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| **BOARD CHAIR****Georgia “Joy” Bowen****BOARD VICE CHAIRMAN****Alva Swafford Striplin** | **SUPERINTENDENT****Rocky Hanna** | **BOARD MEMBERS****Maggie Lewis-Butler****Dee Dee Rasmussen****Rosanne Wood** |

**To:** Governmental Departments and Outside Agencies

**From:** Patricia L. Thompson, Route Supervisor

**Date:** January 31, 2017

**Subject: 2017 Summer Camp Transportation Planning**

Leon County Schools Transportation Department is planning for the 2017 summer school session. We are making inquiries as to what resources our past and new customers require. ***Please respond to this letter by completing the bottom portion and return it by March 03, 2017.*** In addition, use the attached form to record your daily requests for bus service***. Transportation must receive a list of the daily field trip requests via the attached form or the following link by April 17, 2017.***

**Please note the following important information:**

1. Transportation available dates for the summer are: June 5th, – August 04, 2017.
2. The District Wide Holiday is: Tuesday, July 4, 2017, LCS buses will not be in operation.
3. LCS Mandatory Employee In-service dates and driver training are: August 1-12, 2017.
4. Field Trip Rates are: $20.00 per driver hour and $3.85 per mile (parking to parking): an additional operation fee of $50.00 per bus, per driver rental service for accumulated total hours per day of 1-6 hours.
5. A trip is billed at a minimum of two hours for one-way shuttle trips. If the bus is asked to return for the students at a later time, the total hours billed with be four.
6. Field Trip Requests: Complete the attached form by entering the information for each day a bus is needed**. Please make sure your information is accurate**. Transportation will allow a one-time modification to your schedule. A 78-capacity bus (Transportation largest bus) will be assigned to each camp. There are special needs buses that will accommodate 42 walk-ons and five wheelchairs.
7. Each year, all non-school related groups must provide proof of insurance coverage and limits, evidence by a certificate of insurance before school bus service is rendered. A copy of the insurance certificate must be on file in the LCS Risk Management office as well as the LCS Transportation office at least two weeks prior to the start date of your first trip. The insurance coverage and limits should be a minimum of a million dollars, with General liability, Auto, owned/non owned, worker’s compensation, collision and add LCSB as additional insured. Please contact LCS Risk Management office at your earliest convenience at (850) 617-5970, the staff will be able to answer any questions regarding insurance requirements. **Send a copy of the insurance certificate to: Janet Heath at** **heathj@leonschools.net** **or Gary Gayle @** **gayleg@leonschools.net****, it may also be fax to (850) 617-5992 or put in the mail to LCS Risk Management Office, 3420 W. Tharpe St, Tallahassee, FL 32303.**
8. **Terms and Conditions:** Make all checks payable to [Leon County Schools Transportation Department]. Please include invoice number on your check.Balance is due in 15 days. Past due accounts are subject to a service charge of 10% per month.

We look forward to your reply and hope to have the opportunity of your business this year. Please send your response to the attention of Patricia Thompson either by email at thompsonp@leonschools.net or fax to (850) 922-4918. If you have any questions you may call me direct at (850) 922-7199.

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| Agency Name: |        |
| Contact Person |       | Telephone number |       |
| Billing Address |       |
|  |       |
| Email Address |       |
| Service Needed: | Yes service is needed:       No service is not needed:       |

CC: Michael R. Moore, Transportation Director

 James Cole, Budget Analyst

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| **Agency/Department Name** | **Contact Person Name** | **Telephone Number** | **Email Address** |
|       |       |       |       |
| Billing Address |       |
| Bus are:  | **71** Capacity  | Wheelchair buses are available that will accommodate:  | **5** Wheelchair Capacity with **42** Walk-on Capacity | Indicate the number of wheelchairs and walk-ons: Wheelchairs:       Passengers:        |
| **81** Capacity |
|  |
| Item# | Start Date | Start Time | End Time | Start Point | Destination  | No. of Passengers | No. of Buses Needed | Request No. |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |