

# Request for Proposals

## AUTOMATED TELLER MACHINE (ATM)

### Richland – Lexington Airport District West Columbia, SC

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ISSUED DATE: June 1, 2022

ISSUED BY: Richland – Lexington Airport District  
3250 Airport Blvd, Suite 10  
West Columbia, SC 29170

POINT OF CONTACT: Lindsay Copelan, Properties Manager  
Email: [l.copelan@flycae.com](mailto:l.copelan@flycae.com)

QUESTION DEADLINE: June 15, 2022; no later than 2:00 p.m. EDT  
Richland – Lexington Airport District  
Attn: Lindsay Copelan, Properties Manager  
3250 Airport Blvd, Suite 10  
West Columbia, SC 29170

PROPOSAL DEADLINE: June 30, 2022; no later than 2:00 p.m. EDT  
Richland – Lexington Airport District  
Attn: Lindsay Copelan, Properties Manager  
3250 Airport Blvd, Suite 10  
West Columbia, SC 29170

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**I. PURPOSE OF REQUEST**

The Richland-Lexington Airport District (“District”) through this Request for Proposal (“RFP”) invites written proposals from qualified Contractors (“Contractors”) to provide **Automated Teller Machine (ATM)** at the Columbia Metropolitan Airport (“Airport”)

**II. INSTRUCTIONS TO PROPOSERS**

A. Contractors shall submit five (3) hard copies of their proposal. Proposals must be enclosed in a sealed envelope, box or package, and clearly marked on the outside with the following: DO NOT OPEN – PROPOSAL ENCLOSED, “Automated Teller Machine”, Contractor’s name, address, phone, and primary contact name. Proposals must be delivered to the following address:

Columbia Metropolitan Airport  
3250 Airport Blvd, Suite 10  
West Columbia, SC 29170  
Attention: Lindsay Copelan, Properties Manager

B. All proposals must be delivered by **2:00 p.m. EDT, June 30, 2022**. Requests for extension of time to submit will not be granted. Late proposals will be rejected. Proposals sent via e-mail or fax will not be accepted.

C. The opening and reading of a proposal does not constitute the District's acceptance of the Contractor as a responsive and responsible Proposer.

D. It is the sole responsibility of the Contractor to insure that the proposal arrives on time and bears the handwritten signature of an official duly authorized to sign all three copies. The name, address and telephone number of the person to contact must be clearly identified.

E. Any questions about the RFP should be directed in writing to:

Lindsay Copelan  
Properties Manager  
3250 Airport Blvd, Suite 10  
West Columbia, SC 29170  
Email: l.copelan@flycae.com

F. Other than with written consent from the Point of Contact, all Proposers, including any persons affiliated with or in any way related to a Proposer, are strictly prohibited from contacting any Commissioners or any District personnel on any matter having to do in any aspect with this RFP after June 1, 2022. Any other contact with such persons associated with the District shall be made only through and in coordination with the Point of Contact and must be made in writing. Prohibitive or inappropriate contacts made by Proposer may result in the disqualification of the Proposer. This requirement will be strictly enforced.

G. The District may elect to issue addenda to this RFP. All addenda will be posted on the District website at the following URL:

<https://flycae.com/procurement-bids/>

It is the responsibility of the Proposer to view, obtain or download all addenda issued by the District for this RFP. The Proposer shall acknowledge all issued addenda on the Acknowledgement of Addendum Form. Submission of a proposal establishes a conclusive presumption that the Contractor is thoroughly familiar with the Request for Proposal (RFP) and that the Contractor understands and agrees to abide by all of the stipulations and requirements contained therein.

- H. All notations must be typed or printed in ink. No erasures are permitted. Mistakes may be crossed out and corrections must be initialed in ink by the person(s) signing the Proposal Form.
- I. All costs incurred in the preparation and presentation of the proposal is the Contractor's sole responsibility; no costs will be reimbursed to any Proposer.
- J. All documentation submitted with the proposal will become the property of the District.
- K. Proposals are to be submitted as outlined below:
  - 1. Proposer Questionnaire
  - 2. References
  - 3. Proof of Insurance Coverage
  - 4. Certification
  - 5. Proposal Form
  - 6. Acknowledgement of Addendum
- L. The District reserves the right to cancel any or all solicitations, in whole or in part, as well as reject any or all proposals, or to accept or reject any proposal in part, and to waive any minor informality or irregularity in proposals received if it is determined by the Executive Director or his designee that the best interest of the District will be served by so doing. If the solicitation is cancelled or all proposals are rejected by the District, a notice will be posted on the District website as identified for the posting of addenda. A proposal will not be considered from any person, firm or corporation that is in arrears or in default to the District on any contract, debt, or other obligation, or if the Proposer is debarred by the District from consideration for a contract award.
- M. Proposals are subject to public disclosure after the final ranking in accordance with state law. All information contained in any submitted bid, request for proposal, or request for qualifications document to the District will be available for public review upon Freedom of Information Act (FOIA) request. All Contractors are hereby advised that any information that they may consider to be confidential or proprietary and would give a competitive advantage if disclosed, should be identified, along with a statement as to whether or not a claim of confidential or proprietary privilege is being asserted. If such information is later sought by a FOIA request, the Contractor will be allowed to justify its claim of privilege and the District will assess the validity of said claim in advance of any release.
- N. In the event a contract is entered into pursuant to this RFP, the Contractor shall not discriminate against any qualified employee or qualified applicant for employment because of race, sex, color, creed, national origin or ancestry. The Contractor must include in any and all subcontracts a provision similar to the above.
- O. Any ambiguity in any proposal as a result of omission, error, lack of clarity or non-clarity by the Contractor with this RFP, instructions, and all conditions of the submission shall be interpreted in the light most favorable to the District.

P. The District has set the following schedule:

<u>Action Item</u>	<u>Date</u>
Request for Proposal Issued	June 1, 2022
Deadline for Proposal Question Submission	June 15, 2022 by 2:00 pm EDT
Questions and Answers Posted to Airport Website	June 16, 2022
Deadline for Proposal Submission	June 30, 2022 by 2:00 pm EDT

**III. TERMS AND CONDITIONS**

- A. The District is seeking proposals from Contractors to provide Automated Teller Machine for a period effective August 1<sup>st</sup>, 2022 for a three (3) year term with an option to renew the agreement up to one (1) additional twelve (12) month period at the sole discretion of the District.
- B. The District reserves the right to reject any or all proposals, or to award the contract to the next most qualified Contractor if the selected Contractor does not execute a contract within fourteen (14) days after the award of the proposal.
- C. The District reserves the right to request any supplementary information it deems necessary to evaluate the Contractor's experience, qualifications, or to clarify or substantiate any information contained in the Contractor's submittal.
- D. Any proposal submitted will constitute an irrevocable offer, for a period of ninety (90) days, to sell to the District the services set forth in the enclosed Scope of Services and Specifications.
- E. If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner the obligations agreed to, the District shall have the right to terminate its contract by specifying the date of termination in a written notice to the Contractor at least thirty (30) days before the termination date. In this event, the Contractor shall be entitled to just and equitable compensation for any satisfactory work completed.
- F. Any agreement or contract resulting from the acceptance of a proposal shall be on forms either supplied by or approved by the District and shall contain, at a minimum, applicable provisions of the RFP. The District reserves the right to reject any agreement that does not conform to the RFP and to any District requirements for agreements and contracts.
- G. The Contractor shall not assign any interest in the contract and shall not transfer any interest in the same without prior written consent of the District.
- H. No reports, information, or data given to or prepared by the Contractor under the contract shall be made available to any individual or organization without the prior written approval from the District.
- I. The Contractor is responsible for any damage caused by their employees and/or equipment to any District property and shall replace any damaged piece of property at no cost to the District.

- J. Insurance Requirements: The selected Contractor shall carry and keep in force a comprehensive general liability and employer liability insurance by an insurance company authorized to do business in the State of South Carolina with limits of liability as follows:

Employer Liability	\$1,000,000
Comprehensive General Liability	
Bodily Injury	\$1,000,000 each occurrence, and \$2,000,000 aggregate
Property Damage	\$1,000,000 each occurrence, and \$2,000,000 aggregate

The selected Contractor shall furnish certificates of professional liability insurance satisfactory to the District as to contents and carriers. Upon execution of a contract, the selected Contractor shall furnish to the District a good and sufficient Certificate of Insurance by said insurance company, and an Owner’s Protective Liability Policy naming the Richland-Lexington Airport District, the Richland-Lexington Airport Commission, and the Richland-Lexington Airport District Employees as named insured. Both policies shall contain the stipulation and agreement that the insurance provided by said policies is continually in full force and effect and is not subject to cancellation or modification in full or in part without thirty (30) days advance written notice to the District.

- K. Workers’ Compensation and Employer’s Liability Insurance: The Contractor shall maintain workers’ compensation and employer’s liability insurance in the amounts and form required by the laws of the State of South Carolina. The Contractor shall furnish a certification of said insurance to the District certifying that the District will be given thirty (30) days written notice of non-renewal, cancellation or other material change.

**IV. SELECTION PROCESS AND CRITERIA**

A selection will be based on the best qualified proposal submitted for the items specified in the scope of services.

**QUALIFICATIONS/CERTIFICATIONS**

Proposers must document that their firm has experience in providing this service to other companies for at least five years. ATM provider shall be Federal Deposit Insurance Corporation (FDIC) insured. While no ACDBE/DBE participation goal has been established for this opportunity, ACDBE/DBE participation is encouraged.

## V. SCOPE OF SERVICES

The ATM operator must install and maintain ATM equipment, any necessary stand or cabinet to support the ATM, and all proposed signage. The ATM must provide:

- Cash withdrawals in increments of not more than \$20.00, to a maximum per withdraw of not less than \$300.00.
- Account balance inquiry

Continuous availability of ATM service is very important to the airport patrons. The District expects the ATM to be fully functional during the terminal buildings operating hours. In its proposal submission, the proposer should address its plans for ensuring continuous amiability.

### SURCHARGES AND RENT

All fees' charges to the ATM users by the ATM operator and processing network (but not by the user's bank) will hereinafter be called "surcharges." Throughout the contract term, all surcharge amounts will require the approval of the District. The District expects the surcharge per withdrawal or cash advance transaction to begin at or below \$2.00 per transaction. The surcharge must be clearly disclosed to ATM users.

In return for the right to operate its ATM and occupy space for its ATM within the terminal building, the District expects monthly payments of rent. The rent will be at a rate of \$450.00 per month (\$5,400.00 annually) per ATM location.

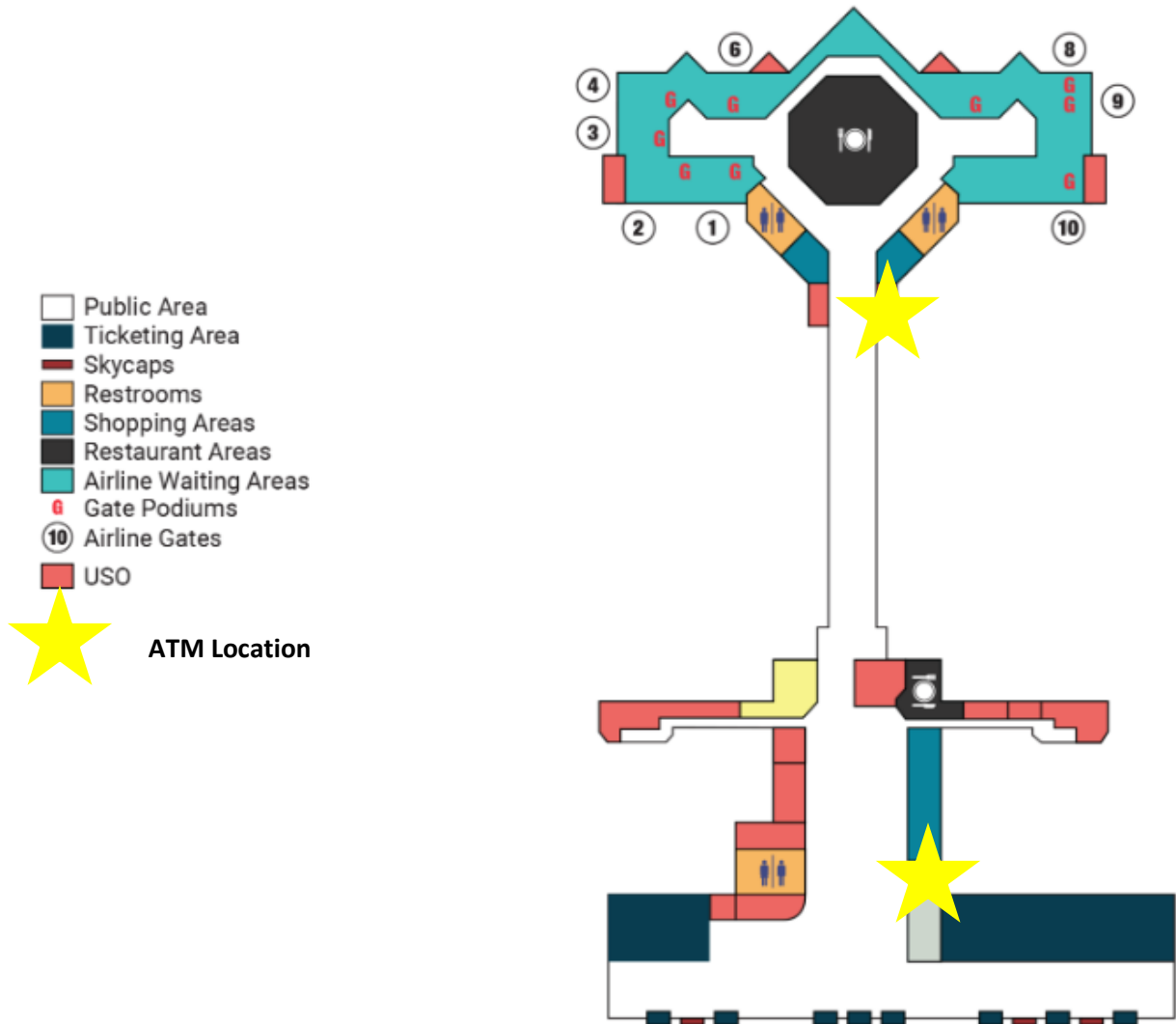
### LOCATION AND UTILITIES

- The ATM's location within the airport terminal building is depicted in VI. Attachments
- The district will provide an appropriate electrical connection at the ATM location and will pay for the electrical utility service.
- The ATM operator must provide any necessary telecommunications services.

**<END OF SCOPE OF SERVICES AND SPECIFICATIONS>**

## VI. ATTACHMENTS

### 1. ATM's Location





**VII. PROPOSERS QUESTIONNAIRE**

1. Furnish the Company name, principal address, and phone number:

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2. Does the Contractor possess a valid South Carolina Commercial Pesticide Applicators License, a valid South Carolina Business License and all other applicable local, state and Federal credentials?

( ) Yes ( ) No

3. How many years has your organization been in business as a Landscaping contractor?

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4. How many years of experience has your organization had with related work to this RFP?

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5. List the equipment that you possess that will enable you to perform the contract. Use additional sheets if necessary.

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6. How many employees does your organization have?

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7. What are your organization’s technical capabilities and approach to meeting the specification requirements? Use additional sheets if necessary.

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8. List the name(s) and contact number(s) for the supervisor(s) that will oversee this account.

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9. What are the capabilities and experience of the supervisor(s) that will oversee this account?

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10. Does the Contractor have, or can they obtain the insurance coverage for this project as described in the “Terms and Conditions” section of the RFP?

( ) Yes ( ) No

11. In the last five years has any insurance carrier, for any form of insurance, refused to renew the insurance policy for the Contractor?

( ) Yes ( ) No

If “yes,” give name, the insurance carrier, the form of insurance and the year of the refusal.

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12. At the time of submitting this Questionnaire, is the Contractor ineligible to bid on or be awarded a public contract in the state of South Carolina?

( ) Yes ( ) No

13. Has South Carolina OSHA cited and assessed penalties against the Contractor for any “serious,” “willful” or “repeat” violations of its safety or health regulations in the past five years?

( ) Yes ( ) No

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

If “yes,” provide a brief explanation of the citation. Use additional sheets if necessary.

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14. Has the federal OSHA cited and assessed penalties against the Contractor Firm in the past five years?

( ) Yes ( ) No

NOTE: If you have filed an appeal of a citation, and the Occupational Safety and Health Appeals Board has not yet ruled on your appeal, you need not include information about it.

If “yes,” provide a brief explanation of the citation. Use additional sheets if necessary.

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**REFERENCES**

References: Please provide at least five (5) current commercial / institutional customers references that have automated teller machines of similar type, size, complexity and use.

1. Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of acres: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

2. Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of acres: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

3. Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of acres: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

4. Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of acres: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

5. Business Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
# of acres: \_\_\_\_\_ Length of relationship: \_\_\_\_\_

**PROOF OF INSURANCE COVERAGE**

Proposer shall provide the District with satisfactory evidence of the Proposer’s Professional Liability Insurance from a company satisfactory to the District and licensed to transact business in the State of South Carolina. Proposer shall submit this form with its proposal.

\_\_\_\_\_

**INSURER:**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT NAME AND PHONE: \_\_\_\_\_

**Proposer is required to submit a letter or certificate from the Company providing insurance certifying that the Contractor has professional liability insurance in accordance with the terms set forth in this RFP.**

Date: \_\_\_\_\_

**Corporate Proposer:**

Business Name \_\_\_\_\_

Proposer Name: \_\_\_\_\_

Proposer Title: \_\_\_\_\_

Corporate Secretary/Assistant: \_\_\_\_\_

Secretary (Seal)

**Non-Corporate Proposer**

Business Name \_\_\_\_\_

Proposer Name: \_\_\_\_\_

Proposer Title: \_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public (Seal)

**CERTIFICATION**

I, undersigned, on behalf of the Contractor, certify and declare that I have read all the foregoing answers to this Proposer's Questionnaire and know their contents. The matters stated in the answers are true of my own knowledge and belief, except as to those matters stated on information and belief, and as to those matters I believe them to be true. I declare under penalty of perjury under the laws of the State of South Carolina that the foregoing is correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

### VIII. BID DOCUMENT

The proposer's bid document must include the following information, at a minimum:

1. A full description of the business entity that would enter into the agreement to provide the ATM services, and contact information for the person who would answer questions about the proposal.
2. The types of ATM, credit or debt cards that will be supported by the ATM.
3. The make and model of ATM equipment to be installed. A photograph or drawing of the equipment should be provided.
4. The ATM shall support all transactions in both English and Spanish.
5. A complete description of the services available at the ATM (e.g. withdrawals, cash advances, balance inquiries)
6. An operating plan describing the way the ATM will be regularly maintained and replenished with cash. The operating plan must address the way service outages should be reported and the expected response times for repair services.
7. The initial surcharge amount proposed.

**ACKNOWLEDGMENT OF ADDENDUM**

Proposers must initial each applicable Addendum below and complete the designated Corporate or Non-Corporate Proposer section and submit this form with their Proposal as acknowledgment of receipt of all issued Addendum.

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This is to acknowledge receipt of the following **Addendum(s)** for **Request for Proposals (RFP) / Interior P Maintenance Services**

1. \_\_\_\_;            2. \_\_\_\_;            3. \_\_\_\_; and            4. \_\_\_\_.

Dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Corporate Proposer:**

**Business Name** \_\_\_\_\_

**Proposer Name:** \_\_\_\_\_

**Proposer Title:** \_\_\_\_\_

**Corporate Secretary/Assistant:** \_\_\_\_\_

**Secretary (Seal)**

**Non-Corporate Proposer**

**Business Name** \_\_\_\_\_

**Proposer Name:** \_\_\_\_\_

**Proposer Title:** \_\_\_\_\_

**Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

**Notary Public (Seal)**