

## **Limited-Mode Special Purpose Contract Service Provider or Community Van Application**

(Transit Agency to Service Provider or User Group)

Thank you for your interest in helping our agency meet our mission of providing quality transportation services for the public. In order to determine if we can be partners in this quest, please provide the following information about the Service Provider Agency or User Group Agency:

Agency Name:

Agency Mailing Address Street/PO Box:

Agency Mailing Address City/State/Zip:

Agency Phone Number: Fax

Who can legally obligate your organization via a contract? (Name/Title):

What Type of Entity are you? ☐ Non-profit. What kind:  
☐ Business or Corporation  
☐ Public Entity  
☐ Individual  
☐ Other (explain)

Who would be managing our partnership?

Name/Title:

Best Phone Number:

Agency Email Address:

Who is filling out this application?

☐ Same as the person managing above

If not the same, Name/Title:

Best Phone Number:

Agency Email Address:

### **Tell Us About Your Agency**

Describe the purpose of your agency and the clients you serve. Please give information regarding the transportation services you wish to provide (where do you intend to go, how often). If you have materials regarding your agency you can share, please attach.

☐ Description is below ☐ See attached appendix

What are the key benefits would this partnership provide?

How many passengers are you transporting at any given time?

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- ☐ Driver + up to 6 passengers
- ☐ Driver + 7 to 10 passengers
- ☐ Driver + 10 to 12 passengers
- ☐ Driver + 12 to 15 passengers
- ☐ Driver + 15 to 20 passengers
- ☐ Driver + more than 20 passengers

Do you anticipate these specifics categories of riders?

- ☐ Transportation of children  
Ages of children: ☐ 0-5 years ☐ 6-12 years ☐ 12-18 years
- ☐ Transportation of seniors
- ☐ Transportation of passengers with mobility devices

Has (or does) your Agency own and operate a vehicle? ☐ No ☐ Yes

Does your Agency have insurance?

General liability insurance? ☐ No ☐ Yes

If yes, what is the limit?:

Auto liability insurance? ☐ No ☐ Yes

If yes, what is the limit?:

Umbrella insurance? ☐ No ☐ Yes

If yes, what is the limit?:

Volunteer Medical Protection? ☐ No ☐ Yes ☐ Not applicable

If yes, what is the limit?:

If not applicable, explain why:

Do you pay for state workers compensation coverage for your employees or volunteers?

☐ No ☐ Yes ☐ Not applicable

If not applicable, explain why:

Do you anticipate needing any need special equipment on the vehicle? ☐ No ☐ Yes

If YES, please check special equipment needed below:

- ☐ Child safety seats or booster seats
- ☐ Wheelchair lifts
- ☐ Wheelchair securement areas How many at once?:
- ☐ Other (please describe):

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Who do you anticipate will drive the vehicle?

- ☐ Employees of the Agency  
☐ Volunteers of the Agency  
☐ Other (please describe):

Will you be able to provide the Transit Agency with:

- |  |                             |                              |   |
|--|-----------------------------|------------------------------|---|
| A copy of a proposed driver's valid license?                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| A copy of a proposed driver's abstract?                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Criminal background check verification<br>on proposed drivers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Insurance Certificates?  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |

If we enter into a partnership, our contract will have conditions that you will need to comply with and/or enforce. Please verify, by checking each box, you understand the following expectations.

This list is not exhaustive:

I UNDERSTAND

- |   |                          |
|---|--------------------------|
| Your drivers must be pre-approved by the Transit Agency before driving            | <input type="checkbox"/> |
| Your drivers must be trained by the Transit Agency before driving                 | <input type="checkbox"/> |
| Your driver must be re-trained by the Transit Agency periodically                 | <input type="checkbox"/> |
| Your driver must periodically produce their driving record for review             | <input type="checkbox"/> |
|   |                          |
| You will have to train your drivers too in areas applicable to your business      | <input type="checkbox"/> |
| You will have to have guidelines for appropriate driver and ridership behavior    | <input type="checkbox"/> |
| You will have to have a policy outlining how you respond to passenger complaints  | <input type="checkbox"/> |
| Passengers and drivers must comply with state laws on seat belt usage.            | <input type="checkbox"/> |
| Passengers and drivers must comply with state laws on child and booster seat use. | <input type="checkbox"/> |
| We must agree on where the vehicle will be parked when not in use.                | <input type="checkbox"/> |
| The vehicle must be operated in a manner complimentary to its public ownership.   | <input type="checkbox"/> |
| You must keep the vehicle clean and in safe operating condition.                  | <input type="checkbox"/> |
| You must ensure the vehicle is not used for any purpose.                          | <input type="checkbox"/> |
| You may not use this vehicle for hire.  | <input type="checkbox"/> |
| You may not tow anything with this vehicle.                                       | <input type="checkbox"/> |
| You may use the vehicle to haul garbage or excessive loads.                       | <input type="checkbox"/> |
| You may not remove the vehicle's seats.   | <input type="checkbox"/> |
| The vehicle has width and height restrictions                                     | <input type="checkbox"/> |
| The vehicle may be loaded front to back.  | <input type="checkbox"/> |
| The vehicle's tire pressure must be monitored closely.                            | <input type="checkbox"/> |
| You may not store anything on top of vehicle                                      | <input type="checkbox"/> |
| There will be restrictions on where and when you can travel.                      | <input type="checkbox"/> |
| There will be restrictions on what kinds of roadways you can travel on.           | <input type="checkbox"/> |