

Vermont Agricultural Mediation Program
177 Paddy Hill Road
Moretown, VT 05660
www.vtamp.org (802) 583-1100

Vermont Agricultural Mediation Program Mediator's Agreement

Name _____

Social Security Number _____

Address _____

Phone Number _____ Cell Phone Number _____

E-Mail Address _____

I understand that when I provide mediation services to the Vermont Agricultural Mediation Program (VTAMP), I will bill at \$180/hour for preparation and mediation time. VTAMP will pay \$120/hour for mediation services and \$60/hour will be considered a contribution to VTAMP. VTAMP will pay mileage at the federal rate. My travel time will be a contribution to VTAMP.

The invoice should include a brief description of the activities undertaken as part of preparation time. Any preparation time beyond 2 hours requires pre-approval from the program administrator.

I will set a time and place for the mediation that is agreeable to all parties. Upon completion of the mediation, I will send an invoice to VTAMP for the amount due. I understand that the invoices are subject to audit.

In order to remain on the VTAMP roster, I agree that I will complete at least twenty hours of mediation training every two years. I will provide certification to VTAMP every two years that the training has been completed.

I certify that I have professional liability insurance for a minimum of \$100,000 per claim and \$300,000 aggregate coverage.

Signature of Mediator

date