

PRIME TIME, Inc.

Transportation Agreement

Host Site: _____

Program Coordinator: _____

The **Program Coordinator** acting on behalf of the host site and serving as the lead coordinator of the PRIME TIME program, hereby engages (hereafter referred to as **Service Provider**) to provide the following services:

Program Coordinator Duties

Program Coordinator will provide names and addresses of participants requiring transportation. The **Program Coordinator** will notify the PRIME TIME participants who requested transportation of the bus schedule and remind them of the program dates.

Service Provider Duties

Service Provider will schedule pick-up and drop-off times so as to deliver the PRIME TIME participants to the host site before the start time. Following a pre-planned route with scheduled stops, **Service Provider** will provide round-trip transportation to and from the PRIME TIME programs at the host site for the number of program participants specified by the Program Coordinator. **Service Provider** will observe all operating procedures, regulations, and safety practices required by the host site for transporting passengers. Upon arrival at the host site, **Service Provider** will ensure that all passengers safely exit the vehicle. After the program is concluded, **Service Provider** will ensure that all passengers are present for the return trip to their homes.

Insurance

Service Provider will provide liability and worker's compensation insurance coverage during the provision of the service as stated in this contract. **Service provider** will also submit proof of this insurance to **Program Coordinator** with signed agreement. (**Program Coordinator** will attach copies to data packet receipts submitted to LEH.)

Payment

If needed, the **Program Coordinator** will use the program support stipend to issue payment at the agreed upon point(s) in time to the **Service Provider** based on the agreed upon amount or rate.

Service Details

Session 1: _____

Session 2: _____

Session 3: _____

Session 4: _____

Session 5: _____

Session 6: _____

Service Provider: _____

Business Address: _____

City, State and Zip: _____

Phone Number: _____

Federal Tax ID# or SSN: _____

of Transported Families: _____

Payment Amount: _____

Service Provider Signature

Date

Program Coordinator Signature

Date