

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.