



AGREEMENT FOR SIGN LANGUAGE INTERPRETING SERVICES

In this Contract, Wise County (Contracting 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 to work in various settings and with various modes of communication from American Sign Language (ASL) to Signed English. HIRED HANDS, INC. interpreters shall conduct all assignments following the Registry of Interpreters for the Deaf (RID)/National Association of the Deaf's (NAD) Code of Professional Conduct (CPC).
2. Make every effort to fill all assignments. To ensure availability, three (3) to five (5) business days notice is recommended.
3. Accept interpreter requests during business 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* phone. The number is provided to the AGENCY by HIRED HANDS, INC. **See VIII. CONTACTS.**
5. Confirm the assignment to the AGENCY the business day prior to the scheduled assignment, or inform the AGENCY if the request cannot be filled.
6. Decide the number of interpreters needed for an assignment, or if there will be a need for a Certified Deaf Interpreter (CDI). These decisions 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, or if there is a need for a CDI.
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 of onsite time for each interpreter.

- B. Charges will be calculated in one-quarter hour increments, for each interpreter.
- C. All day assignments will include charges from: start to finish, all scheduled breaks, and meal breaks for each interpreter.
- D. Charges for time will be "portal-to-portal" for each interpreter. From the beginning of the interpreter/s travel time to the ending of the interpreter/s travel time. 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 maximum of two hours travel time. All other counties will be charged actual travel time plus mileage.
- E. 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.
- F. 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.
- G. AGENCY will be charged the full charge for the original requested time for all assignments that are **cancelled with less than twenty-four (24) BUSINESS HOURS NOTICE.**
- H. AGENCY will be charged the full charge for the original requested time if assignment is cancelled after the interpreter arrives, or if the deaf consumer and/or the on-site consumer fails to show for the assignment.
- I. Bill the AGENCY based on the Hourly Rates. **See VII. RATES.**
- J. Recognized holidays are: New Year's Day, Memorial Day Independence Day, Labor Day, Thanksgiving, and Christmas. These holidays will be billed at the *After-hours 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) to five (5) business days prior to the assignment. Any last-minute requests that are accepted, **will be charged a Less than 24hr Request 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, for after-hours, and for 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 consumers 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* phone. The number is provided to the AGENCY by HIRED HANDS, INC.

5. Pay for services outlined on HIRED HANDS, INC.'s monthly invoice/s. Monthly invoice/s will be sent the third week of the month following services rendered and are due within 30 days of AGENCY'S 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 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. NO GUARANTEE OF UTILIZATION:

This Contract does not guarantee services. Nor does it require an exclusive use of HIRED HANDS, INC. by AGENCY.

V. 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. For any changes to this contract including but not limited to changes in rates, an addendum will be sent thirty (30) days before the effective date.

VI. GOVERNING LAW:

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

VII. RATES:

INTERPRETING RATES

Regular	After-hours	Legal	Emergency Room/After-hours phone	Less than 24hr Request Service Charge
\$53/hr	\$79/hr	\$70/hr Regular	\$58/hr Regular	\$45 Added
Mon-Fri 8a-5p	Mon-Fri 5p-8a Weekend and Holiday	\$100/hr After-hours	\$84/hr After-hours	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 Charge is a flat rate charge that will be applied to each interpreter request that comes in with less than twenty-four (24) BUSINESS HOURS NOTICE. This charge does not apply to legal requests or hospital emergency rooms.

HIRED HANDS, INC. reserves the right to determine if more than one (1) interpreter will be needed for any assignment that is: more than two (2) hours, has demanding content, or has multiple deaf participants. HIRED HANDS, INC. also reserves the right to determine if a CDI will be needed.

Business hours are recognized as being Monday through Friday 8:00am to 5:00pm. All other times will be considered after-hours and will be calculated at the *After-hours Rate*. After-hours are recognized as being; Monday through Friday 5:00pm to 8:00am, Saturdays, Sundays, and Holidays.

VIII. CONTACTS:

REGULAR REQUESTS

Interpreter Coordinating Department Business hours Monday-Friday, 8:00am-5:00pm
PHONE: 817-236-3323 FAX: 817-236-5601
EMAIL: coordinator@hiredhandsinc.com WEBSITE www.hiredhandsinc.com

AFTER-HOURS/EMERGENCY REQUESTS

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

BILLING INQUIRIES

To discuss billing and invoices contact our Accounting Department 817-236-3323 or email accounting@hiredhandsinc.com

GENERAL INQUIRIES OR CONCERNS

Call 817-236-3323 or email info@hiredhandsinc.com

Hired Hands, Inc. is committed to providing certified, qualified, professional, sign language interpreters who will work to ensure effective communication and access to all consumers. During our service, we strive to act as cultural mediators, advocate for equal rights, and become lifelong learners. It is our goal to bring relevance to the profession of interpreting and become its ambassadors.

Initials

Provider:

Hired Hands, Inc.
P.O. Box 55275
Hurst, TX 76054

(817) 236-3323
Angela Franklin, COO
Debbie Mitchell-DiPaolo, CEO

Please initial each page, fill out the following information and fax or email the entire agreement to Hired Hands, Inc.
Fax 817-236-5601 Email info@hiredhandsinc.com

AGENCY Information:

Wise County
Name of AGENCY

Diana Allen asset@co.wise.tx.us
AGENCY Contact Contact's Email

Wise County Auditor
Billing Attention

PO Box 899
Billing Address

Decatur TX 76234
City, State, Zip Code

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

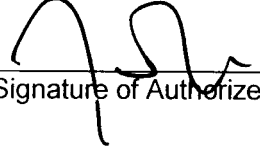
Billing Email asstauditor@co.wise.tx.us

Would you prefer you invoices emailed? Yes No

Authorized Representative:

JD Clark
Print Name of Authorized Person

County Judge
Position/Title



Signature of Authorized Person

11-9-2020
Date Signed

By signing this AGREEMENT FOR SIGN LANGUAGE INTERPRETING SERVICES, you are agreeing to all its contents and accepting fiduciary responsibility.

For Hired Hands Use only:

Date Received Database # QuickBooks

 Initials

Location served under this agreement (if different than billing address):

Name of Location

Physical Address

City, State, Zip Code

Phone: (____) _____ Fax: (____) _____

Name of Location

Physical Address

City, State, Zip Code

Phone: (____) _____ Fax: (____) _____

Name of Location

Physical Address

City, State, Zip Code

Phone: (____) _____ Fax: (____) _____

For additional locations please attach a separate sheet

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2020-691260

Date Filed:
11/18/2020

Date Acknowledged:
11-18-2020

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Hired Hands, Inc
Hurst, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Wise County Office of Emergency Management

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
ASL Agreement
Sign Language Interpreting Services for the Deaf and Hard of Hearing

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Angela Franklin and my date of birth is 07/02/1984

My address is 8017 Caladium Dr NRH TX 76180 USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas on the 18 day of November, 2020
(month) (year)

Angela Franklin
Signature of authorized agent of contracting business entity
(Declarant)