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| VDDHH Interpreter Manual ADDENDUM Agreement: Video Remote InterpretingAcknowledgement #751262.1-A1 | | |
| Interpreter Information | | |
| Name: | | |
| Current address: | | |
| City: | State: | ZIP Code: |
| Primary Phone: | E-Mail Address: | |
| **Background** | | |
| The Virginia Department for the Deaf and Hard of Hearing (VDDHH) maintains the Interpreter Services Program Agreement and Manual for State Agencies and Sign Language Interpreters in the Commonwealth of Virginia (Ref Document #751262.1) in order to provide state and local government agencies with access to pre-qualified vendors of sign language interpreter services. This addendum (Document #751262.1-A1) has been developed to allow for Pre-Qualified Vendors (aka Verified Qualified Sign Language Interpreters – VQSLI) to provide sign language interpreter services via remote video during the State of Emergency declared by Governor Northam on March 12, 2020 (Executive Order 51). Pre-Qualified Vendors are those who have submitted a VDDHH Interpreter Manual Acknowledgement Form VQALI751262.1-112020 and required documentation that has been verified by VDDHH. This Addendum will remain in effect until the State Of Emergency (Executive Order 51) is lifted.  **Please submit completed and signed acknowledgement/form to leslie.hutcheson@vddhh.virginia.gov.** | | |
| **Terms and conditions** | | |
| The Terms and Conditions in Ref Document #751262.1 remain in effect. The following Terms, Conditions and Requirements apply only to this Addendum. Any Prequalified Vendor who chooses to provide Video Remote Interpreting Services must submit a signed and dated Addendum Agreement form, acknowledging the following.  Video Remote Interpreting Services will be paid at the base rate for onsite interpreting services, as established in the Service Manual. Add-On Rates will apply. No travel time will be paid.  A one-hour minimum or actual time, whichever is greater, will be paid for each Video Remote Interpreting Services request. Any time over the one-hour minimum will be billed in 15-minute increments of the base rate.  The interpreter will wear business attire and will provide the services from a location which meets or exceeds the following physical and technology standards (check all that apply). If standards minimum standards are not met, VDDHH will not approve the agreement.  Physical Space:  Room with a door that can be locked and no visual distractions/blank wall behind interpreter  Sufficient lighting from multiple sources  Technology:  High-speed secure internet connection (10-20 mbps minimum)  Laptop or Desktop computer  Wired/USB Connection (preferred)  Wireless connection  Web camera with 1080 pixel resolution  Headset (earphones/microphone)  Wired/USB Connection (preferred)  Wireless connection  Videoconferencing Platform(s) available:  Cisco WebEx  Google Meet  Google Hangouts  GoTo Meeting  Zoom Meeting  Other (specify):  **Please continue to next page to Acknowledge/Accept this agreement.** | | |
| Acknowledgement and Acceptance of rates/terms and conditions | | | |
| **I have read, understand and accept the rates and terms of the Interpreter Services Program Agreement and Manual for State Agencies And Sign Language Interpreters in the Commonwealth of Virginia.**  **I understand that:**   * **Information about my participation in this Video Remote Interpreting Addendum agreement will be posted on the VDDHH website and available to state and local government agencies throughout the Commonwealth.** * **I am not bound to accept any assignments offered to me by the agencies of the Commonwealth but that, if I do accept such an assignment, the rates, terms and conditions described will apply.** * **The terms and conditions of the Interpreter Services Program Agreement and Manual for State Agencies and Sign Language Interpreters in the Commonwealth of Virginia (Ref Document #751262.1) which I have previously accepted remain in effect for any onsite interpreting assignments completed during this State of Emergency.**   **For scanned forms with original signature, please sign here to accept rates/terms and conditions of this Addendum.**  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For forms submitted via email, please complete the following authorization documentation:**  **I, , have submitted this information from (email address) on (date).**  **Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |