



***Alleviate* Transportation Management, LLC**

P.O. Box 1552
Pasadena, MD 21123

Request For Proposal (RFP)

RFP: #12732-AU25, Nashville, Tennessee Shuttle Services in support of AU Season

Alleviate Transportation Management, LLC (“AlleviateTM”) issues this Request For Proposal (“RFP”) for shuttle services in Nashville, Tennessee. The services are required between Monday, January 27, and Sunday, March 2, 2025. Vehicles will provide alternating shuttle services between three locations (The Sonder at Village 21, Nashville Municipal Auditorium, and a practice set TBD). We require two Mercedes Executive Sprinters, or similar vehicles, daily. We anticipate total hours worked to be between 450-500 hours over the course of 38 days. Please submit an hourly flat rate only, per vehicle, with all fees and charges inclusive in the bid submission on page 2 of this document.

Contact: Brian Cushing, 410-212-6641, Brian@AlleviateTM.com

Proposal Due Date: No later than **Sunday, October 20 at Midnight.**

Terms and Conditions: This bid must be signed by a bidder authorized to make a binding commitment for the firm submitting the bid. By submitting a bid in response to this RFP, the bidder selected for award agrees that it shall comply with all Federal, State, and local laws, and regulations applicable to its activities under the resulting contract.

Any bidder selected for award must comply with the registration/verification requirements of their state Department of Assessments and Taxation.

Your signature below provides AlleviateTM your acknowledgment and acceptance of the terms and conditions contained herein. When this page is executed by an authorized officer of AlleviateTM, these specifications, terms, general conditions, and the winning bid price shall become a legally binding contract between the successful bidder and AlleviateTM.

Bidder Name:_____

Company Name:_____

Mailing Address:_____

Fleet Lot Address:_____

Phone: _____ **Email:**_____

Website:_____ **Dispatch Phone:**_____

Bid Submission...

Vehicle 1

Make: _____

Model:_____

Year:_____

Hourly Pricing, all-inclusive*:_____

Vehicle 2

Make: _____

Model:_____

Year:_____

Hourly Pricing, all-inclusive*:_____

**All-inclusive price suggests the total hourly rate, including all fees, Driver gratuity, and tolls (if applicable). Chosen affiliate partner(s) will be paid this rate multiplied by total hours service is provided.*

In addition to the information requested above, please provide a copy of your current insurance certificate, a list of fleet vehicles intended for service to this RFP, including registration number, and a copy of your W9.

Authorized Signature:_____

Full Name:_____

Date:_____