



TRANSLATION AUTHORIZATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Any questions about this information should be directed to your local Employment and Assistance Office.

(This authorization form may act as a Service Contract only when signed by District Supervisor and MOSAIC's authorized signatory)

A. (To be completed by the Family Maintenance Worker) (Attach copy of the document to be translated)

Date of Request: FM File #: FM

Worker's Name (please print): Phone #:

Ministry Office Address (in full): Fax #:

Language(s) to be translated (into and from):

Description of Document (letter, brochure, pamphlet, etc.):

Service Required (please check desired service):

Regular (5 business days): Rush (2 - 4 days): Hot Rush (24-hour):

B. (To be completed by MOSAIC intake staff)

Estimated cost of translation:

Regular Rate \$.28 X English Words= Minimum Rate is \$50.00

Rush Rate \$.35 X English Words= Minimum Rate is \$75.00

Hot Rate \$.45 X English Words= Minimum Rate is \$100.00

Estimated cost of typesetting:

(a typesetting charge is applied to all non-Roman based alphabets) \$

Other costs (courier - if requested, etc.) \$

Total Estimated Costs \$

Name & Signature of MOSAIC intake staff giving estimate:

Date estimate given:

C. (To be signed by authorized signatories)

Cancellation Policy: If the work, or any portion thereof, is terminated by the customer, MOSAIC will be paid a reasonable price for work completed prior to and up to that point, and any cost directly incurred due to termination, including the additional fee of \$30.00 for administrative expenditures. In no event will the aggregate of the price paid to date and any amount payable exceed the total contract price.

For the Ministry:

I have read and agreed to the above terms and estimated cost for translated services.

Supervisor's Name and Signature Date (YYYY MMM DD):

For MOSAIC:

The signature below denotes acceptance of this agreement by the contractor.

Name and Signature of Authorized Signatory Date (YYYY MMM DD):