

Addendum #1
May 8, 2025

8th Grade Washington DC Trip

OPENING DATE: 5/30/25
OPENING TIME: 11:00 a.m.
RFP NUMBER: 2531-25

This Addendum No. 1 is being issued to answer the following question:

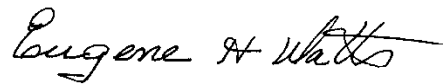
Question:

Can you please post the RFP Response Matrix from the RFP PDF in a word document version so that we can add responses? The current non-PDF is just the excel doc.

Answer:

See the Response Matrix Template in MS Word format attached

All project requirements, except for those that are specifically added or modified by this Addendum shall remain in full effect.



Eugene H. Watts

END OF ADDENDUM #1

This Template is being provided to facilitate submitting the Response Matrix part of your proposal in MS Word format.

Response Matrix Template

In Response to the Greenwich Public Schools RFP
for a 3-Day 2-Night Educational Experience
in Washington DC
for all 8th Grade Students



THE GPS 8TH
GRADE DC TRIP
SCHOLARSHIP
FUND

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RFP Response Matrix

Please indicate responses below

Transportation & Accommodations	Response
List the transportation vendor used to transport students to and from Greenwich CT and Washington DC	
Confirm that the same transportation vendor will transport the students to various locations in Washington DC, or indicate alternate transportation	
Please indicate if the buses and drivers will be in the Greenwich area the night before the trip begins, to ensure that they are available and rested at the departure time	
List the hotel used to house students and teachers in the Washington DC area.	
Please indicate the alternate hotel(s) you use in the event that your primary hotel is not available.	
Please indicate the number of students per hotel room.	
Please indicate if every room will have its own bathroom, with shower.	

Please indicate if you are able to put male students and female students on separate floors, or separate areas of the hotel.	
Please indicate the basis used for determining the number of GPS teachers included in the bid price for meals and accommodations with a maximum of 2 adults per room (for example, 1 GPS teacher per 10 students).	
Please indicate the basis used in determining the number of night chaperone staff that you will provide (for example, 1 night chaperone per hotel floor that has our students).	

Meals

In the rows below:

- Indicate the meals included in your proposal (breakfast, lunch, dinner) for each of the days (Day 1, Day 2, etc.).
- Indicate the venue / restaurant if known, or provide a “typical” example
- Indicate if the proposed breakfast venue(s) accommodate all of the students at the same time. If not, indicate how many students can be accommodated simultaneously.
- Indicate if there is a maximum value / maximum per diem for each meal (and the amount)

	Response	Included in bid price (Y/N)	Available option (indicate Yes or No. Include option costs in the Price Proposal)	Not Available
Day 1 (travel to Washington DC) – Lunch or other on-bus/enroute snacks or food				
Day 1 (travel to Washington DC) – Dinner				
Day 2 – Breakfast				
Day 2 – Lunch				
Day 2 – Dinner				
Day 3 (Return to Greenwich CT) – Breakfast				
Day 3 (Return to Greenwich CT) – Lunch				
Day 3 (Return to Greenwich CT) – Other on-bus/enroute snacks or food				

Itinerary	Response
Please indicate the tentative dates and alternate dates you are proposing for the 3 GPS Middle School trips in 2026	
Please indicate your ability to work with the teachers in advance of the trip to make modest adjustments to the daily itinerary for each of the 3 Middle Schools, to accommodate their educational priorities	
Please indicate your ability to make adjustments to the daily itinerary in the event that change is needed (inclement weather, unanticipated closing of a venue, etc.)	

Please indicate if one or more all-class social events and each of the venues / sites listed below are included in your proposal, or are available options, or are not available with the proposed itinerary

	Response	Included in bid price (Yes/No)	Available option (indicate Yes or No and include option costs in the Price Proposal)	Not Available
Please indicate the whole-class social event provided in your proposal for each Middle School 8th Grade class.				
The Capitol Building				
Washington Monument				
The White House				
National Archives				
The Holocaust Museum				
The African American Museum				
Arlington National Cemetery				
Smithsonian Museum(s) – please specify				

Mount Vernon				
Ford's Theatre				
Other sites / venues (Please add a row for each)				

Please provide a sample itinerary for	
• Day 1	1. Travel from Greenwich CT to Washington DC, 7:00 am to 12:00 pm (example) 2.
• Day 2	1.
• Day 3	1. 2. Travel from Washington DC to Greenwich CT, 1:00 pm to 6:00 pm (example)

Legal, Risk, and Compliance	Response
Please indicate the criminal and other background checks and vetting used for the people staffed as night chaperones	
Please indicate the criminal and other background checks and vetting used for the people who will act as guides during the trip	
Please indicate the qualifications you use in selecting staff who act as guides	
Please indicate your plan of supervision for monitoring staff who have contact or are in proximity with students	
Please indicate all training you provide to staff (guides, night chaperones, others), which may include but is not limited to: • Safety and emergency training & certifications • Sexual and physical harassment, abuse, molestation training • Anti-discrimination, anti-hate, antisemitism training • Dispute and conflict resolution training • Tour Guide content training • others	
Has your organization ever had an incident which resulted in an allegation of sexual or physical misconduct or abuse or molestation?	

If yes, describe: a. Was a suit brought against the organization? b. Was the case settled? c. Was the case taken to trial? d. How much money was paid as damages?	
Has your organization ever been sued for breach of contract or any other liability? If yes, please describe the incident(s) and indicate: a. Was the case settled? b. Was the case taken to trial? c. How much money was paid as damages?	

Please provide at least 3 client references that we may contact.	
Reference 1	
Reference 2	
Reference 3	

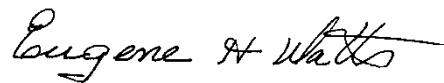
Insurance Providers	
Please indicate the insurance provider(s) your firm has policies with and whether they have an AM Best Rating of A: VII or better	
Please indicate the insurance provider(s) used by the transportation provider and whether they have an AM Best Rating of A: VII or better	

Insurance Requirement Agreement	Response		Comment (Required for any "No" response)
	YES	NO	
Your firm will procure and maintain General Liability insurance for all contract operations with minimum coverages for combined bodily injury and property damage liability of \$2,000,000 general aggregate, \$1,000,000 per occurrence including: 1. Commercial General Liability. 2. Town as additional insured.			
Your firm, or your partner providing transportation services, will procure and maintain Comprehensive Automobile Liability for all contract operations, with minimum coverages of \$10,000,000 combined single limit for bodily injury and			

property damage, including, where applicable, coverage for any vehicle, all owned vehicles, scheduled vehicles, hired vehicles, non-owned vehicles and garage liability.			
Your firm will procure and maintain Excess Liability insurance for all contract operations, with minimum coverage of \$5,000,000 in umbrella form, or such other form as approved by Town Department Head and Risk Management Director.			
Your firm will procure and maintain Workers' Compensation and Employer's Liability, with minimum coverages as provided by Connecticut State Statutes.			
Your firm will provide an ACORD Certificate(s) of Insurance with the Greenwich PTA Council, the PTAs of the 3 middle schools, the Greenwich Alliance for Education, the Town of Greenwich, and the Greenwich Board of Education & Greenwich Public Schools as named insureds.			

Your Firm acknowledges that you will maintain the above insurance coverages in force to secure all of the Contractor's obligations under the Contract with an insurance company or companies with an AM Best Rating of A: VII or better, licensed to write such insurance in Connecticut and acceptable to the Risk Manager, Town of Greenwich. For excess liability only, non-admitted insurers are acceptable, provided they are permitted to do business through Connecticut excess line brokers per listing on the current list of Licensed Insurance Companies, Approved Reinsurers, Surplus Lines Insurers and Risk Retention Groups issued by the State of Connecticut Insurance Department.			
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All project requirements, except for those that are specifically added or modified in writing shall remain in full effect.



Eugene H. Watts

END OF TEMPLATE

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