













































































- b. The exterior of the SNEMT vehicle shall be maintained in a clean condition and shall be free of unsightly dirt, tar, oil, and rust.
  - c. The SNEMT vehicle paint shall not be mismatched, faded, blistered, cracked, chipped, peeled, or scratched.
3. Climate Control
- a. The air conditioning/heating units shall be functional at all times.
  - b. The air discharged from the air conditioner interior vent system shall be continuously cool.
  - c. All air conditioning temperature controls and functions shall operate as originally designed and manufactured with no knobs or components broken or missing.
  - d. Systems shall operate on all OEM speeds with no excessive noise.
4. Hubcaps or Wheel covers
- a. Hubcaps or wheel covers shall be of like style and shall be on all wheels for which hubcaps are standard equipment.
5. Interior Condition
- a. Passenger compartment, driver compartment, and trunk or luggage area shall be clean and free of foreign matter, offensive odors, and litter.
  - b. Seat upholstery shall be clean. Interior walls, carpet and/or flooring, and ceiling shall be kept reasonably clean. No rips or tears are permitted. All repairs shall be done to provide a reasonable match with the existing interior.
  - c. Door handles and doors shall be intact, clean, and operational. Each door shall be capable of being unlocked and opened from the interior of the SNEMT Vehicle.
  - d. Dashboards shall be maintained in a manner that is clean and free of loose articles. Dashboards shall be free of cracks, holes, and tears.
6. Lights and Lenses
- a. Interior lights shall be operational.
  - b. Light lenses must be OEM, intact and contain no holes or large cracks.
7. Radio
- SNEMT vehicles shall be equipped with a two-way radio or cellular phone in working order.
8. Seat Belts
- SNEMT vehicle restraint system shall be maintained to OEM specifications and shall be in good working order.
9. Tires
- SNEMT vehicles shall be equipped with a jack, tire changing tool, and an inflated spare tire. A Company may be exempted from this requirement upon proof that the Permittee has a contract with a towing company and a policy in place to send another SNEMT Vehicle for the stranded passengers.
10. Windows
- a. Front and rear windshield per California Vehicle Code § 26710.
  - b. Safety glass shall be in all windows.
  - c. Windows shall be operational as originally designed.

- d. No window tinting on windshield or front side windows per California Vehicle Code § 26708. Any tinting applied to the rear side or rear windows must be light enough to allow any passengers to be viewed from the outside.

11. Foot Pedal Pads

OEM rubber pads on all foot controls. Pads shall not be worn or deteriorated to the point that metal is showing.

12. Vehicle Age

An SNEMT vehicle may not be older than ten (10) model years measured from the current calendar year (example: during calendar year 2000 vehicle must be model year 1990 or later). Vehicles older than ten (10) model years shall not be eligible to operate as an SNEMT vehicle under any condition.

**C. RED TAGGED VEHICLES**

1. During routine program monitoring or if client complaints warrant inspection of specific vehicles, it may be necessary to "Red Tag" vehicles that do not meet health and safety requirements. If, in the opinion of OoA, the vehicle does not meet SNEMT vehicle standards as outlined above, it may be "red tagged."
2. A vehicle that has been "red tagged" shall not be used for SNEMT service until such time as the "Red Tag" problems have been corrected by the Contractor.

**X. PRE-SHIFT AND POST-SHIFT VEHICLE INSPECTIONS**

**A. VEHICLE DAILY VEHICLE INSPECTION:**

1. No SNEMT assigned vehicle will be allowed to carry passengers unless the driver has determined that the vehicle is in good working order. Each driver will perform a pre-shift inspection of the vehicle at the beginning of the shift and a post-shift inspection at the end of the shift.

A sample of the Vehicle Daily Vehicle Inspection Form is included in Section XI.G

**XI. SAMPLE FORMS**

- A. SNEMT APPLICATION FORM
- B. SNEMT CLIENT RELEASE FORM/SNEMT PROGRAM WAIVER FORM
- C. USER FEE WAIVER FORM
- D. RIDER INSTRUCTIONS AND CLIENT GUIDELINES
- E. CLIENT COMPLAINT FORM
- F. INCIDENT REPORT FORM
- G. VEHICLE DAILY INSPECTION FORM
- H. VEHICLE INSPECTION FORM
- I. INVOICE TEMPLATE
- J. MONTHLY PERFORMANCE REPORT
- K. SAMPLE DEMOGRAPHIC REPORT

**A. SAMPLE CLIENT APPLICATION**

{CONTRACTOR LETTERHEAD}

**SAMPLE**  
Application for Senior Non-Emergency Medical Transportation Program

PLEASE PRINT CLEARLY. ALL FIELDS MUST BE FILLED OUT COMPLETELY. YOU MUST SIGN AND DATE APPLICATION PRIOR TO SUBMITTING FORMS BACK TO {CONTRACTOR NAME} FOR PROCESSING.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

1. Have you ever utilized OCTA ACCESS or any other specialized transportation  
Yes No

2. Do you have any physical or functional limitations? Yes No  
If yes, please describe:

3. Do you require a mobility device or special equipment for transport?  
Yes No

Please check all that apply:

Cane \_\_\_\_ Walker \_\_\_\_ Wheelchair \_\_\_\_ Scooter \_\_\_\_ Oxygen \_\_\_\_ Other \_\_\_\_

If yes, are you able to enter/exit the vehicle without your mobility device?

Yes No

Are you able to transfer from a wheelchair to seat with/without assistance?

Yes No

4. Will a personal care attendant or assistant be traveling with you?  
Yes No

5. Do you require door-to-door assistance?  
Yes No

If yes, please describe reasons why:

6. Please list your primary doctor(s) name & address:

7. How often do you anticipate needing to use the transportation service?  
Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

8. Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

9. How do you get to your medical appointments now?

10. Do you own a vehicle and are you able to drive?  Yes  No

**My signature verifies all information in this application to be true.**

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**The following information is gathered for statistical data only and does not affect your eligibility:**

How did you hear about the program?

Ethnic background:  Asian  Black  Hispanic  White  
 Native American  Other

Annual Income per individual: \_\_\_\_\_

**PROGRAM USE ONLY**

<ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> </ul> <p>Referrals to alternative transportation provided:</p> <p>_____</p> <ul style="list-style-type: none"> <li>• Reason referred to OoA I&amp;A:</li> </ul> <p>_____</p> <ul style="list-style-type: none"> <li>• Need for follow-up contact:</li> </ul> <p>_____</p> <ul style="list-style-type: none"> <li>• Annual Income: <input type="checkbox"/> At or below AMI <input type="checkbox"/> Above AMI</li> </ul> <p>_____</p> <ul style="list-style-type: none"> <li>• Financial Hardship waiver issued:</li> </ul> <p>_____</p>
---

**B. SAMPLE CLIENT WAIVER**

**SNEMT PROGRAM WAIVER**

I hereby acknowledge that the transportation is a service provided by \_\_\_\_\_ and funded by the County of Orange, Office on Aging. I hereby waive the right to make any claims against \_\_\_\_\_ and the County of Orange, Office on Aging or their officials, employees and volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in the SNEMT Program. I also acknowledge that \_\_\_\_\_ reserves the right to refuse transportation service.

**Please print:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**Client signature:** \_\_\_\_\_

**Caregiver signature (if applicable):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

Please return this form to the Transportation Coordinator, \_\_\_\_\_ in the enclosed envelope. Services can be scheduled after all forms have been submitted and approved. Confirmation of approval will be mailed within five business days after receipt of completed forms.

**\*\*To be filed with documented approval in applicant's file**

**C. SAMPLE USER FEE WAIVER**

{PROVIDER NAME}

{LOGO}

**SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM  
LOW-INCOME FEE WAIVER**

DATE: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that my income is insufficient to allow payment for the \$2.00 per trip fee for the {Provider's Name} Senior Non-Emergency Medical Transportation Program without placing a financial hardship on my current financial situation. I understand that the approval for a low-income waiver to be granted is based upon review of my current income and other determining factors as deemed appropriate by {Provider's Name}.

Printed Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

*Authorization (Office Use Only)*

Approved

Disapproved

Justification: \_\_\_\_\_

\_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**D. SAMPLE OF RIDER INSTRUCTIONS AND CLIENT GUIDELINES****SNEMT TRANSPORTATION PROGRAM  
RIDER INSTRUCTIONS & CLIENT GUIDELINES**

- Once you have received your letter of approval for transportation services and your SNEMT identification number, please call (\_\_\_\_) \_\_\_\_\_ to schedule your medical appointment ride.
- Please write down the transportation service line phone number and carry that number with you at all times. Call the number if you miss your scheduled pick-up time.
- Please call 2-3 days prior to your appointment to allow enough time to schedule the ride. Same day or next services are available on a very limited basis. Please call for additional information.
- Please notify the dispatcher of any changes or cancellations as soon as they occur.
- Please have exact change available for the user fee of \$2.00 per each one-way trip.
- Please make arrangements for your return trip home when you schedule transportation services. Please allow enough time for weather conditions, disability concerns, traffic patterns and delayed appointments.
- At the time of scheduling a ride, please notify the dispatcher of any special circumstances, disabilities, or caregivers accompanying you on your ride.
- Pick-ups and drop offs will be door-to-door and/or curb-to-curb as requested and preference must be made known at the time of scheduling your ride.
- Personal care attendants may ride free of charge.
- If you have address or phone number changes, please call the Transportation Coordinator at (\_\_\_\_) \_\_\_\_\_ to report your changes.
- If you have a problem with your transportation services please call the Transportation Coordinator to report the problem.

- For questions or concerns regarding eligibility or exceptions for service, please call the Transportation Coordinator.
- SNEMT Transportation will not be able to respond to emergency calls. Please call 911 in the event of an emergency.
- Please be ready to board promptly at your scheduled time and please follow driver instructions when boarding or exiting the vehicle.
- Smoking is not permitted in the vehicle.
- The transporting of alcohol is not permitted in the vehicle.
- Appointments will be made on a first-come, first-served basis.
- All transportation services must originate within the Orange County designated service area.
- In order for the SNEMT Program to transport your wheelchair, it must be able to be secured, have brakes in working condition and weigh 600 pounds or less.
- If you need to go to the same place each week on a routine basis, please inform the dispatcher and we can set up a “standing order” for your rides.
- Please keep the dispatch phone number with you when using the transportation service. Call the dispatch phone number if you miss your pick-up or return scheduled time.

**E. SAMPLE CLIENT COMPLAINT FORM**

Client's Name: \_\_\_\_\_ Client I.D.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Message \_\_\_\_\_

What is the complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Report Taken: \_\_\_\_\_ Time Report Taken: \_\_\_\_\_

By Phone \_\_\_\_\_ By Mail \_\_\_\_\_ In Person \_\_\_\_\_ By Fax \_\_\_\_\_ By Other \_\_\_\_\_

Report Taken By: \_\_\_\_\_

What is the Action Plan?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the Resolution?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Client was notified: \_\_\_\_\_ Was Client Satisfied? \_\_\_ Yes \_\_\_ No

How was client notified? Phone \_\_\_ Mail \_\_\_ In Person \_\_\_ Fax \_\_\_ Other \_\_\_

Staff's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Sent to OoA: \_\_\_\_\_ Date: \_\_\_\_\_

**F. SAMPLE INCIDENT REPORT FORM**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Vehicle I.D. No: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

\_\_\_\_\_

Nature of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client Name: \_\_\_\_\_ Client I.D.# \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Message \_\_\_\_\_

What action was taken?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does client wish further action?: \_\_\_\_\_

\_\_\_\_\_

Report By: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Report: \_\_\_\_\_

**Submit report to OoA within 24 hours of incident.**

**G. SAMPLE VEHICLE DAILY INSPECTION FORM**

Vehicle #: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Mileage: \_\_\_\_\_ Time of Inspection \_\_\_\_\_ am/pm

Driver: Please take your time and inspect this vehicle thoroughly. Safety is OUR priority. Thank you.

Items to Check	Problem?	Repaired?	Item OK (Please initial)
Tire(s) Pressure			
Engine Oil Level			
Transmission Oil Level			
Coolant Level			
Brake Fluid Level			
Emergency Brake			
Head Light			
Turn Signals			
Brake Lights			
Back-up Lights			
Door Locks			
Mirrors			
Safety Belts			
Heater/A.C.			
Cell Phone/radio			
First Aid Kit			
Thomas Bros. Map			
Transportation Log			

**H. VEHICLE INSPECTION FORM**



Date: \_\_\_\_\_ Maintenance Facility: \_\_\_\_\_  
 Vehicle Type/Year \_\_\_\_\_ License Plate Number \_\_\_\_\_  
 Vehicle Identification Number \_\_\_\_\_ Mileage \_\_\_\_\_  
 Vehicle Capacity: #Passengers: \_\_\_\_ #Wheelchair(s) \_\_\_\_

Inspection Item	Satisfactory		
	Yes	No	N/A
1. Tires, pressure, tread wear	<input type="checkbox"/>	<input type="checkbox"/>	
2. Headlights – functional (high/low) and clean	<input type="checkbox"/>	<input type="checkbox"/>	
3. Turn Signals – functional	<input type="checkbox"/>	<input type="checkbox"/>	
4. Horn – functional	<input type="checkbox"/>	<input type="checkbox"/>	
5. Tail/Parking lights – functional and clean		<input type="checkbox"/>	<input type="checkbox"/>
6. Brakes – functional, brake pedal not low		<input type="checkbox"/>	<input type="checkbox"/>
7. Lift or ramp functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Windshield/Wipers/Fluid – functional, clear, full		<input type="checkbox"/>	<input type="checkbox"/>
9. Mirrors – clean, position, clear	<input type="checkbox"/>	<input type="checkbox"/>	
10. Exhaust System – no leaking	<input type="checkbox"/>	<input type="checkbox"/>	
11. Oil/Antifreeze – full	<input type="checkbox"/>	<input type="checkbox"/>	
12. Hoses – good condition		<input type="checkbox"/>	<input type="checkbox"/>
13. Safety Equipment – good condition			
-Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
-Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	
-First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	

- Jumper Cables
- Flares/Triangles
- Cellular Phone
- Maps
- Securements/tie downs (bungees for walkers)
- 14. Accident Pack – in place, current
  - Registration Card
  - Insurance Card
  - Accident & Incident Report Forms
  - Emergency Procedure Plan
- 15. Trip Sheets – in place, current
- 16. OCTAP sticker current

Recommended Corrective Actions:

Corrective Action Follow-up:

# I. SAMPLE INVOICE TEMPLATE

## Senior Non-Emergency Medical Transportation Program

To: County of Orange, OC Community Resources  
 1770 N. Broadway, 4th Floor  
 Santa Ana, CA 92706  
 Attn: Accounts Payable

Check Request For:

Service Area:  
 Contract #

<b>INVOICE:</b>		Month		Year		<b>BUDGET:</b>			
						<b>REM. BAL:</b>		<b>Amounts Invoiced</b>	
Invoice Number									
Mileage Type		Number of Trips		Total Miles		Rate Per Mile		Month Subtotal	
A. Non-Ambulatory Transportation Services Curb-to-Curb								Previous Contract To Date	
B. Non-Ambulatory Transportation Services Door-to-Door								Contract To Date	
C. Transportation Services Curb-to-Curb									
D. Transportation Services Door-to-Door									
		0		0.00		N/A			
								Less Project Income Balance:	
								<b>TOTAL REIMBURSEMENT:</b>	

Allowable 1/12th billing per month = \$ -

<b>Program Income:</b>	Month Subtotal	Previous To Date	Contract To Date
Client Collections			
Fundraising			
Donations			
<b>Total Cash</b>			
In-Kind Contributions			
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Unreimbursed mileage subsidized with contributed funding:					
	Rate	Mileage	Month Subtotal	Previous To Date	Contract To Date
<b>Trip A</b>					
<b>Trip B</b>					
<b>Trip C</b>					
<b>Trip D</b>					
<b>Total</b>	<b>0.0</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Contributed funding for unreimbursed mileage remaining balance =					<b>\$0.00</b>

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR COUNTY USE ONLY:</b>				<b>ACCOUNTING CODE</b>					
	FUND	DEPT	BUDGET CONTROL	UNIT	OBJ REV BSA	SUB-OBJ SUB-REV SUB-BSA	DEPT OBJ DEPT REV DEPT BSA	JOB NUMBER	AMOUNT
Reimbursable									
Advance/Reversal									
<b>TOTAL PAYMENT</b>									

Overexpenditure is \_\_\_\_\_ for the month

OVEREXPENDITURE AND EXPENDITURES  
 AUTHORIZED AND APPROVED BY:

APPROVED Auditor-Controller

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Deputy \_\_\_\_\_



**J. SAMPLE MONTHLY PERFORMANCE REPORT**

**SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM  
MONTHLY PERFORMANCE REPORT**

Provider:

Month:

SAMPLE

Line No.		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Performance FY To Date
<b>ENTIRE SNETM PROGRAM</b>														
1	New Unduplicated Clients													
2	Total Enrolled Clients													
3	Total Clients terminated													
4	Total Clients Served													
5	Number of Prospective Clients on Wait list													
6	Applicants Denied Eligibility													
7	Applications Pending													
<b>MEASURE M2 TRIPS</b>														
1	Non Amb. Curb to Curb Number of Multi-passenger Trips													
2	Non Amb Door to Door Number of Multi-passenger Trips													
3	Amb Curb to Curb Number of Multi-passenger Trips													
4	Amb Door to Door Number of Multi-passenger Trips													
5	Total Trips Request Denied*													
6	Total Passengers Transported (clients + caregivers)													
7	Total Client Cancelled Trips													
<b>TOBACCO SETTLEMENT REVENUE TRIPS</b>														
1	Non Amb. Curb to Curb Number of Multi-passenger Trips													
2	Non Amb Door to Door Number of Multi-passenger Trips													
3	Amb Curb to Curb Number of Multi-passenger Trips													
4	Amb Door to Door Number of Multi-passenger Trips													
5	Total Trips Request Denied*													
6	Total Passengers Transported (clients + caregivers)													
7	Total Client Cancelled Trips													

- No. 1 New unduplicated clients approved for program
- No. 4 Number of unduplicated clients served for the month.
- No. 15 Denials based upon funding capacity.

**K. SAMPLE DEMOGRAPHIC REPORT**

**SENIOR NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM  
DEMOGRAPHIC REPORT (M2/TSR Combined)**

Provider:  
Month:

Line No.	Statistic	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Total Unduplicated Clients YTD
A	<b>Total Unduplicated Clients Served*</b>													
<b>CLIENTS:</b>														
1	Age 60-64			-	-									
2	Age 65-74			-	-									
3	Age 75-84			-	-									
4	Age 85+			-	-									
5	<b>Total Unduplicated Clients Served*</b>			-	-									
<b>ETHNICITY</b>														
6	White			-	-									
7	Hispanic			-	-									
8	Asian/Pacific Islander			-	-									
9	Black/African American			-	-									
10	Other			-	-									
11	<b>Total Unduplicated Clients Served*</b>			-	-									
<b>INCOME</b>														
12	At or below 50% Area Median Income			-	-									
13	Above 50% Area Median Income			-	-									
14	Declined to State*			-	-									
15	<b>Total Unduplicated Clients Served*</b>			-	-									

\*Number of unduplicated clients served during the month = clients that have used the services within this fiscal year (not previously reported during the fiscal year).  
 \*Must advise client if not reported than no ability to prioritize trips  
 Lines 5, 11, and 15 must reflect same number on line A

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COMPENSATION/PAYMENT  
SNEMT – M2  
SERVICE AREA 2 - SOUTH

1. **COMPENSATION:**

This is a CONTRACT between the COUNTY and the CONTRACTOR for **FY 2018-19 \$904,078** and **FY 2019-20 \$929,585** as set forth in Attachment A-2. Scope of Services attached hereto and incorporated herein by reference. The CONTRACTOR agrees to accept the specified compensation as set forth in this CONTRACT as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the CONTRACTOR of all its duties and obligations hereunder. The COUNTY shall have no obligation to pay any sum in excess of the total CONTRACT amount specified unless authorized by an amendment in accordance with Paragraphs C and R of the COUNTY's General Terms and Conditions.

2. **FIRM DISCOUNT AND PRICING STRUCTURE:**

CONTRACTOR guarantees that prices quoted are equal to or less than prices quoted to any other local, State or Federal government entity for services of equal or lesser scope. CONTRACTOR agrees that no price increases shall be passed along to the COUNTY during the term of this CONTRACT not otherwise specified and provided for within this CONTRACT.

3. **PAYMENT TERMS:**

An invoice for the cost of services/activities shall be submitted to the address specified below upon the completion of the services/activities and approval of the COUNTY Project Manager. CONTRACTOR shall reference CONTRACT number on invoice. Payment will be net 30 days after receipt of an invoice in a format acceptable to the COUNTY of Orange and verified and approved by OC Community Services and subject to routine processing requirements of the COUNTY. The responsibility for providing an acceptable invoice rests with the CONTRACTOR.

Billing shall cover services not previously invoiced. The CONTRACTOR shall reimburse the COUNTY of Orange for any monies paid to the CONTRACTOR for services not provided or when services do not meet the CONTRACT requirements.

Payments made by the COUNTY shall not preclude the right of the COUNTY from thereafter disputing any items or services involved or billed under this CONTRACT and shall not be construed as acceptance of any part of the services.

Invoice(s) are to be sent to:

OC Community Resources Accounting  
1770 North Broadway, 4<sup>th</sup> Floor  
Santa Ana, CA 92706-2642

4. **INVOICING INSTRUCTIONS:**

The CONTRACTOR will provide an invoice on CONTRACTOR's letterhead for services rendered. Each invoice will have a number and will include the following information:

The Demand Letter/Invoice must include Delivery Order (DO) Number, Contract Number, Service date(s) – Month of Service along with other required documentation.



**BUDGET**  
**SNEMT – M2**  
**SERVICE AREA 2 - SOUTH**

**1. CONTRACTOR’s BUDGET**

A. Program Budget

Project Budget Chart Age Well Senior Services, Inc.		
	FY 2018-19	FY 2019-20
Contract Amount	\$904,078	\$929,585
Service Area 2: South County	Fixed Price per Mile	Fixed Price per Mile
Non-Ambulatory Transportation Services Curb-to-Curb	\$4.06	\$4.06
Non-Ambulatory Transportation Services Door-to-Door	\$5.16	\$5.16
Transportation Services Curb-to-Curb	\$4.77	\$4.77
Transportation Services Door-to-Door	\$5.08	\$5.08
Total Average Price per Mile (Total/4)	\$4.77	\$4.77
Average Annual Estimated Cost Per Trip	\$40.07	\$40.07

B. Monthly Operating Costs. Payments for monthly work completed shall be made as follows:

- i. CONTRACTOR shall timely transmit to COUNTY all data required pursuant to this CONTRACT. CONTRACTOR also shall submit an invoice(s) and such other substantiating reports as COUNTY may require, including the Program Monthly Performance Report, all in a form satisfactory to COUNTY, by the fifteenth (15th) day of each month, showing the prior month’s actual services provided. If CONTRACTOR receives funds pursuant to this CONTRACT for more than one service area, each such service area shall be invoiced separately from all other service areas, and separate substantiating reports shall be submitted for each service area.

COUNTY shall make monthly payments based on CONTRACTOR's data, invoice(s), and substantiating reports, unless otherwise approved by COUNTY.

- ii. No payments will be made if any preceding months' data, reports, or invoices are outstanding, unless otherwise approved by the COUNTY.
  - iii. Whenever CONTRACTOR is not in compliance with any provision of this CONTRACT, COUNTY may withhold payment until such time as CONTRACTOR comes into compliance.
  - iv. COUNTY also reserves the right to refuse payment to CONTRACTOR or to later disallow costs for any expenditure determined by COUNTY not to be in compliance with this CONTRACT, or unrelated to activities for which this CONTRACT provides, or inappropriate to such activities; or for which there is inadequate supporting documentation presented; or for which prior approval was required but was either not requested or not granted. Payment to CONTRACTOR may be refused until COUNTY receives reimbursement for any CONTRACTOR outstanding disallowed costs.
  - v. Total Monthly Costs may exceed one-twelfth of the maximum obligation of COUNTY. Upon receipt of sufficient written justification from the CONTRACTOR, as determined in the sole discretion of the COUNTY, or designee, the COUNTY has the discretion, in any given month, to pay over the monthly one-twelfth of the maximum obligation of COUNTY as stated in this Attachment C-2 "Budget.". Maximum Obligation of COUNTY. Notwithstanding the above, the total amount of compensation approved during the term of the CONTRACT shall not exceed the maximum obligation of COUNTY as described in Paragraph 4 of this CONTRACT.
- C. Full Compensation. CONTRACTOR agrees to accept the specified compensation as set forth in this CONTRACT as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the CONTRACTOR of all its duties and obligations hereunder.
- D. Reallocation of Funds. COUNTY reserves the right to reallocate the available program funds to other service areas based on CONTRACTOR performance or client demand.
- E. Program Income. This is defined as gross income received by CONTRACTOR directly generated from client user fees and cash contributions from donations and/or fundraising under the SNEMT Program.

- i. CONTRACTOR shall comply with all regulations concerning reporting and payment procedures for Program Income.
- ii. All Program Income accrued on a monthly basis will be utilized to enhance program services under the SNEMT Program.
- iii. Prior to CONTRACTOR receiving monthly reimbursement from COUNTY, remaining balance of Program Income will reduce monthly reimbursement by said amount.

## **2. Payment Terms – Payment in Arrears**

- A. Invoices are to be submitted in arrears to the user agency/department to the ship-to address, unless otherwise directed in this CONTRACT. Payment will be net 30 days after receipt of an invoice in a format acceptable to the County of Orange and verified and approved by the agency/department and subject to routine processing requirements. The responsibility for providing an acceptable invoice rests with the CONTRACTOR.
- B. Invoices shall cover services and/or goods not previously invoiced. CONTRACTOR shall reimburse the County of Orange for any monies paid to CONTRACTOR for goods or services not provided or when goods or services do not meet CONTRACT requirements.
- C. Payments made by the COUNTY shall not preclude the right of the COUNTY from thereafter disputing any items or services involved or billed under this CONTRACT and shall not be construed as acceptance of any part of the goods or services.

## **3. Price Increase/Decrease:**

No price increases will be permitted during the first year of the CONTRACT. The COUNTY requires bona fide proof of cost increases on CONTRACTs prior to any price adjustment. The percentage of any price increase cannot exceed the percentage of increase in the Consumer Price Index for the corresponding time period. On an annual basis or when deemed necessary due to changes in the cost of transportation, the COUNTY will evaluate the Bureau of Labor Statistics Los Angeles-Riverside-Orange County Private Transportation Consumer Price Index (CPI) to determine if a cost increase is necessary and warranted. No retroactive price adjustments will be considered. The COUNTY may enforce, adjust, negotiate, or cancel escalating price CONTRACTs or take any other action it deems appropriate, as it sees fit. The net dollar amount of profit will remain firm during the period of the CONTRACT. Adjustments increasing the CONTRACTOR's profit will not be allowed.