

Contract Committee Review Request
MUST BE COMPLETED IN FULL

Date: 8/29/2024

Contract/Agreement Vendor:

Name of Vendor & Contact Person

Vendor Email Address

Describe Contract (Technology, program, consultant-prof Development, etc.)

Please use Summary below to fully explain the contract purchase , any titles, and details for the Board of Education to review.

Reason/Audience to benefit

BOE Date Amount of agreement

Person Submitting Contract/Agreement for Review:

PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK

Principal &/or Director or Administrator:

D23EAE1B28D6C0BCF621A58F055F8AC7 readySign

Does this Contract/Agreement utilize technology? YES/NO

If yes, Technology Admin:

Cabinet Team Member:

F2E63BEAAE31AA47112F240E69DA8A9F readySign

Funding Source:

Fund/Project OCAS Coding

☒ **Consent**

☐ **Action**

TS/HA will provide sign-language interpreters for specific IEP students when as substitute is needed and is otherwise not available. The estimated cost is \$500.00 a day. Total cost depends on the number of subs needed and will be paid using Special Ed local funds. -D. Thornton

Summary

This area must be complete with full explanation of contract

The Contract/Agreement should be received at least 2 weeks prior to a Board Meeting to ensure placement on the Agenda. The Contract Committee meets most Tuesdays at 8:00a.m. All Contracts/Agreements, regardless the amount, must be first approved by the Contract Committee and then presented to the Board of Education for approval and signature. The item will be placed on Electronic School Board for the board agenda by Janet Brown. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.



**The Center for Individuals with Physical Challenges, Ltd.
Interpreter Services
Business Agreement**

The Center for Individuals with Physical Challenges, herein after “Provider,” is pleased to offer a Business Agreement to BROKEN ARROW PUBLIC SCHOOLS “Business” to ensure quality communication access is provided to Business’ deaf and/or hard of hearing clientele in need of Sign Language Services.

Provider is available to answer questions/concerns about Interpreter Services and to provide resources to better serve people with hearing loss, including sign language basics to make your workplace a more welcoming environment for those who communicate through American Sign Language.

Interpreter Services contact information:

- **Phone number:** 918-794-4517
- **Toll-free/After Hours Emergency:** 918-500-0877
- **Fax:** 918-584-8646

Prior to scheduling an appointment, the Business should collect and have available the following information:

- Date and time of appointment
- Name of business
- Address of business
- Office phone number and contact
- Client/Patient name and date of birth
- Type of procedure (e.g., medical follow up, physical therapy, office meeting, etc.)
- Approximately length of appointment
- Any additional pertinent information (e.g., directions, suite number, special instructions, etc.)

To schedule an appointment, the above information should be submitted by:

- **E-mail** requests for an interpreter to:
 - interpretingservices@tulsacenter.org
- **Phone** in requests to 918-794-4517 or, in the event of an emergency, to 918-500-0877; **OR**
- **Fax** requests using the Interpreter Request Form (attached) to 918-584-8646.

The following TSHA Personnel are available to assist with any questions you may have:

- Lisa Moreno – Interpreter Services Coordinator
 - lmoreno@tulsacenter.org
- Sandie Busby – Interpreter Services Coordinator
 - sbusby@tulsacenter.org
- Vanessa Norwood – Interpreter Services Assistant
 - vnorwood@tulsacenter.org
- Chestine Ivery – Accounts Receivable Specialist
 - civery@tulsacenter.org
- Wendi Fralick – Executive Director: wfralick@tulsacenter.org

Rates

(Provider follows Oklahoma Industry Standards)

Regular Rate: Regular rate is charged Monday through Friday from 8:00 am until 5:00 pm. Interpreters are paid a two-hour minimum per appointment.

Business will:

- Pay an initial **\$150.00** booking fee per interpreter requested/needed. This covers the two-hour minimum per interpreter.
- After two (2) hours, pay **\$18.75** per interpreter per 15-minute increment resulting in a **\$75.00** per interpreter maximum per additional hour.
- Pay mileage for the round trip, which will be charged at the current state mileage reimbursement rate as well as expenses associated with tolls and parking when applicable.

After-Hours & Weekend Rate: After-hours and Weekend Rate is charged weekdays from 5:00 pm until 8:00 am and all times Saturdays and Sundays.

Business will:

- Pay an initial **\$200.00** booking fee per interpreter requested/needed. This covers the two-hour minimum per interpreter.
- After 2 hours, pay **\$25.00** per interpreter per 15-minute increment resulting in a **\$100.00** per interpreter maximum per additional hour.
- Pay mileage for the round trip, which will be charged at the current state mileage reimbursement rate as well as expenses associated with tolls and parking when applicable.

Holiday Hours Rate: Holiday Hours Rate is in effect from 12:00 am until 12:00 am on the following holidays:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving
- Christmas

Business will:

- Pay an initial **\$350.00** booking fee per interpreter requested/needed. This covers the two-hour minimum per interpreter.
- After 2 hours, pay **\$43.75** per interpreter per 15-minute increment resulting in a **\$175.00** interpreter maximum per additional hour.
- Pay mileage for the round trip, which will be charged at the current state mileage reimbursement rate as well as expenses associated with tolls and parking when applicable.

Special Charges: Special Charges are charges for which the business may be responsible as described below.

Business will:

- Pay a service fee of \$25.00 for assignments requested and scheduled with less than a 24-hour notice.
- Pay Portal-to-Portal charges for assignments 50 miles or more from the interpreter's home to the place of business. In addition to their actual mileage pay, the interpreter will also be paid their hourly rate for the drive time. Per procedure, Provider will contact Business for Portal-to-Portal approval prior to assigning an interpreter who is 50 or more miles away.

- Make every effort to cancel with more than 24-hours notice. If the business cancels with more than 24-hours notice from the scheduled appointment, Business will not be charged.
- Pay the initial booking fee of \$150.00 if Business cancels with less than 24-hours notice of the scheduled appointment. If the Interpreter is already enroute to the appointment, Business will pay for mileage incurred. If a Portal-to-Portal fee was approved, Business will also pay these fees.



BILLING AGREEMENT

This Agreement ("Agreement") is by and between The Center for Individuals with Physical Challenges ("Provider") and BROKEN ARROW PUBLIC SCHOOLS, ("Business") which desires to receive Sign Language Interpreter Services for deaf and hard of hearing clients.

1. Both parties understand and agree that Providers policies and procedures follow current industry standards for Sign Language Interpreters.
2. Business understands and agrees that all rates are subject to change without notice and that the rates charged will be those in effect at the time that Provider provides services without regard to the rates at the time this Agreement was signed.
3. Business understands and agrees that a signed copy of this Agreement must be on file with Provider before Provider will schedule an appointment.
4. Provider may need before any request for interpreter services will be processed a form of guaranteed payment, such as a Purchase Order or Requisition Number.
5. Any and all miscellaneous expenses, such as parking fees, toll charges and actual mileage, will be calculated by Provider and reimbursed by Business. Mileage will be calculated based on the reimbursement rate established by the Oklahoma Travel Reimbursement Law. For any assignment fifty (50) miles or more from the interpreter's home, Business will be billed and pay for the interpreter's hourly rate for actual drive time plus mileage – this is the Portal-to-Portal Special Rate.
6. Provider's cancelation policy is in effect as soon as a request for an interpreter is made. Any assignment canceled with less than 24-hour notice will be charged the entire block of time requested for each interpreter.
7. An assignment longer than 2 hours may, in the sole and absolute judgment and discretion of Provider, require two or more interpreters. Business will pay the appropriate rate for each interpreter for the booked time, including the two-hour minimum.
8. Payment of all invoices is due within thirty (30) days of invoice date. In addition, Business will be responsible for any and all late fees, interest and collection charges, including legal fees, necessitated by Business' failure to pay.

Business has read, understands, agrees to and accepts the terms and conditions set forth in this Agreement:

Business:

Name (printed): _____ Position/Title: _____

Company Name: BROKEN ARROW PUBLIC SCHOOLS

Company Address: 701 S MAIN ST

BROKEN ARROW, OK 74012

Company Phone Number: 918-259-5700

Email address to send invoices: accounting@baschools.org

Purchase order: _____

Claims Number (Worker's Comp): _____

Signed: _____ Date: _____

Provider:

Name (printed): Lisa Moreno Position/Title: Interpreting Services Coordinator

Signed:  Date: 9/9/2024

- If Business has a special invoice format/form, please send with signed agreement for billing accuracy.

Today's Date: _____

**The Center for Individual with Physical Challenges
Interpreter Request Form**

918-794-4517 or interpretingservices@tulsacenter.org

Date of assignment: _____

Beginning time: _____ Ending time: _____

Assignment Details: _____

Name of Deaf Client: _____

Date of Birth (DOB): _____

On-Site Contact person (*Example: Dr., Supervisor, Therapist etc.*):

Business Phone Number: _____

Business Name: _____

Address: _____

City: _____ Zip: _____

Building name, suite, or room number: _____

Billing name and address: _____

Requester's name: _____

E-Mail: _____

Phone: _____

Additional notes:

Fax requests can only be accepted during business hours – Monday through Friday 8 am – 5 pm.
**If you fax a request after close of business, your request will not be received until the following business
day.**

For emergencies, call 1-918-500-0877