

CONTRACTOR BIDDER FORM

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
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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"/> Lincoln <input type="checkbox"/> Chelan <input type="checkbox"/> Okanogan <input type="checkbox"/> Douglas <input type="checkbox"/> Pend Oreille <input type="checkbox"/> Ferry <input type="checkbox"/> Spokane <input type="checkbox"/> Grant <input type="checkbox"/> Stevens <input type="checkbox"/> Whitman	Region 2 <input type="checkbox"/> <input type="checkbox"/> Asotin <input type="checkbox"/> Garfield <input type="checkbox"/> Benton <input type="checkbox"/> Kittitas <input type="checkbox"/> Columbia <input type="checkbox"/> Walla Walla <input type="checkbox"/> Franklin <input type="checkbox"/> Yakima
Region 3 <input type="checkbox"/> <input type="checkbox"/> Island <input type="checkbox"/> Snohomish <input type="checkbox"/> San Juan <input type="checkbox"/> Whatcom <input type="checkbox"/> Skagit	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"/> Lewis <input type="checkbox"/> Clark <input type="checkbox"/> Mason <input type="checkbox"/> Cowlitz <input type="checkbox"/> Pacific <input type="checkbox"/> Grays Harbor <input type="checkbox"/> Skamania <input type="checkbox"/> Jefferson <input type="checkbox"/> Thurston <input type="checkbox"/> Klickitat <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 with competent and proficient interpreter(s) for each appointment.	<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, communicate during nights, weekends, holidays, and emergencies.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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: 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
Be willing to obtain and maintain a copy of each interpreter's Background	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Authorization form.		
Maintain documentation regarding 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 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
Be willing to require each interpreter to sign and date an ODHH registration form verifying all statements have been read, understood, and agreed to.	<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.	<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 within the first thirty days of 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
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)
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