

One World Center for Autism, Inc.

Linking those living with autism to their world

www.worldforautism.org

7401 Forbes Blvd. Suite A

Lanham Maryland, 20706

Phone: 301-618-8395

Fax: 301-618-8396

Email: info@worldforautism.org



One World Pediatrics

Making a world of difference for children of all abilities

Community Outreach Service Agreement

The **One World Center for Autism (OWCA)/ One World Pediatrics (OWP)** is a non-profit organization in Prince George's County solely dedicated to diagnosing and supporting children with or at risk for autism spectrum disorder (ASD) and providing comprehensive primary pediatric healthcare for children and youth of all abilities. Our Center's **mission** is to link those living with autism and the spectrum of abilities to their world in an all-embracing manner through family support, individual support, and community outreach. Our **vision** is to create a world of genuine acceptance where individuals and families realize their greatest sense of wellbeing and achieve their highest potential in their community. **In fulfillment of our mission and vision, we provide the following services to educate and engage those living with or who support those with autism and related developmental differences:**

- Professional development
- Community educational workshops
- Facilitation of Parent / Caregiver education, enrichment and support
- Special Needs Medical Consulting to foster greater inclusion, well-being and growth of children and youth in educational and/or community-based settings/ programs.

For the provision of Special Needs Medical Consulting our organization requires a memorandum of understanding or contract detailing the scope of desired services.

Generally, for projects of short duration, 1 (one) to 3 (three) days a Memorandum of understanding will suffice. For projects of longer duration or more complexity, a contract is required.

For most services, we assess an hourly fee of \$150 per hour with a 3-hour minimum for services. *Please Note-For projects of greater complexity the rates will be determined by the complexity and duration of the work.

This does not include travel time and or accommodations, if needed to fulfill the above service. Generally, services rendered within a 5-7 mile radius of our organization or less than 15 minutes travel time will not be assessed travel time. For engagements locations greater than 15 minutes our prorated hourly rate will apply.

Thank you for the opportunity to work with your organization. Please feel free to call at any time to further discuss your needs and see details of our agreement below.

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The following details an agreement between _____ and the One World Center for Autism, Inc./ One World Pediatrics.

Based on prior discussion on _____ and/ or completion of our Pre-service Community Outreach Questionnaire, OWCA/ OWP will conduct the following services:

- Professional development
- Community educational workshops
- Facilitation of Parent / Caregiver education, enrichment and support

For provision of the above services to _____:

- One World Center for Autism/ One World Pediatrics will provide the proprietary intellectual property, audio/visual aids, handouts, and facilitation.
- _____ will provide the site, administrative support, scheduling, refreshments, and equipment (usually inclusive of an overhead projector and screen, two easels with pads and markers and if needed a standard and/ or a wireless lapel microphone).
- _____ will also complete a pre-engagement questionnaire to detail the logistics of the service provided.
- After receipt of the OWCA/OWP pre-engagement questionnaire and assessment of travel and accommodations (if needed) the cost to provide services to _____ is _____.
- 50% of deposit is required to hold the date and for us to begin preparing and implementing services. The balance is due upon completion of services. An invoice will be sent and payment is to be received within 30 days of invoice date.

For provision of Special Needs Medical Consulting to foster greater inclusion, well-being and growth of children and youth in educational and/or community-based settings the MOU and/ or contract is attached.

Signature: _____

Signature: _____

Printed Name: _____

Printed name: _____

Date: _____

Date: _____

For: _____

For: One World center for Autism, Inc/ One World Pediatrics

Title: _____

Title: _____

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Pre-service Community Outreach Questionnaire

Client Organization:

Event Name:

Event Site/Location:

Client Contact:

Site Contact (if different):

Number of People Attending:

Group Description:

- job titles:
- tenure in current job:
- average ages:
- percentage male/female:
- greatest challenges:

Duration of Session:

Start/Stop/Break Times:

Special Needs Individuals:

Opening/Introduction Person:

What Precedes and Follows this Session:

Audio/Visual Requirements:

Overhead Slides 35 mm slides PowerPoint slides Video Flip Charts/Easels
 White Board/Chalk Board Lavalier Mike Hand Mike Podium Mike Laser Pointer

Mode of Dress:

Pre-Session Work/ Assessment for Distribution:

Post Session work/ Assessment for Distribution:

Thank you for the opportunity to work with your organization.