

Hawaii Agricultural Mediation Program
Environmental Mediation Center
177 Paddy Hill Road
Moretown, VT 05660
www.hiamp.org (808) 447-1780

Hawaii Agricultural Mediation Program Mediator's Agreement

Name _____

Social Security Number _____

Address _____

Phone Number _____ Cell Phone Number _____

E-Mail Address _____

I understand that when I provide mediation services to the Hawaii Agricultural Mediation Program (HIAMP), I will bill at \$180/hour for preparation and mediation time. HIAMP will pay \$120/hour for mediation services and \$60/hour will be considered a contribution to HIAMP. HIAMP will pay mileage at the federal rate. My travel time will be a contribution to HIAMP.

The invoice should include a brief description of the activities undertaken as part of preparation time. Any preparation time beyond 2 hours requires pre-approval from the program administrator.

I will set a time and place for the mediation that is agreeable to all parties. Upon completion of the mediation, I will send an invoice to HIAMP for the amount due. I understand that the invoices are subject to audit.

In order to remain on the HIAMP roster, I agree that I will complete at least twenty hours of mediation training every two years. I will provide certification to HIAMP every two years that the training has been completed.

I certify that I have professional liability insurance for a minimum of \$100,000 per claim and \$300,000 aggregate coverage.

I understand that I may do other agricultural mediations that are not part of the grant supported mediation program. I will not be paid by HIAMP for such mediations.

Signature of Mediator

date