

Annual Employer Photo ID ComPASS Agreement

Effective Date: _____, 20_____

Parties: Clark County Public Transportation Benefit Area,
hereinafter "C-TRAN", a municipal corporation

and

Employer Name
(Hereinafter "Employer")

Employer Address

1. Purpose:

The purpose of this Agreement is to implement C-TRAN's Annual Employer ComPASS Program in accordance with the attached and incorporated Exhibit A, Administrative Program Requirements (Program Requirements), as may be amended by C-TRAN. Employer agrees to comply with the requirements set forth in this Contract.

2. Term:

This Contract shall be in effect from the date listed above through August 31, 2012, unless terminated by C-TRAN as provided in the Program Requirements. C-TRAN also may terminate this Contract upon 30 days advanced written notice to Employer, and in such event that the Employer is in compliance with this Contract, C-TRAN will reimburse Employer for all returned ComPASS stickers based on the number of days remaining in the Contract term.

3. Employer Payment:

Employer's annual ComPASS price per pass, under this Contract, is \$616.00. Employer has requested _____ number of ComPASS stickers. Employer's total payment due under this Contract is \$_____.

4. Discrimination:

Employer shall ensure that no person shall be denied the opportunity to participate in nor be subject to discrimination in the Annual ComPASS Program, or be denied access to this program by reason of race, creed, color, sex, age, national origin, nor the presence of any sensory, mental or physical handicap, not in any manner contrary to applicable local ordinance, state or federal laws and regulations.

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5. No Third Party Beneficiary:

Employer and C-TRAN are the only parties to this Contract and as such are the only parties entitled to enforce its terms. Nothing in this Agreement gives or shall be construed to create or provide any legal right or benefit, direct, indirect or otherwise to any other party unless that party is individually identified by name herein with the express and stated designation as an intended beneficiary of the terms of this Agreement.

6. Authority:

The representatives signing on behalf of the parties certify that they are duly authorized by the party for which they sign to make this Contract.

Employer's Name

Clark County Public Transportation Benefit Area

By: _____
(signature)

By: _____
(signature)

Date: _____

Date: _____

Name: _____
(please print)

Name: Jeff Hamm

Title: _____

Title: Executive Director/CEO

Address: _____

Telephone Number: _____

Federal Employer ID #: _____