

FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM
Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 04/21/2009 Submitted By: Dianne Wilson
Court Agenda Date: 04/28/2009 Department: County Clerk
Phone Number: 281-341-8686

SUMMARY OF ITEM: Approve payment without a purchase order to Nightingale Adult Day Center in the amount of \$130.00 for Invoice #9501 for sign language interpretation.

RENEWAL AGREEMENT/APPOINTMENT YES NO
REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES NO

List Supporting Documents Attached:

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO

FUNDNG SOURCE: Accounting Unit:100403100 Account Number: 63000
Activity (If Applicable):

DESCRIPTION OF LAWSOM ACCOUNT: Fees

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office (✓ when completed)
If by E-Mail to ospindon@co.fort-bend.tx.us If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input checked="" type="checkbox"/> Auditor (281-341-3774)	<input checked="" type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input checked="" type="checkbox"/> Budget Officer (281-344-3954)	<input checked="" type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input checked="" type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input checked="" type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input checked="" type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

Nightingale Adult Day Center
 5802 Holly Street
 Houston, TX 77074

Invoice

DATE	INVOICE #
3/14/2009	9501

BILL TO
Ft. Bend County Clerk Attn: Diane Shepard 301 Jackson St., Ste. 101 Richmond, TX 77469

P.O. NO.	TERMS	DUE DATE	PROJECT
	Net 30	4/13/2009	

SERVICED	DESCRIPTION	QTY	RATE	AMOUNT
1/9/2009	██████████ Deaf applicant/Elisa R. Skinner	1	130.00	130.00
			Total	\$130.00

**NIGHTINGALE ADULT DAY CENTER
INTERPRETER SERVICES**



5802 Holly
Houston, Texas 77074
713-981-1543
Fax: 713-995-6376

FT BEND COUNTY CLERK

CLIENT'S NAME *DEANE SHEPHERD* PHONE *281-341-8660*
DEAF CONSUMER

PRINT NAME *ELISA R. SKINNER* S.S.NO *- -*

CERTIFICATION INTERPRETER SERVICES
#*5600206*
EXPIRATION *20811*
MEDICAL ECONOMIC
LEGAL

DAY	DATE	TIME		WORKED HOURS	FOR OFFICE ONLY		
		IN	OUT		H	B	P
MON							
TUE							
WED							
THUR							
FRI	<i>1-9</i>	<i>10:00</i>	<i>11:00</i>				
SAT			<i>+ 2 Hr TRAVEL</i>				
SUN							
TOTAL HOURS				<i>3</i>			

DEAF CONSUMER SIGNATURE _____ DATE _____
I certify that the hours shown above are correct and that the employee performed satisfactorily
** Deane Shepard* *1-9-08*
AUTHORIZED CLIENT'S SIGNATURE _____ DATE _____

Accurate hours I worked and verified by the client or by an authorized representative.
Elisa R. Skinner *1-9-08*
INTERPRETER'S SIGNATURE _____ DATE _____

White-Client Yellow/pink-N.R. Gold- Interpreter

Tabulation
RFQ #2008-05
Sign Language Interpreter
Awarded to: Nightingale Adult Day Center

September 1, 2007 thru August 31, 2008
Renewed thru September 2009

Service	Nightingale Adult Day Center #760314026 713-981-1543
Regular: (with 24 hr notice)	
M - F, 8 am - 5 pm	\$130.00 1 st hr \$65.00 each addt=l
M - F, after 5 pm	\$170.00 1 st hr \$85.00 each addt=l
Weekend, 8 am - 5 pm	\$170.00 1 st hr \$85.00 each addt=l
Weekend, after 5 pm	\$220.00 1 st hr \$110.00 each addt=l
Emergency: (less than 24 hr. notice)	
M - F, 8 am - 5 pm	\$170.00 1 st hr \$85.00 each addt=l
M - F, after 5 pm	\$220.00 1 st hr \$110.00 each addt=l
Weekend, 8 am - 5 pm	\$220.00 1 st hr \$110.00 each addt=l
Weekend, after 5 pm	\$220.00 1 st hr \$110.00 each addt=l
Holidays:	
M - S, 8 am - 5 pm	\$220.00 1 st hr \$110.00 each addt=l
M - S, after 5 pm	\$220.00 1 st hr

	\$110.00 each addt=1
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