



**City of Phoenix**  
PUBLIC TRANSIT DEPARTMENT

## Homeless Service Provider Program Fare Outlet Agreement

This document serves as an Agreement between The City of Phoenix Public Transit Department (herein referred to as the "City") and the organization requesting fare media (herein referred to as the "Organization"). The information provided will be kept confidential to the extent permitted by the Arizona Public Records Law. Please keep a copy of this Agreement and the Terms and Conditions for your records. **Please complete the following information:**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Year of Incorporation: \_\_\_\_\_ Federal Tax I.D No. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Is this a Government Agency?  YES  NO      Establish credit account:  YES  NO

Monthly Number of Homeless Clients: \_\_\_\_\_ Estimated Monthly Transit Budget: \_\_\_\_\_

\*\*\*\*\* **Responsible Party Information** \*\*\*\*\*

Name(s) of Principal(s): \_\_\_\_\_  
(Principal is defined as the responsible party/ head of the organization (CEO, Executive Director, etc.)

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Agreement with Terms and Conditions

I certify that all information provided is correct. I have read, fully understand, and agree to all guidelines, terms and conditions applicable to the Homeless Service Provider Program provided on the reverse side of this agreement. Failure to comply with these guidelines will result in immediate disqualification from this program and the return of all fare media in inventory.

Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed agreement and all required documentation to:**  
**Email: [homeless.provider@phoenix.gov](mailto:homeless.provider@phoenix.gov) or Fax: 602-732-2727**

### Homeless Service Provider Program Correspondence:

City of Phoenix Public Transit Department, 302 N. 1<sup>st</sup> Avenue, Ste 900, Phoenix, AZ 85003  
Phone: 602-262-4507

## Agreement Terms & Conditions

### Program Guidelines

The City's Public Transit Department is a member of the Valley Metro organization and administers the Homeless Service Provider Program. This program is available to Homeless Service Providers with IRS 501(c) (3) status OR a governmental agency that provides community/social service to homeless persons. Clients must meet the definition of "homeless" as set forth in Title 42, Chapter 119, Subchapter I, Section 11302 of the United States Code:

- Individuals and families who lack a fixed, regular, and adequate nighttime residence.
- Individuals/families with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Individuals/families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements.
- Individuals who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided.
- Individuals/families who will imminently lose their primary nighttime residence.
- Unaccompanied youth and homeless families with children/youth who are defined as homeless under other federal statutes who have experienced a long term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time.
- Individuals/families attempting to or are fleeing, domestic violence, dating violence, sexual assault, stalking, or other dangerous/life-threatening conditions related to violence against the individual or a family member.

### Terms and Conditions

The Organization may purchase full fare media (7, 15, 31, and All Day passes) at half price. The City does not offer a discount on any other fare media types. Fare media received at half price must be given at no charge or sold at cost; only to your homeless clients (as described above) for transportation to and from important activities such as: employment interviews, work, child care facilities, food/drug store, school/training and medical appointments. Fare media received by the Organization at half price may not be sold or given to the general public, staff members, employees, volunteers or any other client who does not meet the required criteria. If passes are misused, the Homeless Service Provider will be required to pay the difference for all fare media received.

The Organization agrees to remit payment according to our net terms of thirty days. An \$18.00 insufficient funds fee will be charged for all returned checks.

This program is subject to random, unannounced audits by the City or its designee. The Organization must keep a separate distribution log of all fare media purchased through this program. The log will include the distribution date, serial number of fare media, fare type, client case number (optional), client name, client signature, staff name, and description of the eligible purpose the fare media is being used for. A sample of the distribution log has been provided as part of your agreement packet.

Organizations participating in this program must complete and satisfy all criteria. If the Organization fails to perform its obligations under these conditions, the City shall have the right to terminate this Agreement and withhold orders without prior written notice. This Agreement between the Organization and the City may be terminated without cause by either party upon thirty days' prior written notice.

#### OFFICE USE ONLY

Application Forms Received: ____ Application ____ Organization Letter ____ IRS / 501 (c)3 ____ Corp. Commission
Approved / Denied: ____ Notification Completed: ____ Representative: _____ Date: _____