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Date:

Client Name:

Client Number:

Research Project Contract

RESEARCH PROJECT OVERVIEW

SERVICES AND FEES

East-Central Indiana genealogical research services includes:

- Review of information provided by client
- Formulation of research plan
- Retrieval and analysis of evidence
- Written report of findings, including negative findings
- Recommendations for future research
- Copies of documents as required

Hourly Fees:

\$30.00 per hour for services as described above.
Negative findings and unsuccessful searches are charged.

Other reimbursable expenses:

Postage, photocopies, microfilm rental, and other incidental expenses.
Use of subcontractors for document retrieval as needed.
Travel charges are negotiable (for counties outside East-Central Indiana, \$0.50 per mile).

East-Central Indiana counties include:

Henry, Delaware, Madison, Wayne, Randolph,
Jay, Tipton, Rush, Hancock, Grant

Client Number: _____

CONTRACT FOR RESEARCH SERVICES

Client Name: _____ Date: _____
(printed)

I would like to contract _____ hours of genealogical research at a rate of \$30.00 per hour as follows:

SPECIFIC GOAL OF RESEARCH: _____

I agree that research will be conducted under the following conditions:

A specific research goal **must** be defined. This will be discussed prior to the start of the project during the one (1) hour complimentary session.

All previous research bearing on the research goal must be provided prior to the start of the project. If failure to provide relevant information results in duplication of previous research, charges for this research will still apply.

There is a **ten (10) hour minimum** for all research projects. This allows for (a) review of previous research, (b) construction of a research plan, (c) evidence collection, (d) analysis of collected evidence, and (e) accurate and precise research reporting. Fewer than five hours of research time is highly unlikely to yield effective results. Ten or more hours of research time is recommended for most research goals.

A deposit of 20% of the total commissioned project fees will be required to be placed on the current waiting list. This deposit will be entirely applied toward the research fees.

Any unused fees will be returned to the client.

Copy costs will be charged at cost, in addition to the hourly rate noted below.

Travel charges will not be charged in most cases. For special requests of research outside of East-Central Indiana counties, then travel charges shall be negotiable, discussed beforehand, and agreed upon by the client.

Any outstanding balance will be due at the conclusion of the research project. The final research report will be delivered only after the balance has been paid.

Project fee will not exceed _____ .

The hourly research rate is \$30.00 per hour. This includes construction of a research plan, evidence collection and analysis, and accurate and precise research reporting.

Client Number: _____

The research report, including copies of all evidence, will be provided digitally in PDF format, via online delivery. If paper copies are desired in addition to the digital copies, additional charges will apply.

COMMENTS: _____

Signature

Date

Client Number: _____

PERMISSION TO USE RESEARCH RESULTS

Dear Client:

As a professional genealogist, I not only do research but also write in the genealogical field. I often use case studies in my writing but do not use contracted research without the permission of my client. If you would allow me to use the work I did for you in this way, or to use you as a reference, please initial the respective statements below and return the form to me. None of these permissions are required for research, though they are greatly appreciated. Thank you for considering these requests.

Sincerely,

Kaye Ford, AG®

___ I permit Kaye Ford, AG® to use the genealogical research report she prepared for me in portfolios of her work to be reviewed by other professionals.

___ I permit Kaye Ford, AG® to use the genealogical research that I commissioned as examples or case studies in genealogical publications.

PLEASE SELECT ONE OF THE CHOICES LISTED BELOW

___ If the genealogical research I commissioned is used in a genealogical publication, I want my identity to be kept confidential.

___ If the genealogical research I commissioned is used in a genealogical publication, I want my identity to be acknowledged.

___ If the genealogical research I commissioned is used in a genealogical publication, I want my identity to be acknowledged and my email address to be included.

___ I permit Kaye Ford, AG® to use my name as a reference.

COMMENTS: _____

Signature **Date**