# PERSONAL IMPACT SPEAKER SERVICES CONTRACT

The  **[Grantee Name]** Safe Communities Toward Zero Deaths (TZD) Coalition is contracting with **[speaker name]** to provide a personal impact presentation about a motor vehicle crash in which he/she was injured, or in which a loved one was killed or injured, and how it impacted their life and the lives of others.

Presentation: **[date] – [time] – [location]**

Audio/Visual/Other will be provided by:

|  |  |  |
| --- | --- | --- |
| **ITEM** | **SPEAKER** | **HOST AGENCY** |
| Computer |  | x |
| Projector |  | x |
| Screen |  | x |
| Audio (microphone, speakers) |  | x |
| Flash drive or email of presentation | x |  |

Up to *$****500*** has been set aside to reimburse the presenter for actual in-state travel costs according to the Commissioner’s Travel Plan as follows:

* Personal vehicle mileage at the IRS approved rate of $.655 per mile.
* Parking fees with receipts
* Meals, under the following conditions:
	+ Breakfast if leaving home before 6:00am or if away from home overnight up to

$10.00.

* + Lunch if in travel status more than 35 miles away from office or if away from home overnight up to $13.00.
	+ Dinner if speaker cannot return home until after 7:00pm or are away from home overnight up to $19.00.

# Host Agency:

[Grantee Name]
[Phone Number]
[Email]

Signature Date

# Presenter: [First and Last Name]

Address:

Social Security Number:

Signature Date