Request to Place an Item on the Agenda

Name: Contosa On
Address:
Telephone number: 270-604-1787
Name of school children attend, if applicable:
Group represented:
Check if request was submitted to: Superintendent Board Chairperson
Conferred with following administrators (names):
Camille Dillingham
Description of Issue:
Request approval for extering into
The Language Service agreement with
Avante Language Services on an as
reeded for the rate identified in the
agreement.
Specific Action Requested:
Board approval of Language Services. Agreement with Avante Language Services.
agreement with Avante Language Services.
Check if you are:
All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06



Professional Foreign Language Instruction and Services

452 N. EASTON ROAD GLENSIDE, PA 19038 TEL (215) 885-3575 FAX (215) 885-3574 www.avantelanguage.com info@avantelanguage.com

LANGUAGE SERVICE AGREEMENT

located atprovide Client with toll-free dial-in numb	vider" will provide interpreter services to Todd County District, "Client", on an "as needed" basis. Provider will er for 24/7 access to 150 languages. Provider will provide needed" basis. Provider will provide in-person interpreter services
FEES/BILLING	
	te of \$.95 per minute for all languages-telephonic interpreting. Client will th no minimum, no set-up charge and no contract minimum duration
IN-PERSON interpreter services (recommended for the following rates:	nended for IEP meetings or longer assignments). Client will be billed at
SPANISH: \$58hr All other languages: \$78 hr 2 hr minimum charge for all in-person as Assignments cancelled with less than on RUSH requests <48 bus hours: \$50 surch	
TRANSLATION. Client will be billed at the	following rates for document translation:
Document can be submitted by email fo Provider will provide monthly invoices to	num of \$100 per document. er hour. y apply, depending on length of document a price estimate. Client detailing usage. Invoices must be paid within 30 days of receipt. A be added to payments after the due date. If account becomes
I agree to the terms of this agreement	
Client Name Printed	Client Signature

Billing Address (include A/P person's name for invoices)	phone# contact for billing
Caroline Brooker, Director AVANTE LANGUAGE SERVICES, INC.	