



## **NV Rides Program Memorandum of Understanding**

### **By and Between NV Rides and NV Rides Service Provider Organizations:**

The purpose of NV Rides is to support seniors aging in place in Northern Virginia by increasing the capacity of community groups providing volunteer-driver transportation programs.

The purpose of this Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of NV Rides and Service Providers as they relate to the collective work required to develop and enhance volunteer driver programs for older adults.

### **Agreement**

This MOU is made between NV Rides and the service provider \_\_\_\_\_.

### **NV Rides shall provide Service Provider with the following at no cost:**

1. Provide access to and training on RideScheduler; an Internet based database software for managing database of client and volunteers, and scheduling rides between volunteer drivers and riders. All technical support questions regarding RideScheduler must go through the NV Rides helpdesk: [helpdesk@nvrides.org](mailto:helpdesk@nvrides.org).
2. Provide complete funding for all volunteer driver criminal background and DMV checks for all new volunteer drivers as of date of signed agreement.
3. Coordinator support to service provider organization staff administering driving program.
4. Provide marketing and outreach support to service provider.
5. Refer all prospective clients that come through to NV Rides to appropriate service provider based on clients' address.
6. Provide service provider with updates, resources, news which may be of assistance to organization in ensuring success of volunteer driver program. Provide information, content and links to service provider's website on the NV Rides website, as well as share latest news and information about service provider organization on all channels of NV Rides social media platforms (Facebook, LinkedIn, Twitter, etc.).

### **NV Rides service providers shall:**

1. Ensure all volunteer drivers receive a civil background and DMV check.
2. Ensure all volunteer drivers have auto insurance.
3. Have supplemental insurance coverage.

3. Collect demographic data as required by Fairfax County or other grant funders, (e.g. income, race, disability). Questions as provided by NV Rides Manager. Service provider organization understands that by joining the NV Rides network of providers that NV Rides has access to information stored in service provider's client and volunteer database through the RideScheduler software system. This information is for programmatic and reporting purposes only and will not be shared, sold or distributed to any party outside of NV Rides. NV Rides shall take all reasonable precautions to preserve the integrity and prevent any corruption or loss, damage or destruction of the service provider's client and volunteer data.
4. Attend four NV Rides meetings per year. These meetings will be informal, and will give service providers an opportunity to network and share best practices, and acquire other useful information.
5. Display the NV Rides logo where applicable in marketing materials, website and social media outlets. If requested, share driver/rider testimony for reporting and future marketing purposes.
6. Will work collaboratively with NV Rides to ensure successful program implementation.

**Additionally:**

- If a service provider is not able to provide a ride for any reason, a referral can be made to an alternate service provider granted that the alternate service provider meets the NV Rides standard of background check provided by NV Rides service providers.
- Volunteer drivers providing rides for service provider shall treat all seniors equally without regard to race, religion, national origin, or any other identifying characteristic protected by federal, state, or local law.

**Modification:** This MOU may be supplemented, amended or modified only by mutual agreement of the parties. No supplement, amendment or modification of this MOU shall be recognized unless it in writing and signed by NV Rides and service provider.

**Agreed:**

By: \_\_\_\_\_

NV Rides

Date:

By: \_\_\_\_\_

Print Name:

Organization:

Date:

