download](#)

Summary of Foreign Adversary Contracting Prohibition Act.pdf

Summary of Foreign Adversary Contracting Prohibition Act

[Download](#)

Foreign Adversary Contracting Prohibition Act Certification Form.pdf

Foreign Adversary Contracting Prohibition Act Certification Form

[Download](#)

Contract - City Annual.pdf

DRAFT Contract - City Annual

[Download](#)

Requested Attachments

Foreign Adversary Contracting Prohibition Act Form

(Attachment required)

Complete and upload the certification form in the Attachments tab in Ebid.

Specifications/Brochure

(Attachment required)

Upload a copy of your specifications/Brochure of the product you are bidding.

References

(Attachment required)

Provide (3) three references for projects similar in nature to the work required in this project. Each reference must include the following: Owner: Street Address: City: State: Zip: Name Owners Representative: Phone: Project Name and/or Number: Contract Amount: Completion Date:

Certificate and Licenses

(Attachment required)

Upload the required Certificates and Licenses per Specifications (attached within the Attachments section).

Bid Attributes

| | |
|---|---|
| 1 | Instructions to Bidders I acknowledge reading and understanding the Instructions to Bidders. <input type="checkbox"/> Yes <i>(Required: Check if applicable)</i> |
| 2 | Insurance Requirements and Endorsements Contractor agrees to provide required insurance coverage and comply with each provision listed in the Insurance Requirements attached in EBid. Submission of the Certificate of Insurance and the applicable endorsements . Bidders are strongly encouraged to send the insurance requirements and endorsement information to their insurance agent prior to bid closing in order to expedite the contract execution process. <input type="checkbox"/> Yes <i>(Required: Check if applicable)</i> |
| 3 | Specifications I acknowledge reading and understanding the specifications. <input type="checkbox"/> Yes <i>(Required: Check if applicable)</i> |
| 4 | Sample Contract I acknowledge reading and understanding the sample contract. <input type="checkbox"/> Yes <i>(Required: Check if applicable)</i> |
| 5 | Bid Documents I acknowledge and accept that it is my responsibility as a Bidder to promptly notify the Purchasing Department Staff prior to the close of the bid of any ambiguity, inconsistency or error which I may discover upon examination of the bid documents including, but not limited to the Specifications. <input type="checkbox"/> Yes <i>(Required: Check if applicable)</i> |
| 6 | Contract Contact The Purchasing Department issues Contracts via email to a designated contact person of the awarded Bidder. This designee should be the primary contact with the department through the delivery of the product/services. Please list the name, email address and phone number of the person who will be the contact person for the contract to be awarded. _____ _____ _____ <i>(Required: Maximum 1000 characters allowed)</i> |
| 7 | Term Clause of Contract I acknowledge that the term of the contract is for a one (1) year term with the option for three (3) additional one (1) year terms from the date of the executed contract. The Owner(s) reserves the right to extend the contract beyond the renewal term upon written approval by both parties. _____ _____ _____ <i>(Required: Maximum 1000 characters allowed)</i> |

8 Bid Award

I acknowledge and understand that the City, County and/or Public Building Commission reserve the right to award bids item-by-item, with or without alternates/options, by groups, or "lump sum" such as shall best serve the requirements and interests of the City, County and/or Public Building Commission.

a) Do you agree and understand? Yes/No_____

b) Is your pricing based on all-or-nothing basis? Yes/No_____

(Required: Maximum 1000 characters allowed)

9 Assignment

Vendor shall not assign, transfer, convey, sublet, or otherwise dispose of any award or any or all of its rights, title, or interest therein, or delegate the duties hereunder without the prior written consent of the City.

☐ Yes

(Required: Check if applicable)

10 Pricing

Net costs of all goods and services requested and all bids shall include all transportation FOB destination and inside delivery.

The contract unit prices shall remain fixed for the first year of the contract. After the initial one-year period, any request for an increase must be submitted in writing to the Purchasing Department a minimum of 60 days prior to the end of the current contract period with the request on company letterhead with an authorized signature, the current price and the proposed new price, and documentation for such increase.

The City reserves the right to deny any requested price increase. No price increases are to be billed to the Department prior to written amendment of the contract by the parties.

The City will be given full proportionate benefit of any decreases for the term of the contract.

☐ Yes

(Required: Check if applicable)

11 Rate Sheet

I acknowledge attaching our companies rate sheet pricing for the City of Lincoln in the suppliers response attachment section of the bid.

☐ Yes

(Required: Check if applicable)

12 Quantities

I acknowledge that the quantities listed for each line item are an estimated amount. The City/County does not guarantee any dollar amount or order quantities for the term of the contract.

☐ Yes

(Required: Check if applicable)

13 Certifications/License(s)

I acknowledge attaching all certifications/license(s) required by DOT in the suppliers response section of the bid.

☐ Yes

(Required: Check if applicable)

1
4

Transportation Services

List the number of years as a provider for this type of transportation services

(Required: Maximum 1000 characters allowed)

1
5

Student Transportation Services

List the number of years as a provider for student transportation services

(Required: Maximum 1000 characters allowed)

1
6

GPS Tracking

Please indicate if you have a GPS tracking system available to locate drivers and vehicles at any given time and if this system will be available for use by the City. Yes/No _____. If yes, please include a complete description of this system.

(Required: Maximum 1000 characters allowed)

1
7

Emergency Notifications/Calling Capability

Describe your Emergency Notifications/Calling Capability

(Required: Maximum 1000 characters allowed)

1
8

Drug Testing

Do you require all your transportation specific employees to undergo random drug testing? Yes/No _____. If yes, please explain your company policies and procedures.

(Required: Maximum 1000 characters allowed)

1
9

Criminal Background Checks

Do you conduct criminal background checks on employees, drivers attendants and mechanics who might come in contract with students/adults? Yes/No _____.

(Required: Maximum 1000 characters allowed)

2
0

Transportation Permits

List your applicable transportation permits (City, County and State) under which you currently operate your transportation services.

(Required: Maximum 1000 characters allowed)

2
1

Previous Termination

Has your company every been terminated from a school district or any public transportation services contract prior to the completion of the contract? Yes/No

(Required: Maximum 1000 characters allowed)

2
2

Litigation

Has your company every been in litigation, arbitration, mediation or dispute of any kind on a question or questions relating to a school district or any public transportation services contract during the last 8 years? Yes/No _____. If yes, list the name of the school district/public agency and details.

(Required: Maximum 1000 characters allowed)

2
3

Deadhead Vehicle

If the bus requested is not available upon booking and vendor brings in a bus from another location to accommodate, will there be a charge for this? Yes____/No____? If yes, what is your fee, explain?

(Required: Maximum 1000 characters allowed)

2
4

Tax Exempt Certification Forms

Materials being purchased in this bid are tax exempt and unit prices are reflected as such. A Purchasing Agent Appointment form and a Exempt Sales Certificate form shall be issued with contract documents. (Note: State Tax Law does not provide for sales tax exemption for proprietary functions for government, thereby excluding the purchases of pipes to be installed in water lines and purchase of water meters.)

☐ Yes

(Required: Check if applicable)

2
5**U.S. Citizenship Attestation****Is your company legally considered an Individual or Sole Proprietor: YES or NO**

As a Vendor who is legally considered an Individual or a Sole Proprietor I hereby understand and agree to comply with the requirements of the United States Citizenship Attestation Form, available at:
<http://www.sos.ne.gov/business/notary/citizenforminfo.html>

All awarded Vendors who are legally considered an Individual or a Sole Proprietor must complete the form and submit it with contract documents at time of execution.

If a Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

Vendor further understands and agrees that lawful presence in the United States is required and the Vendor may be disqualified or the Contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. 4-108.

(Required: Maximum 1000 characters allowed)

2
6**Foreign Adversary Contracting Prohibition Act**

I hereby understand and agree to comply with the requirements of the Foreign Adversary Prohibition Act and have completed and uploaded the certification form in the Response Attachments tab in Ebid.

If a Vendor indicates on such certification form that the company is a scrutinized company, the Vendor must meet the exception requirements under the Act and agrees to provide documentation to verify the exception requirements with the bid response.

Vendor further understands and agrees that any scrutinized company that violates the certification may be subject to action by the Nebraska Attorney General, civil penalty, and such violation may void the contract.

☐ Foreign Adversary Contracting Prohibition Act

(Required: Check if applicable)

Bid Lines

1

Motor Coach Rate Up to 5 Hours

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Supplier Notes:

☐ No bid

☐ Additional notes
(Attach separate sheet)

Item Attributes**1. Passenger Size**

List your passenger size

(Required: Maximum 1000 characters allowed)

2. ADA Capability

Does the Motorcoach have ADA capability? Yes/No _____.

(Required: Maximum 1000 characters allowed)

3. ADA Capability Pricing

Is pricing the same? Yes/No _____. If No, List your pricing for ADA Capability

(Required: Maximum 1000 characters allowed)

2 Motor Coach Day Rate 5 - 8 Hours

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Item Notes: No Overnight

Supplier Notes: _____

☐ No bid
☐ Additional notes
(Attach separate sheet)

Item Attributes

1. Each Additionan Hour

List your rate per each additional day rate hour. _____

(Required: Maximum 1000 characters allowed)

2. Bus Capacity

List Your Bus Capacity

(Required: Maximum 1000 characters allowed)

3 List your cost for weekday trips running 225+ miles per day (Motor Coach)

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Supplier Notes: _____

☐ No bid
☐ Additional notes
(Attach separate sheet)

Item Attributes

1. Weekend Price

List your weekend price

(Required: Maximum 1000 characters allowed)

4 List your Multi-day trip with overnight stays per day (Motor Coach)

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Item Notes: Unit price is per each days cost

Supplier Notes:

☐ No bid
☐ Additional notes
(Attach separate sheet)

5 Mid-Coach Bus Up to 5 Hours

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Supplier Notes:

☐ No bid
☐ Additional notes
(Attach separate sheet)

Item Attributes

1. Passenger Size

List your passenger size

(Required: Maximum 1000 characters allowed)

2. ADA Capability

Does the Mid-Coach have ADA capability? Yes/No .

(Required: Maximum 1000 characters allowed)

3. ADA Capability Pricing

Is pricing the same? Yes/No . If No, List your pricing for ADA capability.

(Required: Maximum 1000 characters allowed)

6 Mid-Coach Day Rate 5 - 8 Hours*(Response required)*Quantity: 1 UOM: EA Unit Price: \$ Total: \$ Item Notes: No OvernightSupplier Notes: _____
_____☐ No bid
☐ Additional notes
(Attach separate sheet)**Item Attributes****1. Each Additionan Hour**List your rate per each additional day rate hour. _____

_____*(Required: Maximum 1000 characters allowed)***2. Bus Capacity**List Your Bus Capacity

_____*(Required: Maximum 1000 characters allowed)***7 List your cost for weekday trips running 225+ miles per day (Mid-Coach Bus)***(Response required)*Quantity: 1 UOM: EA Unit Price: \$ Total: \$ Supplier Notes: _____
_____☐ No bid
☐ Additional notes
(Attach separate sheet)**Item Attributes****1. Weekend Price**List your weekend price

_____*(Required: Maximum 1000 characters allowed)***8 List your Multi-day trip with overnight stays per day (Mid-Coach Bus)***(Response required)*Quantity: 1 UOM: EA Unit Price: \$ Total: \$ Item Notes: Unit price is per each days costSupplier Notes: _____
_____☐ No bid
☐ Additional notes
(Attach separate sheet)

9

Mini Coach Rate Up to 5 Hours*(Response required)*Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Supplier Notes: _____

- ☐ No bid
- ☐ Additional notes
(Attach separate sheet)

Item Attributes**1. Passenger Size**

List your passenger size

*(Required: Maximum 1000 characters allowed)***2. ADA Capability**

Does the Motorcoach have ADA capability? Yes/No _____.

*(Required: Maximum 1000 characters allowed)***3. ADA Capability Pricing**

Is pricing the same? Yes/No _____. If No, List your pricing for ADA Capability

*(Required: Maximum 1000 characters allowed)*1
0**Mini Coach Day Rate 5 - 8 Hours***(Response required)*Quantity: 1 UOM: EA Unit Price: \$ Total: \$ Item Notes: No Overnight

Supplier Notes: _____

- ☐ No bid
- ☐ Additional notes
(Attach separate sheet)

Item Attributes**1. Each Additionan Hour**

List your rate per each additional day rate hour. _____

(Required: Maximum 1000 characters allowed)

2. Bus Capacity

List Your Bus Capacity

(Required: Maximum 1000 characters allowed)

1 List your cost for weekday trips running 225+ miles per day (Mini Coach)

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Supplier Notes:

- ☐ No bid
☐ Additional notes
(Attach separate sheet)

Item Attributes

1. Weekend Price

List your weekend price

(Required: Maximum 1000 characters allowed)

1 List your Multi-day trip with overnight stays per day (Mini Coach)

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Item Notes: Unit price is per each days cost

Supplier Notes:

- ☐ No bid
☐ Additional notes
(Attach separate sheet)

1 TV/DVD Player

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Item Notes: If bus does not have an existing TV/DVD Player list your cost if requested to have one during a trip.

Supplier Notes:

- ☐ No bid
☐ Alternate specification
(Attach separate sheet)
☐ Additional notes
(Attach separate sheet)

1 Please list the Cancellation Fee, if your company charges one.

(Response required)

Quantity: 1 UOM: EA Unit Price: \$ Total: \$

Supplier Notes:

- ☐ No bid
☐ Alternate specification
(Attach separate sheet)
☐ Additional notes
(Attach separate sheet)

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

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

Print Name

Signature