

# **NON-PROFIT MILEAGE REIMBURSEMENT PROGRAM INSTRUCTIONS AND POLICIES**

## **Transportation of Persons Experiencing Homelessness**

### **OVERVIEW**

This program is designed to provide limited transportation reimbursement to qualified non-profit agencies who provide transportation services to specified program locations for individuals and families in Norman who are currently or who have recently experienced homelessness.

### **QUALIFYING AGENCIES**

Agencies must be some sort of not-for-profit agency [501(C)(3), public agency, etc.] who provide free transportation to persons experiencing homelessness or who have recently experienced homelessness. Employees or volunteers of participating agencies who are providing transportation services using their personal vehicles for the participating agency are also eligible for reimbursement.

The City may, at any time, choose to disqualify an agency or a particular driver associated with any agency from participating in the program. Upon disqualification, the agency and/or driver will be notified in writing of their disqualification.

### **REIMBURSEMENT**

Agencies will receive reimbursement for qualifying transportation services at a mileage rate of \$0.67/mile.

Reimbursement will only be provided for on-demand transportation to and from selected program locations as specified in the Approved Program Location List (“**Attachment A**” hereto). All transportation must be within the City Limits of Norman. Reimbursements will be only be paid to the participating agency, who shall responsible for distributing reimbursements to any employees or volunteers using personal vehicles.

### **REQUIRED FIRST-TIME SUBMITTALS**

The participating agency **MUST** submit the following documents to participate in the program:

- Proof of 501(c)(3) status (or proof of another non-profit designation)
- Copy of Agency Automobile Insurance Policy and Covered Vehicle/Driver list (if applicable)
- Signed Acknowledgement of Non-Profit Mileage Reimbursement Program Instructions and Policies (“**Attachment B**” hereto)
- Properly Executed Hold Harmless Agreement (“**Attachment C**” hereto)
- Information of each authorized driver for the agency: (whether the driver is using personal vehicles or agency-owned vehicles):
  - o Copy of a valid Oklahoma Driver’s License (Driver **MUST** be over age of 21)
  - o Copy of valid auto insurance policy covering vehicle to be used (if not covered by agency’s policy)
  - o Signed Acknowledgement of Non-Profit Mileage Reimbursement Program Instructions and Policies by Driver (“**Attachment B**” hereto)
  - o Properly Executed Hold Harmless Agreement by Driver (“**Attachment C**” hereto)

The participating agency is required to update all documentation as necessary.

## **REGULATORY REQUIREMENTS**

Participating agencies and drivers shall:

- Adhere to all federal, State, and local regulations for all services provided under this program, including obtaining and maintaining required state and local licenses/permits relating to transportation of persons;
- Ensure scheduled and unscheduled transportation is accessible in accordance with any federal, State, and local disability rules, laws, or regulations; and
- Be responsible for establishing, maintaining, confirming the appropriate limits of liability insurance as required by law.

Failure of the agency or individual driver to adhere to any legal or regulatory requirements may result in termination from the program.

## **REIMBURSEMENT REQUEST**

Mileage Requests shall be completed on a monthly basis by the participating agency and associated drivers using the mileage reimbursement forms provided by the City. Each driver associated with the participating agency will be required to complete the Driver Trip Log form to track mileage on a day-to-day basis. Drivers should record individual trips as they are completed to maintain high accuracy.

At the end of each reporting period, agencies shall compile all Driver Trip logs and submit a Master Reimbursement Request containing aggregate mileage from all drivers for the reporting period. Once complete, the participating agency must submit (1) the Master Reimbursement Request and (2) attach all supporting Driver Trip Log forms before submittal due date. Agencies and Drivers must use the provided forms. Incomplete or inaccurate submittals will not be reimbursed. **NO LATE SUBMITTALS WILL BE ACCEPTED.**

Requests must be submitted by 4:00PM on the 7<sup>th</sup> day of the month for the previous month's period (or on the following business day, if said date falls on a weekend or City-observed Holiday). Agencies must submit all required documentation in a single document packet (if submitted virtually, document must be a single PDF document). Submittals can be sent to [Stacey.Parker@NormanOK.gov](mailto:Stacey.Parker@NormanOK.gov) or hand delivered to the City Manager's Office ATTN: Stacey Parker at 201 W Gray St, Norman, OK 73069.

## **APPROVED PROGRAM LOCATIONS**

This program only reimburses participating agencies and their associated employees or volunteers for transportation to or from selected program locations located within the City of Norman. (See Exhibit A attached hereto). **Rides or transportation must be either to or from approved program locations. Any transportation to or from locations outside of the City of Norman will not be eligible for reimbursement.** The list of approved locations may be updated from time to time as necessary.

## **REIMBURSEMENT LIMITS AND CAPS**

Reimbursements are made subject to the availability of funds. The City reserves the right to suspend or limit the scope of the program at any time and at the sole discretion of the City Manager. Such limitations may include, but are not limited to, capping the total amount of funds distributed per month, capping the total amount received by an agency per month, or capping the total amount received by an agency per fiscal year.

**Exhibit A**  
**Approved Program Locations**

<b>Location Code</b>	<b>Program Name</b>
A.	A Friend's House
B.	Affordable Quality Care
C.	Assist Wireless
D.	Brooks Street Transfer Station
E.	Catholic Charities, Women's Sanctuary
F.	Center for Children and Family
G.	Central Oklahoma Community Mental Health Center
H.	City of Norman Municipal Court
I.	City of Norman Investigations Center
J.	City of Norman Libraries
K.	Cleveland County Courthouse
L.	Cleveland County Detention Center
M.	Department of Corrections Norman
N.	Department of Human Services
O.	Department of Public Safety
P.	Donate-A-Miracle Thrift Store
Q.	First Baptist Church
R.	Food and Shelter
S.	Griffin Memorial Hospital
T.	Hotels and Motels
U.	McFarlin United Methodist Church
V.	Mission Norman
W.	Norman Housing Authority
X.	Norman Regional Hospital
Y.	Outreach Thrift
Z.	Pharmacies (such as CVS, Dave's, Sooner Pharmacy, Walgreens, and Walmart)
AA.	Red Rock Behavioral Health Services
BB.	Salvation Army Resource Center
CC.	Salvation Army Thrift Store
DD.	Tag Agencies
EE.	Thunderbird Clubhouse
FF.	Variety Care (Alameda and Himes locations)
GG.	Cleveland County Health Department
HH.	Aging Services
II.	Norman Veterans Center
JJ.	Norman VA Clinic
KK.	Touchstone Imaging Norman
LL.	Dental Services (e.g., Affordable Dentures and Implants, Dental Depot, etc.)
MM.	HUB 107

**EXHIBIT B**  
**SIGNED ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understood the information contained in the Non-Profit Mileage Reimbursement Program Instructions and Policies. I agree to abide by all existing and future Non-Profit Mileage Reimbursement Program policies and understand that failure to do so may result in my becoming ineligible for continued participation in the program.

The person signing this Acknowledgement represents and warrants that he or she is duly authorized and has legal capacity to execute and deliver this Agreement. The undersigned represents and warrants that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on such party and enforceable in accordance with its terms.

If signed by an individual:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If signed by an entity or corporation:

Name of Entity: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

