|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name and Address |  | | | |
| Phone Number |  | Fax Number |  | |
| Contact Person |  | Contact Title |  | |
| Contact Email |  | | | |
| Contact Phone  Number |  | | | |
| Organization’s Legal Status | □501(c)3 □Other: | | | |
| Does your organization have a Language Access Policy? | | | | □ Yes (attach) □ No |
| Do you currently track client languages? | | | | □Yes □No |
| Do you currently track use of interpreters by clients? | | | | □Yes □No |
| Do you provide individual representation for Montgomery County residents? | | | | □Yes □No |
| Do you conduct appellate advocacy on behalf of low-income Montgomery County residents? | | | | □Yes □No |
| How many clients does your organization serve annually? | | | |  |
| What percentage of clients served are Limited-English Proficient (LEP) or Deaf (approximately)? | | | |  |
| What languages are spoken by your LEP/Deaf clients (in order of frequency)? | | | | |
| Applicant Organization is a non-profit organization located in the County that provides direct civil legal services to low-income Montgomery County residents including: (1) individual representation of Montgomery County residents; (2) the supervision of such representation; (3) appellate advocacy on behalf of Montgomery County residents; and/or (4) policy advocacy in Montgomery County that is associated with the representation of individual clients. | | | | □Yes □No |
| Authorized Representative Name: | | | | |
| Signature: | | | | |
| Date: | | | | |
| Note: If new to the Community Legal Interpreter Bank, the Provider will be required to complete a brief orientation session with a Bank staff member telephonically, before accessing any Bank services. Bank staff will contact you once the application and MOU is approved to schedule the orientation. | | | | |

**PROVIDER APPLICATION**

**Community Legal Interpreter Bank – Montgomery County Assistance**

Please answer the following questions, and return the completed form by email ([InterpreterBank@ayuda.com](mailto:InterpreterBank@ayuda.com)).

**MEMORANDUM OF UNDERSTANDING**

**Community Legal Interpreter Bank – Montgomery County Assistance**

This Memorandum of Understanding (MOU) between Ayuda and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider) describes the duties and responsibilities of each party regarding particular limited participation in the Community Legal Interpreter Bank (Bank).

1. Ayuda shall:
   1. Maintain a Bank of interpreters for spoken languages and Sign Language. As a prerequisite to working for the Bank, the interpreters will possess training or experience in interpretation skills, take part in training on the ethics of interpretation within the attorney-client relationship, and have demonstrated proficiency in their working languages.
   2. Require all interpreters to sign a confidentiality agreement.
   3. Exercise reasonable efforts to process all written requests for interpreters in a timely fashion.
   4. Monitor the allocation of interpretation services for Provider and communicate regularly with Provider regarding surpluses or deficiencies in available funding. With regard to allocation, Ayuda shall:
      1. Provide at least one month’s notice to Provider if funding is expected to be depleted such that additional services will not be available. Should free-of-charge services become unavailable at any point during a fiscal year, Provider may still purchase services at cost (with no added overhead).
      2. Reserve the right to portion services available to Provider in any given month based on

Provider’s usage, and estimated usage, of the services of the Bank during the current fiscal year.

* 1. Give Provider two weeks’ notice of any material modifications to the Bank’s policies, processes, and procedures.

1. Provider shall:
   1. Use interpretation services for qualifying direct legal services only—clients who are Montgomery County residents and/or parties in Montgomery County matters (case jurisdiction within Montgomery County).
   2. Submit requests for interpretation services using the forms provided by Ayuda.
   3. Make all reasonable efforts to give Ayuda at least 48 hours’ notice of any cancellations.
   4. Submit Provider Evaluation Forms to Ayuda within one week of each interpreted session.
   5. Provide Ayuda with other information needed for evaluation purposes, as available and as allowed without jeopardizing the attorney/client privilege or violating confidentiality.
   6. In the unlikely event that Provider has exhausted its allocation and Ayuda has informed the Provider that no further allocations will be made, only utilize services for a fee.
   7. Collaborate with Ayuda to schedule training for legal services staff on best practices in working with interpreters.

This MOU shall remain in effect until either party expresses, in writing and with two weeks’ notice, a desire to terminate the relationship and agreement herein described.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

David Steib Signature

Language Access Director, Ayuda Name & Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_