

**Miami Dade County Department of Emergency Management**

 9300 NW 41st Street

 Miami, FL 33178

 Email: emergencyplans@miamidade.gov

 Phone: 305-468-5400

Fax: 305-468-5401

**EMERGENCY TRANSPORTATION AGREEMENT INSTRUCTIONS**

**The Agency for Health Care Administration (AHCA) and Miami-Dade County Department of Emergency Management require that all facilities submit two (2) Emergency Transportation Agreements on an annual basis. Contracts with other transportation providers can be uploaded. The Emergency Transportation Agreements and/or vendor contract(s) must be from an existing company and be valid for the CEMP year a facility is submitting for. To expedite review of a vendor contract, please highlight and/or underline the expiration date of the contract. All signatures and dates on the Emergency Transportation Agreement must be hand-signed and dated. *When uploading the Emergency Transportation Agreement and/or vendor contract(s) do not include this page.***



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**EMERGENCY TRANSPORTATION AGREEMENT**

In the event of an emergency that requires the evacuation of clients from the Transfer Facility,\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ , (*Name of Facility*) I, \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (*Owner of the Vehicle*), agree to provide transportation for the above-mentioned facility to the designated Receiving Facility and provide transportation back to the Transfer Facility with the vehicle listed below. The vehicle’s registration form is attached to this Emergency Transportation Agreement.

|  |
| --- |
| **Vehicle Information** |
| Vehicle Year | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle Make | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vehicle Model | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| VIN Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of Passengers | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *I attest that the above-referenced vehicle is insured and includes coverage protection for all passengers.* |

|  |  |
| --- | --- |
| **Transfer Facility:** | **Owner of Vehicle:** |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Owner Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Facility Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Owner Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Owner Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I hereby attest that I physically signed this Agreement on the date specified in this document. | I hereby attest that I physically signed this Agreement on the date specified in this document. |
| *Section below to be completed if someone other than the individuals listed above (e.g., consultant)**assisted in preparing this document.* |
| Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |