

**REQUEST FOR QUALIFICATIONS & QUOTATIONS (RFQQ)
DSHS OFFICE OF THE DEAF AND HARD OF HEARING
RFQQ # 0945-004**

Project Title: Sign Language Interpreter Services

Estimated Contract Period: July 1, 2009 to June 30, 2011. DSHS is releasing this RFQQ as an ongoing contracting opportunity with quarterly qualification timeframes. DSHS has sole discretion to amend these contracts through June 30, 2013.

Bidder Qualification Packet Due Date: Bidders must submit Qualification Packets, whether mailed or hand delivered, by the quarterly qualification due dates and times stated in Section B.4.

Submit Bidder Qualification Packet To:

Delivered by Mail:
Emily Hill
RFQQ Coordinator
Department of Social and Health Services
Office of the Deaf and Hard of Hearing
PO BOX 45301
Olympia, WA 98504-5301

Delivered by Hand Delivery or Courier:
Emily Hill
RFQQ Coordinator
Department of Social and Health Services
Office of the Deaf and Hard of Hearing
PO BOX 45301
Olympia, WA 98504-5810
(See map on Attachment A)

RFQQ Document Posted on: www.ga.wa.gov/webs
<http://odhh.dshs.wa.gov>

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SECTION A. SUMMARY OF SERVICES

1. Purpose of Purchased Service RFQQ

The state of Washington Department of Social and Health Services (DSHS) is initiating this Request for Qualification/Quotation (RFQQ) to obtain bids from organizations and individuals interested in providing sign language interpreter/transliterater services for persons who are deaf, deaf-blind, and hard of hearing.

Through this RFQQ, DSHS will be accepting bids to establish a prequalified pool of vendors to provide sign language interpreter services. DSHS will accept bids on a quarterly basis per the procurement schedule in Section B. 4.

DSHS intends to award contracts to both Freelance Interpreters and Interpreter Referral Agencies.

All contracts signed between July 1, 2009 and June 30, 2011, will expire on June 30, 2011. Contracts may be extended for additional periods of performance at the sole discretion of DSHS. No contract shall extend beyond June 30, 2013.

2. Background on Services

The Department of Social & Health Services (DSHS) programs and services provide reasonable accommodations for all persons as authorized by RCW 2.42, RCW 49.60 and RCW 70.84, WAC 1-08-150, 162-26-010, Section 504 of the 1973 Rehabilitation Act and Americans with Disabilities Act.

During the 2002 legislative session, adopted legislation (RCW 39.29 and RCW 43.19.190) gave DSHS the authority to procure and manage statewide sign language interpreter contracts on its own. In early 2005, the Office of the Deaf and Hard of Hearing (ODHH) received the authority to procure and manage the sign language interpreter services contracts. ODHH has managed these contracts since July 1, 2005.

3. Description of Services

The intent of these contracts are to provide clients, citizens, and employees of the State of Washington who are deaf, deaf-blind, or hard of hearing functionally equivalent access to effective communication through face to face sign language interpreting/transliterating services.

It is estimated that purchases between July 1, 2009, and June 30, 2011, will total \$2,500,000. Estimates are based on past usage and current rates. The State of Washington does not guarantee any minimum purchase. Requests for sign language interpreter services will be placed on an as needed basis.

The primary purchasers/users will be DSHS and health care/medical providers of Medicaid eligible clients. Members of the Washington State Purchasing Cooperative (WSPC) and other state agencies will be able to use these contracts as needed. Interpreter services are needed seven days a week, 24 hours a day, 365 days a year.

4. Bidder Minimum Qualifications

To be eligible to bid on this contract, Bidders must meet the minimum qualifications as stated in Exhibit D, Interpreter Referral Agency Bid or Exhibit E, Freelance Interpreter Bid.

5. Washington Electronic Business Solutions (WEBS) Registration

DSHS recommends a Bidder register on the Washington State, General Administration, Washington Electronic Business Solutions (WEBS) online system at <http://www.ga.wa.gov/business>. When registering, DSHS recommends Bidders select Commodity Code 9747 Language Translation and Interpreting Services under the Services Category in WEBS.

If a Bidder is not registered on WEBS, DSHS requires a Bidder to have an active e-mail address. A Bidder must provide the e-mail address in the Bidder's Letter of Submittal (See Section C.2.a.).

6. Definitions

The following terms appear in this RFQQ and have the following meanings.

- a. Apparently Successful Bidder – The Bidder(s) selected, based on the scoring of the Bidder's Qualification Packet including costs, that best met the needs of DSHS. DSHS uses the term Apparently Successful Bidder until a DSHS contract(s) is finalized and executed.
- b. Bidder - An individual, organization, public or private agency, or other entity submitting a Qualification Packet in response to this RFQQ.
- c. Contractor – An Apparently Successful Bidder who holds an awarded, fully executed, written contract resulting from this RFQQ.
- d. Freelance Interpreter - A certified sign language interpreter who is

eligible to receive a contract to provide interpreting services for DSHS.

- e. Interpreter Referral Agency - A nonprofit or for-profit organization that provides sign language interpreter services including billing, scheduling, assignment, and referral of staff and/or sub-contracted interpreters to appointments.
- f. Issue or Issued - To post or otherwise release this RFQQ as a public document to interested parties.
- g. Key Personnel – Bidder proposed staff to provide work or services under this Proposal.
- h. Protest – A Bidder’s written objection protesting the results of this RFQQ.
- i. PST – Pacific Standard Time.
- j. Qualification Packet – The Bidder’s material prepared, assembled, and submitted in response to this RFQQ.
- k. RCW - Revised Code of Washington. (All references to RCW chapters or sections shall include any successor, amended, or replacement statute.)
- l. RFQQ - Request for Qualifications and Quotations and this RFQQ document.
- m. RFQQ Coordinator – The DSHS’ named RFQQ Coordinator, or designee, employed by the DSHS Central Contract Services.
- n. Statement of Work – An awarded contract’s statement of the work or services performed by the Contractor.
- o. Submit - To deliver to the RFQQ Coordinator any of several documents described in this RFQQ and in the manner specified in this RFQQ.
- p. WAC - Washington Administrative Code. (All references to WAC chapters or sections shall include any successor, amended, or replacement regulation.)
- q. WEBS – The Washington State General Administration’s online system which provides vendor registration and notification activities for RFQQ solicitations and procurements. WEBS provides vendors automatic e-mail notification of new bidding opportunities, and is free to vendors and government organizations.

SECTION B. PROCUREMENT PROCESS

1. Procurement Contact Information

Upon release of this RFQQ, all parties must direct all communications concerning this RFQQ to the RFQQ Coordinator listed below. DSHS may disqualify any Bidder who communicates to anyone besides the RFQQ Coordinator.

DSHS considers all oral communication unofficial and non-binding on DSHS. Bidders should rely only on written statements issued by the RFQQ Coordinator.

RFQQ Coordinator Contact:	Emily Hill, SLIM Program Manager Department of Social & Health Services Office of the Deaf and Hard of Hearing
Mailing Address:	P.O. Box 45301 Olympia, Washington 98504-5301
Physical Address:	1115 Washington St. SE Olympia, WA 98504-5301
Telephone:	(360) 902-8000
FAX:	(360) 902-0855
E-mail Address:	signlanguageinterpreters@dshs.wa.gov

2. Acceptance of RFQQ Terms and Binding Offer

Bidders must acknowledge the submission of their Qualification Packet, including a signed Exhibit A, Bidder Certification and Assurances Form, as a binding offer.

3. Contract Term

DSHS intends to award **multiple contract(s)** to provide services described in this RFQQ.

Contract terms begin on the contract start date or execution date, whichever is later, and continue through June 30, 2011.

DSHS has sole discretion to amend these contracts through June 30, 2013.

4. Procurement Schedule

DSHS is releasing this RFQQ as an ongoing contracting opportunity with quarterly qualification timeframes. The Procurement Schedule below identifies these timeframes and the important action dates and times. It is the Bidder's sole responsibility to periodically check www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov>, for RFQQ amendments.

Procurement Schedule							
Action Item	2009 3 rd Qtr	2009 4 th Qtr	2010 1 st Qtr	2010 2 nd Qtr	2010 3 rd Qtr	2010 4 th Qtr	2011 1 st Qtr
DSHS Posts RFQQ on www.ga.wa.gov/webs and http://odhh.dshs.wa.gov	May 4 2009						
Bidder Written Questions Due by 5:00 pm PST	May 13 2009						
DSHS Responds to Bidder(s) Written Questions on www.ga.wa.gov/webs and http://odhh.dshs.wa.gov	May 18 2009						
Bidder Qualification Packets Due by 5:00 pm PST	June 3 2009	Aug 31 2009	Nov 20 2009	Feb 26 2010	May 28 2010	Aug 31 2010	Nov 19 2010
DSHS Evaluates Bidder Qualification Packets	Jun 9 2009	Sep 9 2009	Dec 3 2009	Mar 10 2010	Jun 9 2010	Sep 9 2010	Dec 2 2010
DSHS <u>Anticipated</u> Intent to Award Date	Jun 10 2009	Sep 10 2009	Dec 4 2009	Mar 11 2010	Jun 10 2010	Sep 10 2010	Dec 3 2010
DSHS <u>Anticipated</u> Award Date	Jul 1 2009	Oct 1 2009	Jan 1 2010	Apr 1 2010	Jul 1 2010	Oct 1 2010	Jan 1 2011

5. Auxiliary Aids and Services

DSHS will provide reasonable access to this RFQQ document to individuals with disabilities. Please contact the RFQQ Coordinator to request auxiliary aids and services for this RFQQ.

If an individual believes that the department has discriminated on the basis of a disability please contact the DSHS Investigations Unit (IU) for the Nondiscrimination Policy Brochure and complaint process. The brochure can be found at <http://hrd.dshs.wa.gov/Equal-Opportunity/Nondiscrimination.htm>.

6. Minority & Women's Business Enterprises (MWBE)

In accordance with the legislative findings and policies set forth in RCW

39.19, the State of Washington encourages participation in all of its contracts by Minority & Women's Business Enterprises (MWBE) firms either self-identified or certified by the Office of Minority & Women's Business Enterprises (OMWBE). While the State does not give preferential treatment, it does seek equitable representation from the minority and women's business community.

Participation by MWBE contractors may be either on a direct basis in response to this RFQQ or as a subcontractor to a contractor. However, no preference will be given in the evaluation of Bids, no minimum level of MWBE participation shall be required, and Bids will not be evaluated, rejected or considered non-responsive on that basis.

Bidders may contact the Office of Minority & Women's Business Enterprises (OMWBE) at <http://www.omwbe.wa.gov/index.shtml> to obtain information on certified firms for potential sub-contracting arrangements or for information on how to become certified.

Nothing in this section is intended to prevent or discourage participation from non MWBE firms, as well as MWBE firms.

7. Ethics

RCW 42.52 contains specific restrictions applying to current or former state employees. Bidders should familiarize themselves with the restrictions prior to submitting a Qualification Packet.

8. General Terms and Conditions

The Apparently Successful Bidder must agree to the DSHS General Terms and Conditions in Exhibit B, Sample Contract.

9. Insurance

The Apparently Successful Bidder must comply with the Insurance requirements identified in Exhibit B, Sample Contract.

10. Proprietary Information/Public Disclosure

All Qualification Packet materials submitted in response to this RFQQ become the property of DSHS upon submission. All Qualification Packets, quotes, lists, evaluation documents and other documents that make up this RFQQ are confidential until:

- a. DSHS makes it available to the public pursuant to RCW 42.17, or
- b. The contracts, if any, resulting from this RFQQ is signed by DSHS and

the Apparently Successful Bidder. Thereafter, the non-proprietary information contained in Qualification Packets are public records as defined in RCW 42.17.

A Bidder's Qualification Packet must include a statement on the Letter of Submittal identifying any page of its Qualification Packet which contains any information the Bidder considers proprietary. Each page claimed to be proprietary must be clearly marked by printing the word "Proprietary" on the lower right hand corner of each page which contains any proprietary information.

If DSHS receives a request to view or copy a Bidder's Qualification Packet, DSHS shall respond according to applicable law and DSHS policy governing public disclosure. DSHS shall not disclose any information marked "Proprietary" in a Qualification Packet without giving the owner ten (10) days notice to seek a court injunction against the disclosure. Bidders may not mark their entire Qualification Packet proprietary.

11. Communications

All parties must direct all communications concerning this RFQQ to the RFQQ Coordinator. DSHS may disqualify any Bidder who communicates to anyone besides the RFQQ Coordinator.

Bidders should base their Qualification Packets on material contained in this RFQQ, any related amendment(s), and any questions and answers directed through the RFQQ Coordinator.

12. Questions and Answers

Bidders may e-mail, fax, or mail written questions to the RFQQ Coordinator. Early submission of questions is encouraged. DSHS accepts questions until the date stated in the Procurement Schedule. DSHS shall post Questions and Answers on the www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov> as an RFQQ amendment.

DSHS considers all oral communication unofficial and non-binding on DSHS. Bidders should rely only on written statements issued by the RFQQ Coordinator.

13. RFQQ Amendments

DSHS may amend the requirements of this RFQQ any time prior to the due date for Bids. DSHS may amend the Procurement Schedule and due date for Bids. DSHS may amend the dates of remaining action items at any time.

DSHS shall post RFQQ amendments on the www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov>. If there is any conflict between amendments or between an amendment and the RFQQ, the last Issued document shall control.

14. Cancellation of This RFQQ

RCW 43.19.1911(2) allows DSHS to cancel this RFQQ prior to the due date for Bid submittals. DSHS shall post a notice of cancellation as a RFQQ amendment on www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov>.

RCW 43.19.1911(4) allows DSHS to cancel this RFQQ, and reject all Bids, after the opening of Bids, but only for reasons allowed in RCW 43.19.1911(4). DSHS shall post notice of cancellation as an RFQQ amendment on www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov>.

15. Format of Qualification Packets

Bidders must format Qualification Packets as follows:

- Qualification Packets must be submitted on standard eight and one-half by eleven inch (8 ½" x 11") white paper.
- A font size not less than 12 point must be used.
- Qualification Packets must be submitted in separate three-ring binders (See Section B.16) with tabs separating the four Qualification Packet sections.

16. Qualification Packet Binders

The Bidder must submit **one** Qualification Packet binder marked "**Original**" and **one** Qualification Packet binder marked "**Copy**". The Bidder must identify on the **original** Qualification Packet binder and on the **copy** Qualification Packet binder "**RFQQ 0945-004 - Sign Language Interpreter Services**".

The Bidder may include in the original Qualification Packet binder one soft copy in Microsoft Word 2000 file format, or Microsoft Excel 2000 file format if appropriate, on a portable media or electronic readable media (Compact Disc/CD), with a label on the CD identifying the Bidder's name and RFQQ 0945-004.

The Bidder must include a response or required documentation for the following four sections, in the order noted below, as required in Sections C.1. through C.4.

- Section 1: Table of Contents
- Section 2: Administrative Requirements
- Section 3: Experience and Qualifications
- Section 4: Cost Proposal

17. Nonresponsive Qualification Packets

The RFQQ Coordinator shall review all Qualification Packets to determine compliance with administrative requirements and instructions specified in this RFQQ. DSHS may reject a Qualification Packet at any time as nonresponsive for any of the following reasons:

- Incomplete Qualification Packet;
- Submission of a Qualification Packet that proposes services that deviate from the technical requirements set forth in this document.
- Failure to comply with any part of this RFQQ or any exhibit to this RFQQ; and/or
- Submission of incorrect, misleading, or false information.

18. Minor Irregularities

DSHS may waive minor administrative irregularities related to any Qualification Packet.

19. Cost to Propose

DSHS is not liable for any costs incurred by Bidders in preparing, submitting or presenting a Qualification Packet for this RFQQ.

20. Joint Qualification Packets

Bidders submitting a joint Qualification Packet with one or more other Bidders must designate the prime Bidder. The prime Bidder shall act as DSHS's sole point of contact, and shall sign the contract and any amendments, and will bear sole responsibility for performance under the contract.

21. Attachments and Exhibits

RFQQ Attachments and Exhibits are:

- Attachment A – Map to Office Building 2 (OB2)
- Exhibit A, Bidders Certification and Assurances Form
- Exhibit B, Sample Contract
- Exhibit C, Contractor Intake Form
- Exhibit D, Interpreter Referral Agency Bid

- Exhibit E, Freelance Interpreter Bid
- Exhibit F, Pricing Sheet
- Exhibit G, Interpreter Pool Roster
- Exhibit H, DSHS Regional Map
- Exhibit I, DSHS Form 17-155 Sign Language Interpreter Registration,
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=5800>
- Exhibit J, DSHS Form 17-155a Sign Language Interpreter Registration Renewal,
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7622>
- Exhibit K, DSHS Form 09-653 Background Authorization Form,
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=6611>
- Exhibit L, DSHS Form 02-573 Background Check Identification Verification Form,
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7260>
- Exhibit M, DSHS Form 17-123a Request for Sign Language Interpreter,
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=5781>
- Exhibit N, Description of Certification Levels,
http://www.rid.org/education/edu_certification/index.cfm
- Exhibit O, Matching Qualified Interpreter with Appointment Settings
- Exhibit P, Bidder Checklist

Bidders must download a complete copy of this RFQQ and all attached exhibits. Bidders may access the RFQQ documents at www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov>. Bidders experiencing difficulty downloading the documents should contact the RFQQ Coordinator.

22. Withdrawal of Qualification Packets

After a Qualification Packet has been submitted, Bidders may withdraw a Qualification Packet from consideration at any time up to the Qualification Packet due date and time specified in the Procurement Schedule. A Bidder must submit to the RFQQ Coordinator a written request signed by an authorized representative of the Bidder. After withdrawing a previously submitted Qualification Packet from consideration, the Bidder may submit another Qualification Packet at any time up to the Qualification Packet due date and time.

23. Protest

a. Grounds for Protest

For a protest to be considered, the protest must be based on:

- A matter of bias, discrimination or conflict of interest on the part of an evaluator; and/or
- Errors in computing the score; and/or
- Failure to follow procedures described in this RFQQ document or applicable laws and regulations.

b. Procedure

A Bidder must file a protest in accordance with WAC 236-48-141 and the process in this RFQQ document.

Pre-Award Protest: DSHS must receive a Pre-Award protest, regarding a matter which could have reasonably been known or discovered prior to the Award Date, on or before the Award Date.

Post-Award Protest: DSHS must receive a Post-Award protest, regarding a matter arising after the Award Date, no later than 5:00 pm PST on the fifth (5) business day after the Award Date and WEBS Notification of Award.

A Bidder must submit a protest in writing and mailed or hand delivered to the attention of the Contracts Administrator at the same addresses stated in Section B (See Section B.1).

c. Format and Content

Protests shall include:

- Information about the protesting Bidder such as name of firm, mailing address, phone number and name of individual responsible for submission of the protest. An authorized agent of the Bidder must sign the protest letter
- The facts and arguments that are relied on as the basis for the protest.
- Any relevant exhibits or evidence supporting the protest.
- Specific reference to the grounds for the protest.
- Description of the relief or corrective action requested.

d. Review Process

DSHS may postpone awarding contracts until a Pre-Award protest has been resolved. Bidders agree not to institute court action until the protest has been resolved.

DSHS shall perform an objective review of all protests.

DSHS shall render a written decision to the protesting Bidder within ten (10) business days after receipt of the protest, unless more time is needed. DSHS shall notify the protesting bidder if additional time is necessary.

If an awarded contract is terminated as a result of a Post-Award protest, DSHS shall not be liable to the Contractor for, and the Contractor shall not claim against DSHS, any alleged (a) Qualification Packet preparation charges, (b) cost incurred to ensure that the Contractor's Qualification Packet is responsive, (c) claims for anticipated lost profits, or (d) claims for damages.

24. Execution of Contracts

DSHS requires the Apparently Successful Bidders to sign contracts with DSHS and to sign any subsequent amendments to address specific work or services as needed.

If any Apparently Successful Bidder fails or refuses to sign a contract or any subsequent amendment within ten (10) business days of delivery to that Apparently Successful Bidder, failure to sign constitutes retraction of the Apparently Successful Bidder's Qualification Packet, offer to perform, and releases DSHS to contract with other Apparently Successful Bidders.

SECTION C. QUALIFICATION PACKET CONTENTS

Bidders must answer all questions and provide all items as part of their Qualification Packet for their Qualification Packet to be considered responsive, even though DSHS may not score certain items.

1. Table of Contents (Section 1 of Qualification Packet)

Bidders must list all materials and enclosures included in the Qualification Packet in a Table of Contents.

2. Administrative Requirements (Section 2 of Qualification Packet)

Bidders must respond to each item in the same order in which they appear.

a. Letter of Submittal

Bidders must submit a prepared and signed Letter of Submittal on Bidder's official business letterhead stationery. Bidders must include their Letter of Submittal as the first page of Section 2.

A Letter of Submittal must include the following:

- Name, address, principal place of business, telephone number, fax number, and e-mail address of legal entity or individual for a DSHS contract.
- The name of the contact person for this RFQQ.
- A list of all RFQQ amendments downloaded by the Bidder from www.ga.wa.gov/webs and <http://odhh.dshs.wa.gov> and listed in order by amendment number and date. If there are no RFQQ amendments, include a statement to that effect.
- A statement substantiating that the person who signs the letter is authorized to contractually bind the Bidder's firm.
- Identification of the page numbers on the Bidder's Qualification Packet that are marked "Proprietary or Confidential" Information.
- Any statements the Bidder wants to convey to the RFQQ Coordinator, including any variations between the Qualification Packet and the RFQQ.
- A statement if the Bidder's performance on any contract with Washington State has been unsatisfactory and resulted in a

contract termination. If yes, provide a list of those contracts terminated.

b. Bidder Certification and Assurances Form

Bidders must submit a completed Exhibit A, Bidders Certification and Assurances Form. Please sign and include any attachments that are necessary.

c. Contractor Intake Form

Bidders must submit a completed Exhibit B, Contractor Intake Form. Please sign and include any attachments that are necessary.

3. Experience and Qualifications Proposal (Section 3 of Qualification Packet)

Bidders must provide the following information to demonstrate their Experience and Qualifications for providing Sign Language Interpreting services.

a. Interpreter Referral Agency Bid or Freelance Interpreter Bid

Interpreter Referral Agency Bidders must submit a completed Exhibit D, Interpreter Referral Agency Bid. Freelance Interpreter Bidders must submit a completed Exhibit E, Freelance Interpreter Bid. Please sign and include any attachments that are necessary.

b. Interpreter Pool Roster (Interpreter Referral Agencies)

Interpreter Referral Agency Bidders must submit a completed Exhibit G, Interpreter Pool Roster.

c. Matching Procedures

Both Freelance Interpreter Bidders and Interpreter Referral Agency Bidders must submit a written explanation or copy of the Bidder's procedure(s) for matching deaf, hard of hearing, and deaf-blind clients with appropriate interpreters.

d. DSHS Form 17-155 Sign Language Interpreter Registration *or* DSHS Form 17-155a Sign Language Interpreter Registration Renewal (Freelance Interpreters)

Freelance Interpreter Bidders must submit a completed Exhibit I, DSHS Form 17-155 Sign Language Interpreter Registration if this is the first time registering with DSHS or, if previously registered, Exhibit

J, DSHS Form 17-155a Sign Language Interpreter Registration Renewal. Please sign and include any attachments that are necessary.

- e. DSHS Form 09-653 Background Authorization Form (Freelance Interpreters)

Freelance Interpreter Bidders must submit a completed Exhibit K, DSHS Form 09-653 Background Authorization Form.

- f. DSHS Form 02-573 Background Check Identification Verification Form (Freelance Interpreters)

Freelance Interpreter Bidders must submit a completed Exhibit L, DSHS Form 02-573 Background Check Identification Verification Form.

- g. Copy of current RID Card (Freelance Interpreters)

Freelance Interpreter Bidders must submit a copy of their current Registry of Interpreters for the Deaf (RID) Membership Card.

4. Cost Proposal (Section 4 of Qualification Packet)

Bidders must complete a Pricing Sheet, Exhibit F, detailing the amount bid for Hourly Rates for Interpreters and the Contractor Service Fee.

SECTION D. EVALUATION

1. Screening of Qualification Packet

DSHS shall initially screen each Qualification Packet to determine if the Bidder has complied with Administrative Requirements (See Section C.2) and submittal instructions (See Sections B.15 to B.16).

If a Qualification Packet does not meet both Administrative Requirements and submittal instructions, DSHS may consider the Qualification Packet nonresponsive and withdraw it from the consideration. DSHS shall notify nonresponsive Bidder(s) and provide a reason for rejection.

If a Qualification Packet meets all Administrative Requirements and submittal instructions, DSHS shall consider and evaluate the Qualification Packet in accordance with this RFQQ document and any RFQQ amendments.

2. Qualification Packet Evaluation

ODHH will review each Qualification Packet to ensure completeness. A Bidder must satisfy all requirements and have all required proponents listed in Section C present in their Qualification Packet to pass the Qualification Packet Evaluation.

3. Rejection due to unsatisfactory Performance

RCW 43.19.1913 allows DSHS to reject any Qualification Packet of any Bidder who has failed to perform satisfactorily under any previous contract with the state. DSHS shall notify a Bidder of such a rejection.

Attachment A

Map to OB2

1115 Washington St. SE
Olympia, WA 98504-5301



Directions to Office Building Two (OB2):

Southbound:

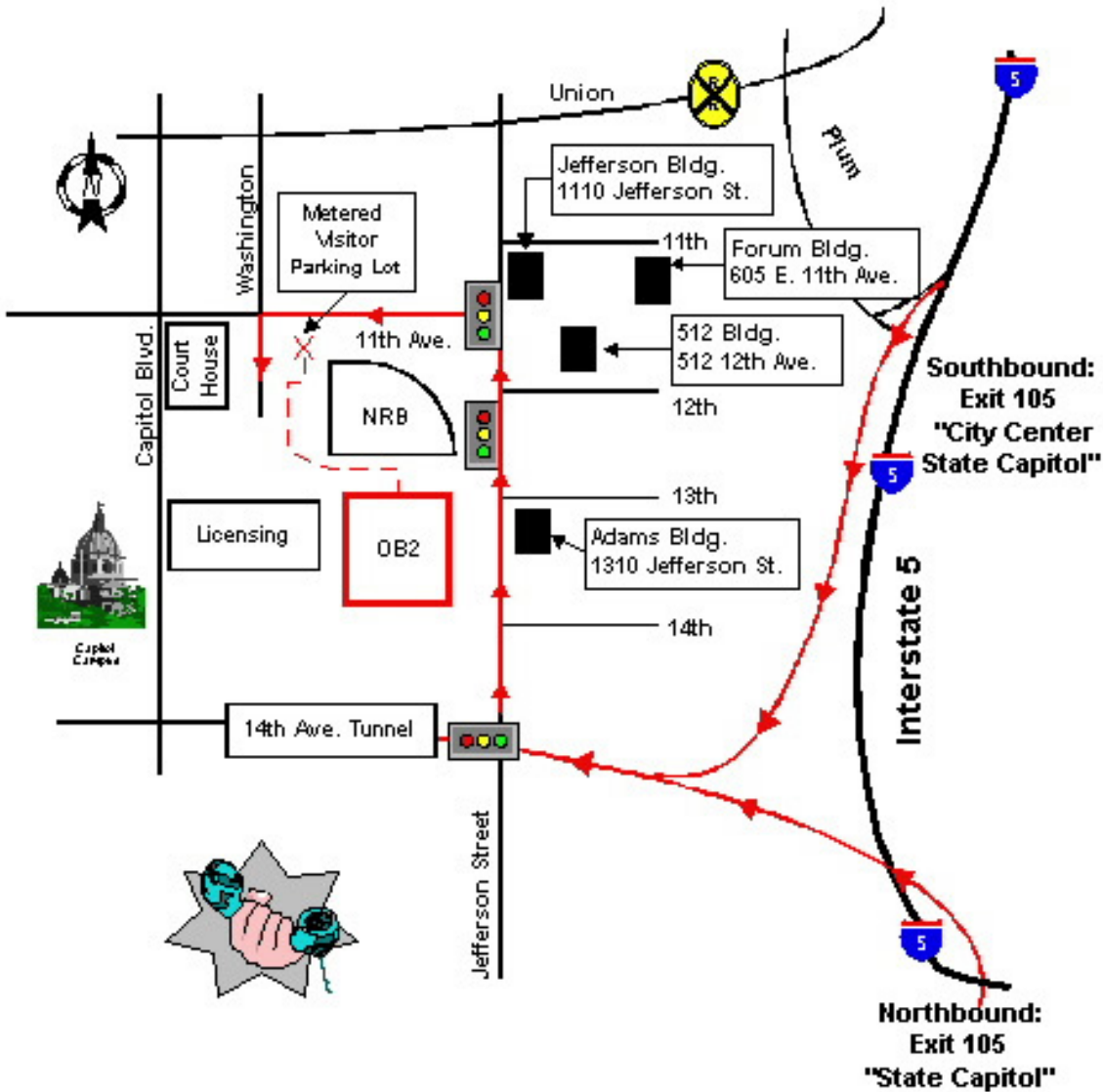
Take I-5 Exit 105, follow "State Capitol" lane which parallels the freeway for 1/4 mile.



Northbound:

Take I-5 Exit 105, keep to the left, following "State Capitol" lane.

At the first traffic light (Jefferson Street), turn right. Turn left on 11th Ave., then turn left on Washington Street. The visitor parking lot is on the left side of the street. Walk, or take the elevator to the main level and follow the signs to OB2. DIS is on the lower level, near the auditorium. You must wear a security badge to enter DIS work areas. Please check in at the security office.



**Bidder Certification and Assurances
DSHS #0945-004
Sign Language Interpreter Services**

Under the penalties of perjury of the State of Washington, we make the following certifications and assurances as a required element of our response to DSHS RFP #0945-004. We affirm the truthfulness of these facts and acknowledge our current and continued compliance with these certifications and assurances as part of our Qualification Packet and any resulting contract award with DSHS.

1. We declare that all answers and statements made in the Qualification Packet are true and correct.
2. We certify that the prices and/or cost data contained in our proposal: (a) have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition, and (b) have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before contract award, except to the extent that we have joined with other individuals or organizations for the purpose of preparing and submitting a joint proposal or unless otherwise required by law.
3. Our Qualification Packet is a firm offer for a period of 180 days following receipt, and it may be accepted by DSHS without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 180-day period. In the case of a protest, the Bidder's Proposal will remain valid for 210 days or until the protest is resolved, whichever is later.
4. We have not been assisted by any current or former DSHS employee whose duties relate (or did relate) to this procurement and who assisted in other than his or her official, public capacity.

If there are any exceptions to these assurances or we have been assisted, we will identify on a separate page attached to this document each individual by: (a) name, (b) current address and telephone number, (c) current or former position with DSHS, (d) dates of employment with DSHS, and (e) detailed description of the assistance provided by that individual.

5. We acknowledge that DSHS will not reimburse us for any costs incurred in the preparation of our Qualification Packet. All Qualification Packet become the property of DSHS and we claim no proprietary right to the ideas, writings, items or samples.
6. We acknowledge that any resulting contract awards will incorporate Special Terms and Conditions, Statement of Work, and General Terms and Conditions substantially similar to the sample contract attached to the procurement document.
7. We will comply with these or substantially similar Special Terms and Conditions, Statement of Work, and General Terms and Conditions if awarded a contract, and will negotiate in good faith any changes or modifications.

8. We acknowledge that if awarded a contract with DSHS, we are required to comply with all applicable state and federal civil rights and other laws. Failure to comply may result in contract termination. We agree to submit additional information about our nondiscrimination policies, at any time, if requested by DSHS
9. We certify that we have a current Washington Business License, and agree to promptly provide a copy of the license if we are awarded a contract.
10. We made no attempt, nor will make any attempt, to induce any other person or firm to submit, or not submit, a proposal for the purpose of restricting competition.
11. We acknowledge and authorize DSHS to conduct a financial assessment and/or background check of our organization if DSHS considers such action necessary or advisable.
12. We acknowledge our obligation to notify DSHS of any changes in the certifications and assurances above.

Signature

Title

Organization Name

Date

Contractor Intake Form

To access Exhibit C, Contractor Intake Form, click on the link below to access DSHS Form 27-043.

http://www1.dshs.wa.gov/word/ms/forms/27_043.doc

INTERPRETER REFERRAL AGENCY BID

BIDDING

FIRST TIME/NEW BID	<input type="checkbox"/> YES <input type="checkbox"/> NO
RENEW CONTRACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE OF INFORMATION*	<input type="checkbox"/> YES <input type="checkbox"/> NO

Change of information listed on this form must be reported by awarded contractors through submitting a new bidding form to ODHH within ten days of the change.

AGENCY INFORMATION

Interpreter Referral Agency's Name		Federal Identification #
Mailing Address		Established (MM-DD-YYYY)
Mailing City, State and Zip Code		County
Physical Address (if not same as Mailing Address)		
Physical City, State and Zip Code (if not same as Mailing Address)		County
1 st Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY		
2 nd Telephone #: () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY		
3 rd Telephone # () -	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY		
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager	
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager	
Website Address:		

AGENCY CONTACT INFORMATION

OWNER OR EXECUTIVE DIRECTOR: Name (If more than one owner, attach documentation)		
1 st Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY		
2 nd Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY		
3 rd Telephone # () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY		
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager	
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager	

MANAGER/ADMINISTRATOR: Name(s) and Title	
1 st Telephone #: () - Voice/TTY	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
2 nd Telephone #: () - Voice/TTY	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
3 rd Telephone # () - Voice/TTY	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager

SCHEDULING: Name(s) and Title	
1 st Telephone #: () - Voice/TTY	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
2 nd Telephone #: () - Voice/TTY	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
3 rd Telephone # () - Voice/TTY	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager

BILLING: Name(s) and Title	
1 st Telephone #: () - Voice/TTY	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
2 nd Telephone #: () - Voice/TTY	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
3 rd Telephone # () - Voice/TTY	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager
Email address:	<input type="checkbox"/> Work <input type="checkbox"/> Pager

AVAILABILITY

The interpreter referral agency is available as follows: (Check all that apply):

<input type="checkbox"/> Days; Monday – Friday; 8 am – 5 pm	<input type="checkbox"/> 24/7; 24 hours / 7 days a week
<input type="checkbox"/> Nights; Monday – Thursday; 5 pm – 8 am;	<input type="checkbox"/> Emergencies; 4 hour notice/confirmation
<input type="checkbox"/> Weekends; Friday 5 pm – Monday 8 am	<input type="checkbox"/> Holidays

If providing Nights, Weekends, 24/7, or Emergency interpreter services, provide contact information:

Telephone #: () - Voice/TTY	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
---	---

INTERPRETER POOL

How many employees does the agency have?

Employment Status	Total number (#) of employees?	Of the total, how many are staff Interpreters?
Full-time	#	#
Part-time	#	#

How many freelance certified sign language interpreters does the agency contract with?

NAD	#	RID	#	NIC	#
Level V		SC:L, MCSC		NIC Master Interpreter	
Level IV		CSC, CI and CT, RSC, CDI, CLIP-R		NIC Advanced Interpreter	
Level III		IC, TC, IC/TC, CI, CT, OIC:C, OTC		NIC Certified Interpreter	
Total NAD		Total RID		Total NIC	

How many freelance non-certified sign language interpreters does the agency contract with?
 Qualified Deaf Interpreter(s) (QDI): #_____ Other non-certified interpreter(s): #_____

Total Number of employed and freelance sign language interpreters: #_____

Note: All employed and freelance sign language interpreters must be registered and approved by ODHH before providing sign language interpreting services under the DSHS contract.

To identify current capacity to provide immediate interpreting services in each county, please list total number of employed or contracted interpreters residing in each county . Under Region, please list the total of interpreters residing in that region.

Region 1 Total #: _____ Adams _____ Chelan _____ Douglas _____ _____ Ferry _____ Grant _____ Lincoln _____ Okanogan _____ Pend _____ Oreille _____ Spokane _____ Stevens _____ Whitman _____	Region 2 Total #: _____ Asotin _____ Benton _____ Columbia _____ _____ Franklin _____ Garfield _____ Kittitas _____ Walla Walla _____ _____ Yakima _____
Region 3 Total #: _____ Island _____ San Juan _____ Skagit _____ Snohomish _____ Whatcom _____	Region 4 Total #: _____ King _____
Region 5 Total #: _____ Kitsap _____ Pierce _____	Region 6 Total #: _____ Clallam _____ Clark _____ Cowlitz _____ Grays _____ Harbor _____ Jefferson _____ Klickitat _____ Lewis _____ Mason _____ Pacific _____ Skamania _____ _____ Thurston _____ Whakiahum _____

BIDDING BY REGION(S) / COUNTY(IES)

If bidding on entire regions, indicate below by marking the space indicated for the entire Region. If not bidding on entire regions, indicate which county(ies) within region(s) you are bidding on below by marking the space indicated for individual county(ies). Must have an interpreter residing in a region to bid on that region.

Region 1 <input type="checkbox"/> <input type="checkbox"/> Adams <input type="checkbox"/> Chelan <input type="checkbox"/> Douglas <input type="checkbox"/> Ferry <input type="checkbox"/> Grant <input type="checkbox"/> Lincoln <input type="checkbox"/> Okanogan <input type="checkbox"/> Pend Oreille <input type="checkbox"/> Spokane <input type="checkbox"/> Stevens <input type="checkbox"/> Whitman	Region 2 <input type="checkbox"/> <input type="checkbox"/> Asotin <input type="checkbox"/> Benton <input type="checkbox"/> Columbia <input type="checkbox"/> Franklin <input type="checkbox"/> Garfield <input type="checkbox"/> Kittitas <input type="checkbox"/> Walla Walla <input type="checkbox"/> Yakima
Region 3 <input type="checkbox"/> <input type="checkbox"/> Island <input type="checkbox"/> San Juan <input type="checkbox"/> Skagit <input type="checkbox"/> Snohomish <input type="checkbox"/> Whatcom	Region 4 <input type="checkbox"/> <input type="checkbox"/> King
Region 5 <input type="checkbox"/> <input type="checkbox"/> Kitsap <input type="checkbox"/> Pierce	Region 6 <input type="checkbox"/> <input type="checkbox"/> Clallam <input type="checkbox"/> Clark <input type="checkbox"/> Cowlitz <input type="checkbox"/> Grays Harbor <input type="checkbox"/> Jefferson <input type="checkbox"/> Klickitat <input type="checkbox"/> Lewis <input type="checkbox"/> Mason <input type="checkbox"/> Pacific <input type="checkbox"/> Skamania <input type="checkbox"/> Thurston <input type="checkbox"/> Whakiahum

MINORITY WOMEN BUSINESS ENTERPRISE – OPTIONAL

- Purchasing goals from MWBE firms for sign language interpreter services have been established.
- Are you a MWBE Bidder? YES NO If Yes, certification # _____ and attach a proof of certification copy. To obtain MWBE certification, contact OMWBE at (360) 753-9693.

MINIMUM QUALIFICATIONS

For interpreter referral agencies to be eligible to bid on this contract, Bidders must:

Have a minimum of one certified interpreter employed or subcontracted.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be able to provide sign language interpreter services for each appointment per the requirements of this RFQQ.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the ability to appropriately match the communications needs of the customer with the interpreting skills and the appointment situation/setting.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintain an office and have a representative located in the State of Washington.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be licensed to do business in the State of Washington.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be able to serve the entire county(ies)/region(s) that is/are bid.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the ability to communicate as requested with DSHS and authorized requesters via telephone, email, facsimile, and/or pager, and if indicated in bid documents, communicate during nights, weekends, holidays, and emergencies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

DSHS Purchased Service
 Ongoing Request for Qualification & Quotation #0945-004
 ODHH Interpreter Services
 [Release Date - May 4, 2009]

Have the ability to provide advance confirmation of interpreters being assigned to appointments.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the ability to immediately notify the requester if: <ul style="list-style-type: none"> unable to fill an appointment; the assigned interpreter is going to be late; or cannot find a replacement for an interpreter cancellation. 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to obtain the required amounts of insurance, after contract award, as outlined in this RFQQ.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintain a file for each interpreter representing their agency, who may provide interpreter services under this contract, that contains the following documents: <ul style="list-style-type: none"> a copy of the interpreter's DSHS form 17-155 Sign Language Interpreter Registration, a copy of the interpreter's RID Membership Card (if certified) a copy of the interpreter's three reference letters (if non-certified) a copy of the interpreter's DSHS form 09-653 Background Authorization Form, a copy of the interpreter's Driver's License, ID Card, or Passport on DSHS form 02-573 Identification Verification Form. a copy of the interpreter's proof of orientation, and a copy of the interpreter's proof of required insurance. 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to ensure that each person representing their agency who may provide sign language interpreter services under this contract is registered and approved with ODHH. The interpreter referral agency is responsible for verification of completeness of registration and for assuring interpreters have read and understand all parts of the forms.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Maintain and make available to ODHH a list of names and the certification level of each person representing their agency who may provide sign language interpreter services under this contract.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to ensure that each person representing their agency who may provide sign language interpreter services under this contract is aware of and adheres to the NAD-RID Code of Professional Conduct as found on the RID website: http://www.rid.org/UserFiles/File/pdfs/codeofethics.pdf .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attend mandatory orientation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to conduct an orientation to each person representing their agency prior to the interpreter providing services under this contract. Orientation must include, but is not limited to an overview of the Statement of Work including the billing process and how to complete the DSHS form 17-123a Request for Sign Language Interpreter, DSHS form 17-155 Sign Language Interpreter Registration, DSHS form 09-653 Background Authorization, and the DSHS form 02-573 Identification Verification.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pay Interpreters the full Base Rate, Hourly Rate, and any other expense reimbursement incurred for providing services under this contract.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to ensure compliance with the Statement of Work and all other specific requirements covered under this contract (including General and Special Terms and Conditions).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

This section includes specific requirements for HEALTH AND RECOVERY SERVICES ADMINISTRATION (HRSA) Medicaid appointments:

Be willing to obtain a Provider Number.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coordinate the appointment dates and times with the client as agreed to by the medical provider(s) and DSHS client.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to follow HRSA's required procedures for calculating billing units.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to indicate a Performing Provider Number (PPN) for each interpreter on the DSHS form 17-123a Request for Sign Language Interpreter. (A PPN will be assigned to the interpreter prior to payment by HRSA for services provided by the interpreter.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If your agency does not meet the above minimum qualification requirements, as stated herein, your bid will be rejected as non-responsive.

AGREEMENT

I understand that I must have a contract with DSHS and that all interpreters must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- I certify that the information which has been provided is true to the best of my knowledge.
- I have read / understand the current NAD-RID Code of Professional Conduct and agree to abide by it.
- I understand that some interpreter information will be on the DSHS website.
- I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment".

I understand that if any of the information provided above is found to be false, I may be prohibited from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

Signature of Owner/Executive Director	Date (mm/dd/yyyy)
---------------------------------------	-------------------

FREELANCE INTERPRETER BID

BIDDING

FIRST TIME/NEW BID	<input type="checkbox"/> YES <input type="checkbox"/> NO
RENEW CONTRACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE OF INFORMATION*	<input type="checkbox"/> YES <input type="checkbox"/> NO

Change of information listed on this form must be reported by awarded contractors through submitting a new bidding form to ODHH within ten days of the change.

INTERPRETER INFORMATION

Interpreter Name		Social Security Number	
Mailing Address		Date of Birth (MM-DD-YYYY)	
Mailing City, State and Zip Code		County	
Physical Address (if not same as Mailing Address)			
Physical City, State and Zip Code (if not same as Mailing Address)		County	
1 st Telephone #: () -		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY			
2 nd Telephone #: () -		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY			
3 rd Telephone # () -		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax	
Voice/TTY			
Email address:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager	
Email address:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager	
Website Address:			

AVAILABILITY

The sign language interpreter services are available as follows: (Check all that apply):

<input type="checkbox"/> Days; Monday – Friday; 8 am – 5 pm	<input type="checkbox"/> 24/7; 24 hours / 7 days a week
<input type="checkbox"/> Nights; Monday – Thursday; 5 pm – 8 am;	<input type="checkbox"/> Emergencies; 4 hour notice/confirmation
<input type="checkbox"/> Weekends; Friday 5 pm – Monday 8 am	<input type="checkbox"/> Holidays

If providing Nights, Weekends, 24/7, or Emergency interpreter services, provide contact information:

Telephone #: () -	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Voice/TTY	

BIDDING BY REGION(S) / COUNTY(IES)

If bidding on entire region, indicate below by marking the space indicated for the entire Region. If not bidding on entire regions, indicate which county(ies) within region(s) you are bidding on below by marking the space indicated for individual county(ies). Interpreter must reside in the region being bid.

Region 1 <input type="checkbox"/> <input type="checkbox"/> Adams <input type="checkbox"/> Chelan <input type="checkbox"/> Douglas <input type="checkbox"/> Ferry <input type="checkbox"/> Grant <input type="checkbox"/> Lincoln <input type="checkbox"/> Okanogan <input type="checkbox"/> Pend Oreille <input type="checkbox"/> Spokane <input type="checkbox"/> Stevens <input type="checkbox"/> Whitman	Region 2 <input type="checkbox"/> <input type="checkbox"/> Asotin <input type="checkbox"/> Benton <input type="checkbox"/> Columbia <input type="checkbox"/> Franklin <input type="checkbox"/> Garfield <input type="checkbox"/> Kittitas <input type="checkbox"/> Walla Walla <input type="checkbox"/> Yakima
Region 3 <input type="checkbox"/> <input type="checkbox"/> Island <input type="checkbox"/> San Juan <input type="checkbox"/> Skagit <input type="checkbox"/> Snohomish <input type="checkbox"/> Whatcom	Region 4 <input type="checkbox"/> <input type="checkbox"/> King
Region 5 <input type="checkbox"/> <input type="checkbox"/> Kitsap <input type="checkbox"/> Pierce	Region 6 <input type="checkbox"/> <input type="checkbox"/> Clallam <input type="checkbox"/> Clark <input type="checkbox"/> Cowlitz <input type="checkbox"/> Grays Harbor <input type="checkbox"/> Jefferson <input type="checkbox"/> Klickitat <input type="checkbox"/> Lewis <input type="checkbox"/> Mason <input type="checkbox"/> Pacific <input type="checkbox"/> Skamania <input type="checkbox"/> Thurston <input type="checkbox"/> Whakiahum

MINORITY WOMEN BUSINESS ENTERPRISE – OPTIONAL

- Purchasing goals from MWBE vendors for sign language interpreter services have been established.
- Are you a MWBE Bidder? YES NO If Yes, certification # _____ and attach a proof of certification copy. To obtain MWBE certification, contact OMWBE at (360) 753-9693.

MINIMUM QUALIFICATIONS

For freelance interpreter to be eligible to bid on this contract, bidding interpreter must:

Be an RID or NAD certified interpreter, with the exception of qualified deaf interpreters, and provide documentation of certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be able to provide sign language interpreter services for each appointment per the requirements of this RFQQ.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the ability to appropriately match the communications needs of the customer with the interpreting skills and the appointment situation/setting.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be licensed to do business in the State of Washington.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be able to serve the entire county(ies)/region(s) that is/are bid.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the ability to communicate as requested with DSHS and Authorized Requesters via telephone, email, facsimile, and/or pager, and if indicated in bid documents, communicate during nights, weekends, holidays, and emergencies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have the ability to provide confirmation of availability to interpret at appointments within 48 hours.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Have the ability to immediately notify the requester if: <ul style="list-style-type: none"> unable to fill an appointment; interpreter is going to be late; or cannot find a replacement for an interpreter cancellation. 	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to obtain the required amounts of insurance, after contract award, as outlined in Exhibit B, Sample Contract, Special Terms and Conditions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Complete a Background Authorization Form.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to register with ODHH.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to sign and date ODHH registration form verifying all statements have been read, understood, and agreed to.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be aware of and adhere to the NAD-RID Code of Professional Conduct as found on the RID website: http://www.rid.org/UserFiles/File/pdfs/codeofethics.pdf .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attend mandatory orientation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to comply with the Statement of Work and all other specific requirements covered under this contract (including General and Special Terms and Conditions).	<input type="checkbox"/> YES	<input type="checkbox"/> NO

This section includes specific requirements for HEALTH AND RECOVERY SERVICES ADMINISTRATION (HRSA) Medicaid appointments:

Be willing to obtain a Provider Number.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coordinate the appointment dates and times with the client as agreed to by the medical provider(s) and DSHS client.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to follow HRSA's required procedures for calculating billing units.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be willing to indicate a Performing Provider Number (PPN) as an interpreter on the DSHS form 17-123a Request for Sign Language Interpreter. (A PPN will be assigned to the interpreter prior to payment by HRSA for services provided by the interpreter.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you do not meet the above minimum qualification requirements, as stated herein, your bid will be rejected as non-responsive.

AGREEMENT

I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- I certify that the information which has been provided is true to the best of my knowledge.
- I have read / understand the current NAD-RID Code of Ethics and agree to abide by it.
- I have read / understand the DSHS Code of Professional Conduct and agree to abide by it.
- I understand that some information will be on the DSHS website.
- I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment".

I understand that if any of the information provided above is found to be false, I may be prohibited me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

Signature of Owner/Executive Director	Date (mm/dd/yyyy)
---------------------------------------	-------------------

DSHS Purchased Service
Ongoing Request for Qualification & Quotation #0945-004
ODHH Interpreter Services
[Release Date - May 4, 2009]

Pricing Sheet

NAME OF INDIVIDUAL OR AGENCY _____ DATE (mm/dd/yy): _____

HOURLY RATES:

I/we propose to offer Sign Language Interpreter Services under this contract at the following rate(s)*:

National Association of the Deaf (NAD)	Registry of Interpreter f/t Deaf (RID)	National Interpreter Certification (NIC)	Non-Certified	Maximum Hourly Rate**	Interpreter Rates ***
Level V	SC:L, MCSC	NIC Master Interpreter, NIC Advanced Interpreter	N/A	\$55/hr	\$___/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$58/hr	\$___/hr
Level IV	CSC, CI and CT, RSC, CDI, CLIP-R	NIC Certified Interpreter	QDI	\$50/hr	\$___/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$53/hr	\$___/hr
Level III	IC, TC, IC/TC, CI, CT, OIC:C, OTC	N/A	N/A	\$40/hr	\$___/hr
DeafBlind Rate	DeafBlind Rate	DeafBlind Rate		\$43/hr	\$___/hr
N/A	N/A	N/A	Non-Certified	\$25/hr	\$___/hr
			DeafBlind Rate	\$28/hr	\$___/hr

CONTRACTOR SERVICE FEE

I/we propose to charge the following administrative fee per billable appointment per interpreter under this contract at the following rate, not to exceed \$30**:

\$_____ per billable appointment per interpreter

For emergency appointments, a \$5 additional charge per hour will be added to the interpreter's hourly rate.

* DSHS will not award contracts to Bidders exceeding the maximum rate limit.

** Bids must be rounded to a whole dollar figure. If DSHS receives a bid that is not rounded, DSHS will automatically round to the nearest dollar.

*** If contractor sub-contracts with freelance interpreters, rates paid to these interpreters must be on the price sheet. All bids with interpreter rates should be marked as proprietary.

INTERPRETER POOL ROSTER

July 1, 2009 – June 30, 2010

Interpreter Referral Agency: _____
Quarterly: for the months of _____ **through** _____

	Interpreter Name	Certification	DSHS Region	County of Residence
1.				
2.				
3.				
4.				
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29.				
30.				

State of Washington
Department of Social and Health Services
Regional Map of Regions 1-6

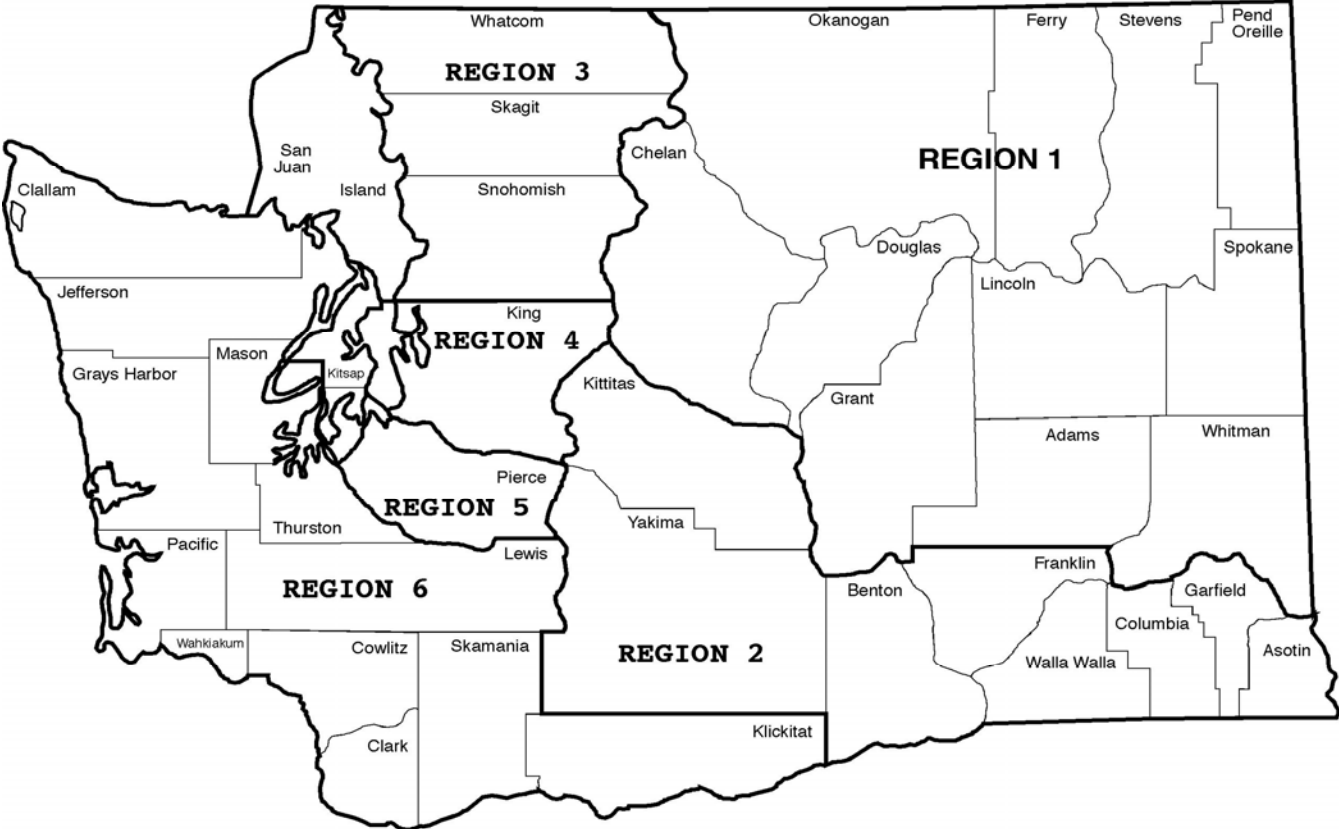


Exhibit I
DSHS Form 17-155 Sign Language Interpreter Registration
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=5800>

Exhibit J
DSHS Form 17-155a Sign Language Interpreter Registration Renewal
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7622>

Exhibit K
DSHS Form 09-653 Background Authorization Form
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=6611>

Exhibit L
DSHS Form 02-573 Background Check Identification Verification Form
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7260>

Exhibit M
DSHS Form 17-123a Request for Sign Language Interpreter
<http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=5781>

Exhibit N
Description of Certification Levels
http://www.rid.org/education/edu_certification/index.cfm

Matching Qualified Interpreter with Appointment Settings

The following list of appointment settings and situations to determine appropriate interpreters being assigned by the contractor is intended as a guideline and is not all-inclusive. The requester/contractor should find a comparable or similar setting/situation on this guideline. Each setting/situation should be carefully evaluated and given consideration to the customer's expressed communication needs, preferred interpreter choices, and the expected complexity of the appointment. Often, special circumstances or unique communication needs (such as Minimal Language Skills) will warrant the use of an interpreter regardless of the setting/situation. This guideline was adapted from the Texas Division for Deaf and Hard of Hearing Services.

MINIMAL LANGUAGE SKILLS IN ALL APPOINTMENT SETTINGS

Usually, a client with minimal language skills can be one that has a minimal concept of language and/or does not know sign language but rather gestures or uses home signs. In other instances, the client may use another country's sign language (for example, Russian Sign Language (RSL) or Mexican Sign Language (MSL)) but does not know American Sign Language (ASL) and/or spoken/written English.

Deaf or hard of hearing holders of the RSC, CDI, QDI, CLIP-R certificates are recommended for a broad range of assignments for clients with minimal language skills in conjunction with a hearing interpreter. These deaf and/or hard of hearing interpreters are capable of signing or relaying information signed in ASL by a hearing interpreter in a way that is best understood by the deaf client.

LEGAL/COURT SETTING

SITUATIONS:

- All legal and/or court settings
- If no SC:Ls are available, it is highly recommended that NAD V, RID MCSC, or NIC Master interpreters be used in all court proceedings.

Recommendation:

NAD	RID	NIC	Non-Certified
Level V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C	Master	No, QDI

GOVERNMENT SETTING

SITUATIONS:

- Economic Services, Food Stamps, Social Security, Welfare Card for Services, Benefit Program
- Driver License Testing
- Application for Services
- Voter Registration
- Political Events
- Inquiries regarding eligibility for services

DSHS Purchased Service
 Ongoing Request for Qualification & Quotation #0945-004
 ODHH Interpreter Services
 [Release Date - May 4, 2009]

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

SITUATIONS:

- Administrative/City Council/Governmental Proceedings
- Governmental Procedures: Federal, State, Municipal or Private Agencies
- Legislation
- Discrimination Proceedings - Prior to Court
- Tax Assessment/Appeal Proceedings

Recommendation:

NAD	RID	NIC	Non-Certified
Level IV, V	SC:L, MCSC, CSC, CI/CT, CDI, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Advanced, Master	No

MEDICAL/MENTAL HEALTH/DRUG & ALCOHOL SETTING

SITUATIONS:

- Routine - Eye Exam, Lab Work
- Physical Therapy, Audiological (hearing exam), Dental Care

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	No

SITUATIONS:

- Routine - Physical, Hospital Admission, Neurological
- Counseling - Mental Health, Doctor, Diagnostic Interviews, Alcoholics Anonymous, Substance Abuse
- Classes - Child Birth, Planned Parenthood
- Therapy - Chemotherapy, Chiropractic, Ontological

Recommendation:

NAD	RID	NIC	Non-Certified
Level IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC	Advanced, Master	No

SITUATIONS:

- Emergency Room, Minor Surgery, Abortion, Extensive Eye Exam
- Major Surgery

DSHS Purchased Service
 Ongoing Request for Qualification & Quotation #0945-004
 ODHH Interpreter Services
 [Release Date - May 4, 2009]

- Psychiatric Counseling, Evaluation
Recommendation:

NAD	RID	NIC	Non-Certified
Level V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C	Master	No

PLATFORM SETTING

SITUATIONS:

- Speakers or Lectures
- Conferences: Workshops/Breakout Sessions

For Deaf speakers needing quality sign-to-voice interpreting skills, higher certification levels are recommended.

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

K-12 / POST-SECONDARY / ADULT EDUCATION SETTING

SITUATIONS:

- Registration, Classroom, Extracurricular Activities Educational Workshops
- Classroom, Educational Lectures, Continuing Education, Defensive Driving, Labs
- Support Services – Parent/Teacher Conference, Orientation, Tutoring, Diagnostics, Evaluations, Academic Counseling

It is strongly recommended that higher level certification be used in post-secondary education, preferably interpreters with bachelor/master degrees in any field.

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

EMPLOYMENT SETTING

SITUATIONS:

- Employment Related Job Interview/Application

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

SITUATIONS:

DSHS Purchased Service
Ongoing Request for Qualification & Quotation #0945-004
ODHH Interpreter Services
[Release Date - May 4, 2009]

- Employment Related Employee/ Employer Meeting, Union Meeting
Recommendation:

NAD	RID	NIC	Non-Certified
Level IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C	Advanced, Master	No

SOCIO-ECONOMIC SETTING

SITUATIONS:

- Public or Private Organizations social/economic benefit programs
- Application for Services
- Inquiries regarding eligibility for services

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

BUSINESS SETTING

SITUATIONS:

- Banking/Financial Services
- Wedding/Funeral Arrangements
- Auto Dealerships
- Professional Services
- Real Estate

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

REHABILITATION/VOCATIONAL SETTING

SITUATIONS:

- Independent Living Basic Living Skills
- Halfway housing
- Basic Job Readiness Training (Semi skilled technical or unskilled labor), Interview, Tutoring

Recommendation:

NAD	RID	NIC	Non-Certified
Level III, IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C, OTC, IC, TC, IC/TC, CI, CT	Certified, Advanced, Master	Yes

SITUATIONS:

- Group Meetings, On-the-Job Training (Skilled Technical), Counseling, Diagnostic Evaluation, Sheltered Workshop
Recommendation:

NAD	RID	NIC	Non-Certified
Level IV, V	SC:L, MCSC, CSC, CI/CT, RSC, CDI, CLIP-R, OIC:C	Advanced, Master	No

Bidder Checklist

Interpreter Referral Agency		<input checked="" type="checkbox"/> If Complete
C.1.	Table of Contents	
C.2.	Letter of Submittal	
C.2.	Bidder Certification and Assurances Form, Exhibit A	
C.2.	Contractor Intake Form, Exhibit C, http://www1.dshs.wa.gov/word/ms/forms/27_043.doc	
C.3.	Interpreter Referral Agency Bid, Exhibit D	
C.3.	Interpreter Pool Roster, Exhibit G	
C.3.	Matching Procedures	
C.4.	Pricing Sheet, Exhibit F	

Freelance Interpreter		<input checked="" type="checkbox"/> If Complete
C.1.	Table of Contents	
C.2.	Letter of Submittal	
C.2.	Bidder Certification and Assurances Form, Exhibit A	
C.2.	Contractor Intake Form, Exhibit C, http://www1.dshs.wa.gov/word/ms/forms/27_043.doc	
C.3.	Freelance Interpreter Bid, Exhibit E	
C.3.	Matching Procedures	
C.3.	DSHS Form 17-155 Sign Language Interpreter Registration, Exhibit I, http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=5800 (if first time registering with ODHH); OR DSHS Form 17-155a Sign Language Interpreter Registration Renewal, Exhibit J, http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7622	
C.3.	DSHS Form 09-653 Background Authorization Form, Exhibit K, http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=6611	
C.3.	DSHS Form 02-573 Background Check Identification Verification Form, Exhibit L, http://asd.dshs.wa.gov/FormsMan/formDetails.aspx?ID=7260 (If this has never been submitted, or has changed.)	
C.3.	Copy of current RID Card	
C.4.	Pricing Sheet, Exhibit F	

