Hired Hands, Inc.

Certified Sign Language Interpreting Services

PO Box 55275 Hurst, TX 76054
817-236-DEAF (3323)
817-236-5601 FAX
www.hiredhandsinc.com

AGREEMENT FOR SIGN LANGUAGE INTERPRETING SERVICES

In this Contract, the party who is contracting to receive interpreting services will hereafter be referred to as the "AGENCY," and the party who will be providing the interpreting services will hereafter be referred to as "HIRED HANDS, INC".

I. The Provider, HIRED HANDS, INC. agrees to:

1. Provide certified, professional sign language interpreters, who are knowledgeable and experienced in working with various settings and various modes of communication from American Sign Language to Signed English. HIRED HANDS, INC. interpreters shall conduct all assignments following RID/NAD's Code of Professional Conduct.

2. Make every effort to fill all assignments. To ensure availability, three (3) to five (5) business days is recommended.

3. Accept interpreter requests during office hours: Monday through Friday, 8:00am to 5:00pm.

4. Also accept after hours and emergency requests Monday through Friday, 5:00pm to 8:00am, weekends and holidays. These requests must be made through the after hours emergency cell phone number provided to the AGENCY by HIRED HANDS, INC. (**See VI. RATES AND CONTACTS**).

5. Confirm the assignment to the AGENCY the business day prior to the scheduled assignment, or inform the AGENCY that an interpreter is not available.

6. Decide the number of interpreters needed for an assignment. This decision will be made based on the length of the assignment and the actual situation. HIRED HANDS, INC. will notify the AGENCY when more than one interpreter is required.

7. Bill the AGENCY based on the following policies of HIRED HANDS, INC.:

   A. All assignments will be charged a two (2) hour minimum in Tarrant County and a three (3) hour minimum outside of Tarrant County. All proceeding assignments include a minimum of one (1) hour interpreting.

   B. Charges will be calculated in one-quarter hour increments, for each

interpreter.

C. All day assignments will include charges for the lunch break, for each interpreter. (See example under "H")

D. Charges for time will be "portal-to-portal", from the beginning of the interpreter's travel time to the ending of the interpreter's time, for each interpreter.

A maximum of one hour will be charged for round trip travel time in the Fort Worth / Tarrant County area. Dallas and Denton County will be a minimum of two hours travel time. All other counties will be charged actual travel time plus mileage.

For assignments outside the Dallas/Fort Worth metroplex requiring travel, reimbursement for meals, lodging, airfare and/or mileage, and parking shall be billed as agreed upon prior to service, along with the regular interpreting services charge.

E. If AGENCY requests interpreter services for a set time (Example: 1:00pm to 4:00pm) and the assignment finishes early, the AGENCY will be charged for the original requested time.

F. AGENCY will be charged the full charge for the original requested time for all assignments that are canceled with less than 24 hours notice (1) FULL BUSINESS DAY NOTICE.

G. AGENCY will be charged the full charge for the original requested time if assignment is canceled after the interpreter arrives, or if the assignment is a "No Show", meaning that the deaf client or the On-site client fails to show for the assignment.

H. Example for calculating service time in Tarrant County, for an all day assignment using two interpreters:

Travel Time	7:30am to 8:00am
Interpreting Time	8:00am to 12:00pm
Lunch	12:00pm to 12:45pm
Interpreting Time	12:45pm to 5:00pm
Travel Time	5:00pm to 5:30pm

This example would show 10 hours for each interpreter, using two interpreters, the full charge would be a total of 20 hours.

I. Bill the AGENCY based on the Hourly Rates in **VI. RATES AND CONTACTS.**

J. Recognized Holidays are: New Years Day, Memorial Day Independence Day, Labor Day, Thanksgiving, and Christmas. These holidays will be billed at the overtime rate.

II. The AGENCY agrees to:

1. Call, fax or email a request as soon as the AGENCY is aware that an interpreter is needed, and preferably, no later than three (3) - five (5) business days prior to the assignment.
(Any request made last minute will be accepted, **charged a less than 24 hour service charge**, and every effort will be made to fill it. Please note, assignments with short notice sometimes cannot be filled due to lack of interpreter availability.)

2. Appoint a contact person responsible for making interpreter requests and having the authority to approve payment for such requests. A contact person needs to be established for during business hours and for after hours and emergency calls.

3. Provide HIRED HANDS, INC. the following information for each interpreter request:
   - Day and Date
   - Length of Assignment (beginning and end times)
   - Location and Address (including room number and specific location)
   - Name & Phone # of Contact Person Responsible for Meeting Interpreter
   - Deaf Clients Name
   - Medical Record Number (if a medical AGENCY)
   - Reason For The Request (meeting, Dr. appointment, etc..)

4. Call in any after hours or emergency requests through the after hours emergency cell phone number provided to the AGENCY by HIRED HANDS, INC.

5. Pay for services rendered on receipt of HIRED HANDS, INC.'s Monthly Invoice. Monthly invoices will be sent the third week of the month following services rendered, and are due upon receipt.

III. CONFIDENTIALITY:

HIRED HANDS, INC., and its employees, agents, or representatives will not at any time or in any manner, either directly or indirectly, use for the personal benefit of HIRED HANDS, INC., or divulge, disclose, or communicate in any manner, any information that is proprietary to agreeing AGENCY. HIRED HANDS, INC. and its employees, agents, and representatives will protect such information and treat it as strictly confidential. This provision will continue to be effective after the termination of this Contract.

IV. TERM:

This Contract will have an initial term of one (1) year from the date signed by the Authorized Person, and will automatically renew for successive one (1) year terms, unless terminated by either party upon written notice to the other party.

V. GOVERNING LAW:

This Contract shall be construed in accordance with the laws of the State of Texas.

VI. RATES AND CONTACTS:

INTERPRETING RATES EFFECTIVE JULY 1, 2010

Regular	Overtime	Legal	Emergency Room	Less than 24hr Request Service Charge
$49/hr	$74/hr	$70/hr regular	$54/hr regular	$45 Added
Mon-Fri 8a-5p	Mon-Fri 5p-8a Weekend and Holiday	$100/hr overtime	$79/hr overtime	Does not apply to Legal or ER

For all requests there is a two (2) hour minimum in Tarrant County and a three (3) minimum outside of Tarrant County.

Less than 24hr Request Service Change is a flat rate charge that will be applied to each interpreter request that comes in with less than 24 hours of notice/one (1) full business day notice. This rate does not apply to legal requests or hospital emergency rooms.

Hired Hands, Inc. reserves the right to determine if more then one interpreter will be needed for any assignment that is: more then 2 hours, has demanding content, or has multiple deaf participants.

Regular Hours: Monday through Friday 8:00am to 5:00pm
All other times will be considered overtime and will be calculated at the overtime rate (between 5:00pm-8:00am Monday – Friday; Saturdays, Sundays, and Holidays).

TO MAKE AN INTERPRETER REQUEST

Contact our Interpreter Coordinating Department 8:00am–5:00pm Mon-Fri

Phone: 817-236-3323
Fax: 817-236-5601
EMAIL: coordinator@hiredhandsinc.com
www.hiredhandsinc.com

AFTER HOURS and EMERGENCY CELL PHONE

817-880-3242 Nights 5:00pm-8:00am, Weekends and Holidays

To discuss billing and invoices contact our BUSINESS MANAGER 817-236-3323

Hired Hands, Inc. is committed to providing certified, qualified, professional Interpreters who will work to ensure effective communication between Deaf and Hearing Consumers. During our service, we strive to act as cultural mediators, advocate for Deaf rights and become life long learners. It is our goal to bring relevance to the profession of Interpreting and become its ambassadors.

Thank you,
Angela Franklin, COO
Debbie Mitchell-DiPaolo, CEO

Provider:
Hired Hands, Inc
P.O. Box 55275
Hurst, TX 76054
(817) 236-3323

Angela Franklin
Signature of Authorized Person

Date Signed

Signature of Authorized Person

Please fill out the following information and fax ***this page only*** to Hired Hands, Inc. **Fax # (817) 236-5601**

WISE COUNTY, TEXAS
Name of Agency

P.O. BOX 899 - ATTN: AUDITOR'S OFFICE
Address

DECATUR, TEXAS 76234
City, State, Zip Code

Phone: (940) 627-5744 Fax: (940) 627-3388

Email: coauditor@co.wise.tx.us

BILL McELHANEY — COUNTY JUDGE — P.O. BOX 4393 DECATUR, TX 76234
Print Name of Authorized Person — Position / Title

Signature of Authorized Person — 10/10/11
Date Signed

By signing this Service Agreement for Sign Language Interpreting Services, you are agreeing to all of it's contents.

Whose attention should the invoice be sent to? AUDITOR - MS ANN McCUISTON

Phone: (___) See above Fax: (___) see above