**AFFILIATION AGREEMENT** – FY20

The following agreement is being written in accordance with HST Program-based standards, which state that a written agreement should be developed between transportation vendors and Program Directors regarding the following:

# 1. Inclement Weather Policy

In the event of inclement weather, both .................................. (vendor) and .................................. (program) will communicate with one another at least two hours prior to the program start time. During this communication, a decision will be made by both parties if they will be operating on the specific day.

* If the vendor determines that it is unsafe to operate during inclement weather, the program can still make the decision to remain open. If this occurs, the program understands that consumers will have to find alternative means to get to the program.
* In the event that the Governor’s Office declares a state of emergency regarding weather, all transportation will be canceled within the designated counties. If the Governor’s Office declares a delay for all state employees, the same delay will apply for the program sites. The vendor must adjust accordingly.

Please indicate, in the chart below, which party(s) will be responsible for making notifications during inclement

weather:

|  |  |  |  |
| --- | --- | --- | --- |
| **Canceling Party** | **Consumer Notifications:** | | |
| Vendor | All Consumer Residences | | |
| Program | All Consumer Residences | | |
| Governor (State of Emergency/Designated Counties) | Vendor | Consumers with the last name A through M | Consumers with the last name  N through Z |
| Program | Consumers with the last name N through Z | Consumers with the last name  A through M |

# Additional Notifications (if applicable):

In addition to telephone notifications, please indicate any additional means of notification to consumers:

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor | Broadcast Local News on Channel  ................... | Call-in Voicemail  Please indicate the contact number  ................................................................... | Other:  ................................................... |
| Program | Broadcast | Call-in Voicemail | Other: |
| Local News  on Channel | Please indicate the contact number |  |
| ................... | ................................................................... | ................................................... |

# Communication:

In the event either party needs to be reached, please provide contact information for both normal business hours and after-hours (Please note that two contacts should be listed for each):

# During Programing Hours:

Name: Title:

|  |  |
| --- | --- |
| Vendor Contact # 1 | Vendor Contact # 2 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Business Address: Cell Phone # Other Phone # Email Address:

Name: Title:

|  |  |
| --- | --- |
| Program Contact # 1 | Program Contact # 2 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Business Address: Cell Phone # Other Phone # Email Address:

# After Hours / Emergency

Name: Title:

|  |  |
| --- | --- |
| Vendor Contact # 1 | Vendor Contact # 2 |
|  |  |
|  |  |
|  |  |
|  |  |

Cell Phone # Other Phone #

Name: Title:

|  |  |
| --- | --- |
| Program Contact # 1 | Program Contact # 2 |
|  |  |
|  |  |
|  |  |
|  |  |

Cell Phone # Other Phone #

|  |  |  |
| --- | --- | --- |
| **Regional Transportation Authority (RTA) Contact Info** | | |
| Name | Phone | When to Call |
|  |  | Regular Business Hours |
|  |  | After Hours |

# Arrival and Departure Times:

Transportation Vendor agrees to honor all program pickup and drop off times and procedures as agreed upon according to current contractual agreements.

* In the event that the transportation vendor is notified by one of its drivers that the driver will be late or absent, the

transportation vendor will notify the affected programs.

* In the event that the above issue affects scheduled drop off times at the residences of individuals, the transportation vendor will notify the affected residences.
* In agreement with DDS standards, the transportation vendor vehicles will wait no longer than 15 minutes at any program due to any individual behavioral occurrences.
* The transportation vendor will not board any individual exhibiting behavioral issues, acting aggressively, or exhibiting any behaviors that could be a danger to themselves or any other individual during transit.

# Orientation:

Drivers and monitors must be made available to attend consumer team meetings when necessary to discuss consumer specific needs. The transportation vendor will initiate contact with the Program to coordinate the scheduling of the team meeting. This will be done at the transportation vendor’s expense. The team meeting will not exceed one hour in duration and its purpose is to familiarize drivers and monitors with Program operations and increase sensitivity to individual needs.

# Incident Reporting:

The transportation vendor will notify Regional Transit Authority (RTA) immediately of an incident occurring during the transit of individuals. A follow up incident report will be filed with RTA and the Program within 24 hours of the incident occurrence.

# Program Response:

In order to complete this agreement, all programs in receipt of this agreement should submit all the information necessary for its completion to the transportation vendor.

# Additional Agreement Terms:

This agreement will be in effect for the contract period FY20 with the understanding that both parties are required to process and update if respective changes are made to individuals and contacts listed.

|  |
| --- |
| **Transportation Vendor** |
| Company Name |
| Printed Name |
| Signature |
| Title |
| Date |
| Telephone |

|  |
| --- |
| **Program Site** |
| Program Name |
| Printed Name |
| Signature |
| Title |
| Date |
| Telephone |

|  |
| --- |
| **RTA Signoff** |
| RTA |
| Printed Name |
| Signature |
| Title |
| Date |
| Telephone |