VERMONT DEPARTMENT OF PUBLIC SAFETY TRAFFIC CONTROL/ENFORCEMENT SERVICES **LONG TERM CONTRACT**	Project/Grant #

The undersigned, hereinafter referred to as "Client", agrees to reimburse the Vermont Department of Public Safety for traffic control and security services in accordance with 20 V.S.A. §1871(c) described below, performed by the Vermont State Police. The Department of Public Safety shall maintain control over DPS personnel for the duration of this contract. DPS owned equipment/facilities utilized by the trooper(s) assigned to complete these services shall remain under the control of DPS.

TOWN	**BEGINNING DATE**	**ENDING DATE**
Charlotte	**July 1, 2015**	**June 30, 2016**

SERVICES PROVIDED Enhanced law enforcement services, to include enforcement of criminal and motor vehicle laws of the State of Vermont, as well as enforcement of town ordinances.

COMPENSATION

The Client will be charged on a per hour basis. **The rate will reflect the actual cost to the Department of the officer(s) providing services based on actual hours worked.** The client agrees additionally to reimburse the Department of Public Safety for overhead costs. The overhead rate includes the operating and administrative costs that are attributable to all programs. The following types of costs are included in this rate: dispatching, vehicle operating, and administrative costs,

State Police Rates - Total $66.25
SP Overtime (average): $53.00 | Overhead costs (average)$13.25

Billing Computation

1	Number of Officers	**1**
2	Hours of Service **per Officer per week**	**8.5**
3	Multiply Line **1** by Line **2** and Enter **Weekly Hours**	**8.5**
4	Multiply Line 3 by **total number of weeks of this contract** and Enter **Total**	**442**
5	Multiply **Total** by **$66.25** (**total contract rate**) and enter the **estimated total cost** to be billed.	**$ 29,282.5**
6	**TOTAL CONTRACT NOT TO EXCEED:**	$29,282.5

Payment is required within thirty (30) days from receipt of invoice to the address shown.	Department of Public Safety ATTN: Accounts Payable 103 South Main Street Waterbury, VT 05671-2101

SIGNATURES

By signing this contract, the ☐ Client, or ☐ Client's Agent, agrees that the ☐ Client, or ☐ Client's Agent will reimburse the Department of Public Safety for all costs as specified under Compensation.

Client/Client's Agent's Name (Print)	Company Name
Client/Client's Agent's Signature	Address
Date	Phone Number (include area code)

VSP Station Commander **(Send original to Support Services Commander via U.S. Mail only.)**	Date
Support Services Commander	Date
Commissioner, Department of Public Safety	Date