CONTRACTOR UPDATE FORM FOR THE VICTOR VALLEY TRANSIT AUTHORITY (VVTA) VANPOOL PROGRAM

THIS FORM IS FOR VVTA RFP EVALUATION ONLY - DO NOT FILL IT OUT WITH THE INTENT OF JOINING THE VVTA VANPOOL SUBSIDY PROGRAM. FOR MORE INFO EMAIL US: VANPOOL@VVTA.ORG

THANK YOU FOR YOUR PARTICIPATION IN THE SAN BERNARDINO REGIONAL VANPOOL PROGRAM

The purpose of this form is for the Contractor (aka Vanpool Leasing Vendor) to provide to VVTA any and all changes to the vanpool or Participant (aka Leaseholder or Vanpool Coordinator). This form must be submitted within five (5) business days after the change(s) take place.

Types of change(s) that a Contractor must notify VVTA of, include:

1. Changes to Participant's contact or employer information;
2. Changes to the van being leased to Participant; and/or
3. Van lease termination.

Complete the required fields; all other Sections and fields are to be filled in only if there are changes.

If you have any questions about this form, or for any other Program information, feel free to visit the VVVTA Vanpool website at www.vvta.org/vanpool or e-mail us at vanpool@vvta.org.

SECTION 1: CONTACTOR AND VANPOOL INFORMATION - Provide information prior to changes taking place.

1a. Contractor Name:
- ◯ Enterprise Rideshare
- ◯ vRide

1b. Current Participant/Leaseholder First Name: _____

1c. Current Participant/Leaseholder Last Name:

1d. Current Contractor-Assigned Van ID:

1e. VVTA Vanpool Number:

SECTION 2: PARTICIPANT/LEASEHOLDER, PRIMARY DRIVER AND EMPLOYER CHANGES

2a. Identify which of the following changes have occurred with the Participant/Leaseholder - select all that apply:

- ☐ There are no changes to the Participant/ Leaseholder
- ☐ New Participant/ Leaseholder for this Vanpool
- ☐ Same Participant/ Leaseholder, but Contact Changes
- ☐ Same Participant/ Leaseholder, but New Employer
- ☐ New Primary Driver for this Vanpool
- ☐ Same Primary Driver, but Contact Changes
- ☐ Same Primary Driver, But new Employer
- ☐ Other Change, Describe: _____

Below are Changes to Participant/Leaseholder or Primary Drive identified in 2a above.

2b. The changes below are for whom?

- ○ Participant/Leaseholder
- ○ Primary Driver

2c. Date Change is Effective: _____

2d. First Name: _____

2e. Last Name: _____

2f. Best Contact e-mail address: _____

2g. Re-enter e-mail address: _____

If only one phone number is provided below, that number must also be the best way to contact Participant during work hours and will be posted on websites.

2h. Work Phone:

- ☐ Check if best contact phone number
- ☐ Number: _____

2i. Home Phone: ☐ Check if best contact phone number
☐ Number:

2j. Mobile Phone: ☐ Check if best contact phone number
☐ Number:

2k. Address Number:

2l. Street Name:

2m. Participant Home City:

2n. Participant Home State:

2o. Participant Home Zip Code:

Fill in the fields below, if there is a new Participant/Leaseholder OR if the current Participant/Leaseholder's Employer has changed.

2p. Employer Name:

2q. First and Last Name of Participant's Supervisor or Employer Rideshare Coordinator:

2r. E-Mail of contact in 2q:

2s. Work Phone of Contact in 2q:

2t. Address Number:

2u. Street Name:

2v. Suite/Unit #:

2w. City:

2x. State: ☐ California
☐ Other State, Identify:

2y. Employer Zip Code:

SECTION 3: VEHICLE CHANGES

3a. Are there changes to the Participant/Leaseholder's Vehicle - if **Yes**, complete the following sections:
- ◯ Yes
- ◯ No

3b. Provide New Contractor-Assigned Van ID:

3c. Date the Participant will take possession of the new van?

3d. Starting Odometer Reading Upon Possession:

3e. Seating Style:
- ◯ Luxury
- ◯ Bench
- ◯ Other,Describe:

3f. Vehicle Make:

3g. Vehicle Model:

3h. Vehicle Year:
- ◯ 2009
- ◯ 2010
- ◯ 2011
- ◯ 2012
- ◯ 2013

3i. Maximum Seating Capacity Including Driver and all Passengers:

3j. Does this new vehicle have any ADA Accessibility Features?
- ◯ Yes
- ◯ No

3ja. If any ADA features, please describe::

3k. What is the Monthly Lease Amount Before the VVTA Subsidy?

3l. Estimated Fare Per Passenger Before the VVTA Subsidy:

SECTION 4: VAN TERMINATION

4a: Has the vanpool (identified in 1e above) lease been terminated with this Contractor?

○ Yes ○ No

4b. If yes, identify the termination date:

4c. Identify, if known, the reason why this vanpool terminated:

- ☐ Could not maintain 70% occupancy
- ☐ Too expensive, even with subsidy
- ☐ Employer subsidies were reduced or terminated
- ☐ Driver issues - could not maintain a primary driver, or other driver reasons
- ☐ Conflicts among the passengers/drivers
- ☐ Participant changed employer
- ☐ Participant change home location
- ☐ Choice 1
- ☐ Other

SECTION 5: OTHER CHANGES AND ATTACHMENTS

5a. Is there any other information that was not included in the previous fields, that you need to communicate to VVTA? If yes, please address to the right:

5b. If there is a new Participant/ Leaseholder, or any other changes to the Participant's Lease Agreement with Contractor, attach that document now:

Select File

5c. If there is a new Participant/ Leaseholder and/or New Primary Driver, to your knowledge has a Participation Agreement been submitted online to VVTA?

- ☐ Yes
- ☐ No
- ☐ Not Sure

SECTION 6: AUTHORIZATION TO SUBMIT THIS FORM

6a. By checking the box to the right, writing my name in 6b below and by submitting this form, I am a representative of the Vanpool Contractor identified in 1a. above, and am authorized to submit this Update Form on behalf of said Contractor. To the best of my knowledge, the information provided herein is true. ☐

6b. Write your full legal name (at a minimum your first and last name) which serves as a digital signature. The use of a digital signature shall have the same force and effect as the use of a manual signature.

6c: Date:

6d. Contractor Representative's E-mail:

6e. Re-Enter Your E-mail:

Submit