

CONTRACTOR BIDDER FORM

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 #: () - 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
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 #: () - 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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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"/> 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 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 and provide documentation of certification	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Be able to provide sign language interpreter services with the competency and proficiency 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 availability to interpret at 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

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.	<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
Have the ability to appropriately match the communications needs of the consumer with the interpreting skills and the appointment situation/setting	<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)
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