

**RESOLUTION NO. \_\_\_\_\_**

**BE IT RESOLVED** by the Board of Commissioners of the City of Dothan, Alabama, as follows:

**Section 1.** That the City of Dothan enters into an agreement with the Alabama Institute for Deaf and Blind to provide interpreter services for a one-year period at a cost of \$55.00 per hour, which said agreement follows:



**INTERPRETER SERVICE AGREEMENT**

Alabama Institute for Deaf and Blind  
Dothan Regional Center  
111 Medical Drive, Dothan, Alabama  
(334) 677-6270

The following is an Interpreter Service Agreement between City of Dothan and the Alabama Institute for Deaf and Blind Dothan Regional Center (AIDB).

- 1. The Alabama Institute for Deaf and Blind Dothan Regional Center, agrees to:
  - A. Provide a qualified interpreter, either in person or remotely, pending availability, upon 48 hours' notice from the requesting agency to our Adult Services Interpreter Coordination Department.
  - B. Contact the requesting agency eight (8) hours prior to a scheduled appointment if an interpreter is not available.
  - C. Coordinate the billing information from the requesting agency.
  - D. Handle all disbursements due to an interpreter upon the completion of a particular assignment.
  - E. Notify the AIDB Finance and Accounting Office to bill the agency (net 30 days) based upon the amount of hours that an interpreter provides interpreting services. West Main Medical Center
  
- 2. City of Dothan agrees to:
  - A. Request interpreter services at least two (2) working days prior to the scheduled appointment time when possible.
  - B. Provide the time, place, date of appointment, name and telephone number of a contact person, deaf consumer's name and the type of interpreting situation.
  - C. Pay AIDB at the rate of \$55.00 per hour. The time will be billed in quarter hour increments following the first two hours. There is a two (2) hour minimum per assignment, per interpreter. Billing will begin at the confirmed scheduled appointment time.
  - D. Request two interpreters for interpreting assignments that are more than two hours long and where interpreting must be continued steadily (example: Lectures and presentations).
  - E. Pay a minimum one (1) hour service fee in the event the deaf consumer does not show up for the appointment unless otherwise arranged.
  - F. Give at least a 24-hour notice of cancellation. If notice is not given at least 24 hours in advance, the agency may be charged the full rate unless otherwise arranged.

This agreement may be canceled at the request of either party, provided that 30 days' notice is given. This agreement is not exclusive; your company is free to use any interpreting service or agency of your choice. This agreement begins upon signature and is for the period of October 1, 2020, through September 30, 2021.

It is so agreed on this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Jenny A. Savage  
AIDB Regional Director (print)

\_\_\_\_\_  
Mark Saliba  
Approved Authorized Agency Representative (print)

\_\_\_\_\_  
AIDB Regional Director (signature)

\_\_\_\_\_  
Approved Authorized Agency Representative (signature)

Please Send Payment To:  
**AIDB – Finance & Accounting**  
**PO Box 698 Talladega, Alabama 35161**

**Invoicing Address:**  
\_\_\_\_\_  
P.O. Box 2128  
\_\_\_\_\_  
Dothan, Al 36302

**Phone:** 334-615-3000  
**Email:** [cityclerck@dothan.com](mailto:cityclerck@dothan.com)

**Resolution No.** \_\_\_\_\_ Entering into an agreement with the Alabama Institute for Deaf and Blind continued.

**Section 2.** That Mark Saliba, Mayor of the City of Dothan and in such capacity, is hereby authorized and directed to execute the said agreement for and in the name of the City of Dothan.

**PASSED, ADOPTED AND APPROVED** on \_\_\_\_\_.

**ATTEST:**

\_\_\_\_\_

**City Clerk**

\_\_\_\_\_  
**Mayor**

\_\_\_\_\_  
**Associate Commissioner District 1**

\_\_\_\_\_  
**Associate Commissioner District 2**

\_\_\_\_\_  
**Associate Commissioner District 3**

\_\_\_\_\_  
**Associate Commissioner District 4**

\_\_\_\_\_  
**Associate Commissioner District 5**

\_\_\_\_\_  
**Associate Commissioner District 6**  
**BOARD OF CITY COMMISSIONERS**