

**STUDENT TRANSPORTATION SERVICES
AGREEMENT**

SCHOOL YEAR 2020 - 2021

WHEREAS, the Camden County Educational Services Commission ("CCESC") is the Coordinated Transportation Service Agency ("CTSA") for Camden County, NJ; and

WHEREAS, the Local Education Agency ("LEA"), utilizes the CCESC to provide for Coordinated Transportation Services ("Services"); and

WHEREAS, the LEA pays the CCESC for their proportionate share of the total cost of each Student Transportation Route ("Route") plus an Administrative Fee ("Fee") for each Route CCESC secures for the LEA; and

WHEREAS, it is in the best interest of all stakeholders to ensure continuity of student transportation services; and

WHEREAS, due to the COVID-19 pandemic and the potential of Services being impacted in the 2020 – 2021 school year, the CCESC shall seek agreement from each LEA on the terms and conditions listed herein, for utilizing CCESC for Services for the 2020 – 2021 school year; and

WHEREAS, the LEA and CCESC are desirous to memorialize and clarify the respective responsibilities and obligations of the parties as set forth in this agreement.

NOW, WHEREFORE, THE PARTIES AGREE as follows:

1. In the event of a temporary school shut down, due to a health-related closure for a period longer than three consecutive school days, ordered by an LEA, Nonpublic, NJ Private School, NJ Approved Private School for the Disabled, or any other school, local, municipal, county, state, or federal authority, whereby schools are temporarily closed for in-person instruction and without the need for student transportation services, the LEA agrees to pay a reduced rate of eighty-eight percent (88%) of their proportionate share of the total cost of each Route plus the Fee for each Route the CCESC secures for the LEA. Payment will be calculated from the first date the temporary school shut down was ordered to take effect.

2. In the event of a permanent school year shut down, due to a health-related closure, ordered by an LEA, Nonpublic, NJ Private School, NJ Approved Private School for the Disabled, or any other school, local, municipal, county, state, or federal authority, whereby schools are permanently closed for in-person instruction for the balance of the school year without the need for student transportation services, the LEA agrees to pay a reduced rate of forty-eight percent (48%) of their proportionate share of the total cost of each Route plus the Fee for each Route the CCESC secures for the LEA. Payment will be calculated from the first date the

permanent school shut down was ordered to take effect.

3. As the CTSA for Camden County, NJ, the CCESC will continue to coordinate students from multiple LEA's onto a consolidated Route.

4. The CCESC will seek to place as many students on each Route, within the parameters of this agreement, to maximize cost efficiency.

5. The CCESC will establish Routes by assigning only one student per seat fixture.

A. For example, with one student per seat fixture, a 54-passenger school bus can accommodate up to 26 passengers

6. The CCESC will establish Routes requiring students to wear a face mask or face covering, if they are able to do so.

A. The LEA is required to identify to the, CCESC those students who are exempt from wearing a face mask or face covering.

B. Supply of face masks or face coverings for students shall be the responsibility of the LEA and/or the parent or guardian.

7. The Contractor will be responsible for cleaning and disinfecting each bus used for Services after each run and in accordance with the bid or quote specifications.

8. The Contractors' staff will be required to wear a face mask or face covering, if they are able to do so.

9. The Contractor will be responsible for supplying face masks or face coverings and any other PPE for their staff.

10. The Contractor will not be responsible for assessing any students' health as a condition for Services.

SIGNATURES ON FOLLOWING PAGE

IN WITNESS WHEREOF, the parties have set their hands on the date(s) written below.

NAME OF LEA: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME OF SIGNATOR: _____

DATED: _____

WITNESS SIGNATURE: _____

PRINTED NAME OF WITNESS: _____

DATED: _____

CCESC: W.P. Madden (W. Patrick Madden, Business Administrator)

DATED: 7/7/2020

WITNESS SIGNATURE: Rita Carfagno

PRINTED NAME OF WITNESS: Rita Carfagno

DATED: 7/7/2020