

VERMONT DEPARTMENT OF PUBLIC SAFETY TRAFFIC CONTROL/ENFORCEMENT SERVICES		Project/Grant #
LONG TERM CONTRACT		
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 Charlotte	BEGINNING DATE July 1, 2016	ENDING DATE June 30, 2017
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 \$68.35 SP Overtime (average): \$54.68 Overhead costs (average)\$13.67		
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.		\$ 30,210.70
6 TOTAL CONTRACT NOT TO EXCEED:		\$30,210.70
Payment is required within thirty (30) days from receipt of invoice to the address shown.	Department of Public Safety ATTN: Accounts Payable 45 State Drive Waterbury, VT 05671-2101	
SIGNATURES		
By signing this contract, the <input type="checkbox"/> Client, or X Client's Agent, agrees that the <input type="checkbox"/> Client, or X 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 Town of Charlotte	
Client/Client's Agent's Signature	Address P.O. Box 119, Charlotte, VT 05445	
Date	Phone Number (include area code) 802-425-3071 ext 5	
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

