



**California Agricultural Mediation Program
Mediator's Agreement**

www.calamp.org

**Environmental Mediation Center
144 Paddy Hill Rd.
Moretown, VT 05660
(916) 330-4500**

Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email Address: _____

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

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 CALAMP for the amount due. I understand that the invoices are subject to audit.

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