

PRINCE GEORGE'S COUNTY
VANPOOL SUBSIDY PROGRAM
MEMORANDUM OF UNDERSTANDING

(9 Passenger Vans)

This agreement made and entered into this ____ day of _____, 20___, by and between Prince George's County, Maryland, a body corporate and politic ("the County") and _____ ("the Contractor").

WHEREAS, the County is interested in reducing the heavy volume of traffic entering and leaving the County; and

WHEREAS, the operation of a vanpool program would aid in reducing the volume of traffic in the County; and

WHEREAS, the County has established a Vanpool Subsidy Program to encourage individuals to form new vanpools that originate or terminate in the County.

NOW THEREFORE, the parties agree as follows:

1. The County shall provide a cash subsidy to be paid to the account of or to the Contractor for the operation of a vanpool in the following amounts:
 - a. Month 1 – 100% of the Contractor's monthly expense not to exceed \$500.00.
 - b. Month 2 – 50% of the Contractor's monthly expense not to exceed \$225.00.
 - c. Month 3 – 25% of the Contractor's monthly expense not to exceed \$125.00.

2. The Contractor for the Vanpool Subsidy Program shall do the following:
 - a. The new vanpool must have an origin and/or destination in Prince George's County. No more than one subsidy will be granted for each vanpool in an eighteen (18) month period.
 - b. The new vanpool must have at least five (5) passengers including the driver. Passengers names

and addresses must be supplied on the attached Vanpool Subsidy Affidavit.

- c. The van may be leased from an authorized leasing agency or privately owned. In the instance of a leased van, a copy of the lease agreement is required. If the van is privately owned, a copy of monthly expenses is required (to include both loan and insurance documentation).
- d. For Contractors leasing a van, the subsidy will be paid directly to the authorized leasing agency upon receipt and approval of the Vanpool Subsidy Application.
- e. If the Contractor owns the van, the subsidy will be paid directly to the Contractor upon receipt and approval of the Vanpool Subsidy Application.
- f. Contractors owning the van must have appropriate vanpool license plates and maintain proper insurance as required under Maryland law.
- g. Contractors must submit monthly progress reports for the first year of operation including ridership, expense, and income information.
- h. Fees and expenses for operating the vanpool may be charged to passengers at the discretion of the driver/coordinator.
- i. The Contractor shall indemnify, defend and hold harmless the Prince George's County, Maryland, their agents, officials, and employees, from any and all liability, damages, expenses, causes of action, suits, claims, or judgments arising from injury to person including death or personal injury or otherwise which arises out of the act, failures to act, or negligence of the Contractor, its agents and employees in connection with or arising out of the performance of this Memorandum of Understanding.

It is further understood that the attached Vanpool Subsidy Affidavit is incorporated herein and a part of this Memorandum of Understanding (MOU) and must be completed by the applicant for subsidy funds. The Affidavit must be notarized prior to submittal to Prince George's County Commuter Connections located at 9400 Peppercorn Place, Suite 320, Largo, Maryland 20774.

IN WITNESS WHEREOF, the Parties have executed this Agreement on the date written above.

PRINCE GEORGE'S COUNTY,
MARYLAND

Witness

By: _____
Iris B. Boswell
Deputy Chief Administrative
Officer for Budget, Finance
and Administration

Date

Reviewed for Legal Form
and Sufficiency

Reviewed/Approval Recommended
Haitham A. Hijazi
Director, Department of Public
Works & Transportation

CONTRACTOR

WITNESS

By: _____
Contractor Signature

Date

PRINCE GEORGE'S COUNTY COMMUTER CONNECTIONS

VANPOOL SUBSIDY AFFIDAVIT

I, _____, am currently or will be a vanpool driver/coordinator, and state as follows:

1. I am 18 years of age or older and competent to make this affidavit based upon my personal knowledge and understanding of the information presented herein.
2. I am familiar with and will comply with the procedures and regulations of the Prince George's County Vanpool Subsidy Program, as set forth in the Memorandum of Understanding which is attached hereto and incorporated herein.
3. I currently am or will be a driver/coordinator of a vanpool with the following passengers.

	<u>NAME AND ADDRESS</u>	<u>TELEPHONE</u>
1.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
2.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
3.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
4.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
5.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
6.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
7.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
8.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
9.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____
10.	Name: (please print) _____	(H) _____
	Signature: _____	(W) _____

(Please attach supplemental sheet for additional passengers)

4. The vanpool will operate according to the following:
 - a. Origin (first pick-up point): _____
 - b. Approx. Departure time from origin: _____ a.m./p.m.
 - c. Commuting route: _____

 - d. Destination (final drop-off point): _____
 - e. Arrival time at destination: _____ a.m./p.m.
 - f. Commute mileage (round-trip): _____ miles

5. I certify that this is a new vanpool that started operation on this Date: _____

6.
 - a. State of Vehicle Registration: _____
 - b. Driver's License Number: _____
 - c. Vanpool License Number: _____
(If insurance not included in van lease agreement, please complete 6d through 6g).
 - d. Insurance Company: _____
 - e. Policy Number: _____
 - f. Amount of Insurance: _____
 - g. Name and Telephone Number of Insurance Agent: _____

I HEREBY DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT THE MATTERS AND FACTS CONTAINED IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT BASED ON MY PERSONAL KNOWLEDGE.

Date (____) _____	Signature of Vanpool Driver/Coordinator (____) _____	
Home Phone _____	Work Phone _____	Name (please print) _____
Home Address _____	City, State _____	Zip Code _____

RETURN THIS APPLICATION TO PRINCE GEORGE'S COUNTY COMMUTER CONNECTIONS, DEPARTMENT OF PUBLIC WORKS & TRANSPORTATION, 9400 PEPPERCORN PLACE, SUITE 320, LARGO, MARYLAND 20774.

State of _____
 County of _____
 SWORN TO BEFORE ME AND SUBSCRIBED IN MY PRESENCE THIS ____ DAY
 OF _____, ____.

 Notary Public

My commission expires _____, 20__