

Bid Opening Results For:

IFB NUMBER	22536
BID OPENING	8/28/2014
GROUP NUMBER	79005
PURCHASING OFFICER	Mark Milstein
TELEPHONE	(518) 402-5005

DESCRIPTION

Travel Management Services
(Statewide)

PS7

State of New York Executive Department
Office of General Services – NYS Procurement
Corning Tower – 38th Floor, Empire State Plaza
Albany, NY 12242

REQUEST FOR PROPOSALS

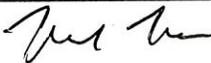
PROPOSALS MAY BE SENT TO THE ABOVE ADDRESS ONLY

(E-Mail and Facsimile Proposal Submissions Are NOT Acceptable)

BID OPENING DATE: August 28, 2014 TIME: 11:00 AM	TITLE: Group 79005 Travel Management Services (Statewide) Classification Code: 90
REQUEST FOR PROPOSALS NUMBER: <p style="text-align: center;">22536</p>	SPECIFICATION REFERENCE: <p style="text-align: center;">As incorporated in the Request for Proposals</p>
CONTRACT PERIOD: Five (5) year Contract.	
DESIGNATED CONTACTS:	
Primary Contact: <p style="text-align: center;">Mark Milstein</p> E-Mail: OGS.sm.PS_SW_TravelCoordination@ogs.ny.gov	Secondary Contact: <p style="text-align: center;">Todd Gardner</p> E-Mail: OGS.sm.PS_SW_TravelCoordination@ogs.ny.gov

The proposal must be fully and properly executed by an authorized person. By signing, you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this **REQUEST FOR PROPOSALS**, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying Law), and that all information provided is complete, true and accurate. By signing, Bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b). Additional Procurement Lobbying information may be accessed at: <http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html>

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i>	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i>
16-1524055	1000048089
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input checked="" type="checkbox"/> NYS Small Business ___5___ #Employees
	<input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business

Legal Business Name of Company Bidding: ADVANTAGE TRAVEL INC					
D/B/A - Doing Business As (if applicable):					
Street	City	State	Zip	County	
18 GREEN ST	ALBANY	NY	12207	ALBANY	
If applicable, place an "x" in the appropriate box <i>(check all that apply)</i> :		<input type="checkbox"/> Manufactured Within New York State	<input type="checkbox"/> Manufactured Outside New York State		
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____.					
Bidder's Signature: 		Printed or Typed Name: MICHAEL MCCABE			
Title: PRESIDENT		Date: 8/25/2014			
Phone : (518) 426 - 0052 ext ()		Toll Free Phone : (888) 444 - 4240 ext ()			
Fax : (518) 426 - 0484 ext ()		Toll Free Fax : () - ext ()			
E-mail Address: mmccabe@advantagetravelinc.com		Company Web Site: www.advantagetravelinc.com			
P.R. #	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>	OTHER <input type="checkbox"/>	MISSING PAGES

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Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i>		NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i>			
04-3599209					
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>		<input checked="" type="checkbox"/> NYS Small Business r 24 ___ #Employees	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business	
Legal Business Name of Company Bidding: Casey Travel, LLC					
D/B/A - Doing Business As (if applicable): Travel Leaders					
Street		City		State	Zip
7608 Oswego Rd.		Liverpool		NY	13090
County		Onondaga			
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>		<input type="checkbox"/> Manufactured Within New York State		<input type="checkbox"/> Manufactured Outside New York State	
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____					
Bidder's Signature: 			Printed or Typed Name: Joseph Janowski		
Title: Member			Date: 8/25/14		
Phone : (315) 622 - 2040 ext ()		Toll Free Phone : (888) 622 - 2040 ext ()			
Fax : (315) 622 - 3537 ext ()		Toll Free Fax : () - ext ()			
E-mail Address: jjanows3@twcny.rr.com			Company Web Site:		
FOR NEW YORK STATE PROCUREMENT USE ONLY					
P.R. #	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>	OTHER <input type="checkbox"/>	MISSING PAGES

751

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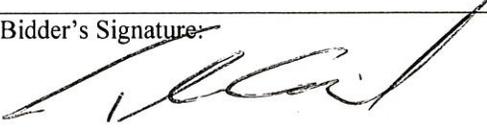
BID OPENING	TITLE: Group 79005
DATE: August 28, 2014	Travel Management Services (Statewide)
TIME: 11:00 AM	Classification Code: 90
REQUEST FOR PROPOSALS NUMBER:	SPECIFICATION REFERENCE:
22536	As incorporated in the Request for Proposals
CONTRACT PERIOD: Five (5) year Contract.	

DESIGNATED CONTACTS:

Primary Contact: Mark Milstein E-Mail: OGS.sm.PS_SW_TravelCoordination@ogs.ny.gov	Secondary Contact: Todd Gardner E-Mail: OGS.sm.PS_SW_TravelCoordination@ogs.ny.gov
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Bidder's Federal Tax Identification Number:	NYS Vendor Identification Number:		
<i>(Do not use Social Security Number)</i>	<i>(See "New York State Vendor File Registration" clause)</i>		
75-3203627	1000034499		
<small>applicable, place an "x" in the appropriate box (check all that apply):</small>	<input checked="" type="checkbox"/> NYS Small Business <u>25</u> #Employees	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business

Legal Business Name of Company Bidding: Child Travel New York, Inc.						
D/B/A - Doing Business As (if applicable): Child Albany Travel						
Street	City	State	Zip	County		
30 Corporate Drive	Clifton Park	NY	12065	Saratoga		
If applicable, place an "x" in the appropriate box (check all that apply):			<input checked="" type="checkbox"/> Manufactured Within New York State	<input checked="" type="checkbox"/> Manufactured Outside New York State		
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____						
Bidder's Signature: 			Printed or Typed Name: Thomas E Child			
Title: President			Date: 8/18/14			
Phone : (518) 292-9000		ext ()		Toll Free Phone : (800) 245-8459		ext ()
Fax : (518) 292-9090		ext ()		Toll Free Fax : () N/A		ext ()
E-mail Address: tchild@childalbanytravel.com			Company Web Site: www.childalbanytravel.com			
FOR NEW YORK STATE PROCUREMENT USE ONLY						
P.R. #	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>	OTHER <input type="checkbox"/>	MISSING PAGES	

Administrative-RFP 22536 Travel Management Services (Statewide)

Attachment 1: Cover Sheet

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Office of General Services - NYS Procurement
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Table with 2 columns and 4 rows containing bid opening details, request numbers, contract period, and designated contacts.

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Table with 2 columns: Bidder's Federal Tax Identification Number (87-0474355) and NYS Vendor Identification Number (4626673).



If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> NYS Small Business _____ #Employees <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business				
Legal Business Name of Company Bidding: Christopherson Andavo Travel, LP				
D/B/A - Doing Business As (if applicable): Christopherson Business Travel				
Street	City	State	Zip	County
5588 So. Green Street	Salt Lake City	UT	84123	Salt Lake County
If applicable, place an "x" in the appropriate box (check all that apply): <input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State				
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____				
Bidder's Signature: 			Printed or Typed Name: Michael A. Cameron	
Title: Business Development Executive			Date: Aug 25, 2014	
Phone : () ext () 801-327-7700		Toll Free Phone : ext ()		
Fax : ()		Toll Free Fax : () ext ()		
E-mail Address:		Company Web Site: www.cbtravel.com		

FOR NEW YORK STATE PROCUREMENT USE ONLY

P.R. # 22536 LIT <input type="checkbox"/> MEMO <input type="checkbox"/> LET <input type="checkbox"/> OTHER <input type="checkbox"/> MISSING PAGES <input type="checkbox"/>

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CONTRACT PERIOD: Five (5) year Contract.	
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<http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html>

Bidder's Federal Tax Identification Number: 74-2688510 <i>(Do Not Use Social Security Number)</i> 	NYS Vendor Identification Number: 1100125071 <i>(See "New York State Vendor File Registration" clause)</i>
If applicable, place an "x" in the appropriate box <input type="checkbox"/> NYS Small Business <input type="checkbox"/> Minority Owned Business <input checked="" type="checkbox"/> Women Owned Business (check all that apply): _____ #Employees	
Legal Business Name of Company Bidding:	

--

Corporate Travel Planners, Inc.				
D/B/A - Doing Business As (if applicable):				
Street	City	State	Zip	County
613 NW Loop 410, Suite 400, San Antonio, TX 78216, USA				
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>		<input type="checkbox"/> Manufactured Within New York State	<input type="checkbox"/> Manufactured Outside New York State	
If you are not bidding, place an "x" in the box and return this page only.				
<input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____.				
Bidder's Signature: 		Printed or Typed Name: Christine J. Prescott		
Title: CEO/Owner		Date: August 25, 2014		
Phone : (210) 366-4450		Toll Free Phone : (800) 523-9036 ext (1150)		
Fax : (210) 366-0474		Toll Free Fax : () - ext ()		
E-mail Address: Christy@ctptravelservices.com		Company Web Site: www.ctp-travel.com		

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P.R. # 22536	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>	OTHER <input type="checkbox"/>	MISSING PAGES
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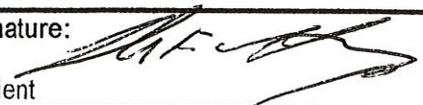
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Bidder's Federal Tax Identification Number: (Do Not Use Social Security Number) 20-019-6915		NYS Vendor Identification Number: (See "New York State Vendor File Registration" clause) 1000029805	
If applicable, place an "x" in the appropriate box (check all that apply):	<input checked="" type="checkbox"/> NYS Small Business 20 #Employees	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: Euro Lloyd Travel, LLC			
D/B/A - Doing Business As (if applicable):			
Street 1640 Hempstead Turnpike	City East Meadow	State NY	Zip 11554
County Nassau		If applicable, place an "x" in the appropriate box (check all that apply):	
<input type="checkbox"/> Manufactured Within New York State		<input type="checkbox"/> Manufactured Outside New York State	
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE			
Bidder's Signature: 		Printed or Typed Name: Joseph F. Herzig	
Title: President		Date: 25-August-2014	
Phone : (516) 228-4970 ext (-)		Toll Free Phone : (800) 334-2724 ext (-)	
Fax : (516) 228-8258 ext (-)		Toll Free Fax : (-) n/a ext (-)	
E-mail Address:		Company Web Site: www.eurolloyd.com	
FOR NEW YORK STATE PROCUREMENT USE ONLY			
P.R. #	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>
OTHER <input type="checkbox"/>		MISSING PAGES	

Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i> <u>13-2635933</u>	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i> <u>13-2635933 C</u>										
If applicable, place an "x" in the appropriate box <input type="checkbox"/> NYS Small Business <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business (check all that apply): _____ #Employees											
Legal Business Name of Company Bidding: FC USA, Inc.											
D/B/A - Doing Business As (if applicable): FCm Travel Solutions											
<table style="width:100%; border: none;"> <tr> <td style="text-align: left;">Street</td> <td style="text-align: left;">City</td> <td style="text-align: left;">State</td> <td style="text-align: left;">Zip</td> <td style="text-align: left;">County</td> </tr> <tr> <td colspan="2">269 Madison Avenue, New York NY 10016</td> <td>New York</td> <td></td> <td></td> </tr> </table>		Street	City	State	Zip	County	269 Madison Avenue, New York NY 10016		New York		
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269 Madison Avenue, New York NY 10016		New York									
If applicable, place an "x" in the appropriate box <input type="checkbox"/> Manufactured Within New York State <input type="checkbox"/> Manufactured Outside New York State (check all that apply): N/A for service provider											
If you are not bidding, place an "x" in the box and return this page only. <input checked="" type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____											
Bidder's Signature:  Title: President, FCm Travel Solutions USA	Printed or Typed Name: William McDonough Date: <u>6/20/14</u>										
Phone : (201) 786 - 8487 ext () Toll Free Phone : (N/A) - ext () Fax : (212) 213 - 0239 ext () Toll Free Fax : (N/A) - ext () E-mail Address: billy.mcdonough@us.fcm.travel Company Web Site: www.us.fcm.travel											
FOR NEW YORK STATE PROCUREMENT USE ONLY											
P.R. # 22536	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>	OTHER <input type="checkbox"/>	MISSING PAGES						

INDIVIDUAL, CORPORATION, PARTNERSHIP, OR LLC ACKNOWLEDGMENT

STATE OF PA }

SS.:

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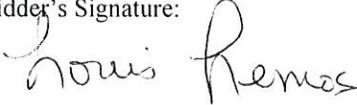
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Bidder's Federal Tax Identification Number: <i>(Do Not Use Social Security Number)</i>	NYS Vendor Identification Number: <i>(See "New York State Vendor File Registration" clause)</i>
16-1330634	
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input checked="" type="checkbox"/> NYS Small Business 31 #Employees <input type="checkbox"/> Minority Owned Business <input type="checkbox"/> Women Owned Business

Legal Business Name of Company Bidding: S & L Travel Corp.						
D/B/A - Doing Business As (if applicable): BTI The Travel Consultants						
Street		City		State		Zip
124 East Jefferson St.		Syracuse, NY		13202		ONONDAGA
			<input type="checkbox"/> Manufactured Within New York State		<input type="checkbox"/> Manufactured Outside New York State	
If you are not bidding, place an "x" in the box and return this page only. <input type="checkbox"/> WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____						
Bidder's Signature:  Title: President, CEO				Printed or Typed Name: Louis Lemos Date: 8/25/14		
Phone : (315) 472 - 7737 ext (101)				Toll Free Phone : (800) 472 - 7447 ext ()		
Fax : (315) 472 - 2310 ext ()				Toll Free Fax : () - ext ()		
E-mail Address: Lemos@btitravel.com				Company Web Site: www.bitravel.com		
FOR NEW YORK STATE PROCUREMENT USE ONLY						
P.R. #	LIT <input type="checkbox"/>	MEMO <input type="checkbox"/>	LET <input type="checkbox"/>	OTHER <input type="checkbox"/>	MISSING PAGES	

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<p style="font-size: 1.2em; font-family: cursive;">161323005</p>	<p style="font-size: 1.2em; font-family: cursive;">1100013244</p>
If applicable, place an "x" in the appropriate box <i>(check all that apply):</i>	<input checked="" type="checkbox"/> NYS Small Business <input type="checkbox"/> Minority Owned Business <input checked="" type="checkbox"/> Women Owned Business
Legal Business Name of Company Bidding: <p style="font-size: 1.2em; font-family: cursive;">STOUROFF + TAYLOR TRAVEL LTD.</p>	
D/B/A - Doing Business As (if applicable):	

State of New York Executive Department
 Office of General Services – NYS Procurement
 Corning Tower – 38th Floor, Empire State Plaza
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CONTRACT PERIOD: Five (5) year Contract.	
DESIGNATED CONTACTS:	
Primary Contact: Mark Milstein E-Mail: OGS.sm.PS_SW_TravelCoordination@ogs.ny.gov	Secondary Contact: Todd Gardner E-Mail: OGS.sm.PS_SW_TravelCoordination@ogs.ny.gov

The proposal must be fully and properly executed by an authorized person. **By signing, you certify your express authority to sign on behalf of yourself, your company, or other entity and full knowledge and acceptance of this REQUEST FOR PROPOSALS, Appendix A (Standard Clauses For New York State Contracts), Appendix B (OGS General Specifications), and State Finance Law §139-j and §139-k (Procurement Lobbying Law), and that all information provided is complete, true and accurate. By signing, Bidder affirms that it understands and agrees to comply with the OGS procedures relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).** Additional Procurement Lobbying information may be accessed at: <http://www.ogs.ny.gov/aboutOgs/regulations/defaultAdvisoryCouncil.html>

Bidder's Federal Tax Identification Number:

(Do Not Use Social Security Number)

91-1834038

NYS Vendor Identification Number:

(See "New York State Vendor File Registration" clause)

If applicable, place an "x" in the appropriate box NYS Small Business Minority Owned Business Women Owned Business
 (check all that apply): _____ #Employees

Legal Business Name of Company Bidding:
 USTravel Alaska LLC

D/B/A - Doing Business As (if applicable):

Street 999 E. Tudor Rd. City Anchorage State AK Zip 99503 County Anchorage Municipality

If applicable, place an "x" in the appropriate box Manufactured Within New York State Manufactured Outside New York State
 (check all that apply):

If you are not bidding, place an "x" in the box and return this page only.

WE ARE UNABLE TO BID AT THIS TIME BECAUSE _____

Bidder's Signature: *Julie Crotts* Printed or Typed Name: Julie Crotts

Title: CEO PNW/AK Date: August 26, 2014
 Phone : (206) 674 -4440 ext () Toll Free Phone : (800) 927 - 7232 ext ()
 Fax : (206) 674 - 4444 ext () Toll Free Fax : () - ext ()
 E-mail Address: julie.crotts@ustravel.com Company Web Site: www.ustravel.com

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