Washington State Department of Social & Health Services
Transforming lives

CONTRACT AMENDMENT SIGN LANGUAGE INTERPRETER SERVICES

DSHS CONTRACT NUMBER: 1548-29964

Amendment No. 01

This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.

Program Contract Number

Contractor Contract Number

CONTRACTOR NAME Katherine E. Bunze		CONTRACTOR doing business as (DBA)	
CONTRACTOR ADDRESS 8109 S Assembly Road Spokane, WA 99224-		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI) 601-364-581	DSHS INDEX NUMBER 87968
CONTRACTOR CONTACT Katherine Bunze	CONTRACTOR TELEPHONE (509) 747-6508	CONTRACTOR FAX (509) 838-0491	CONTRACTOR E-MAIL ADDRESS katherinebunze@msn.com
DSHS ADMINISTRATION Aging & Long Term Support Admin	DSHS DIVISION Office of the Deaf and Hard of Hearing	DSHS CONTRACT CODE 8402TS-48	
DSHS CONTACT NAME AND TITLE Berle Ross Program Manager	DSHS CONTACT ADDRESS 14th and Jefferson Street Olympia, WA 98504		
DSHS CONTACT TELEPHONE (360)339-4559	DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS rossbee@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT? No		CFDA NUMBERS	
AMENDMENT START DATE 04/01/2015	**CONTRACT END DATE** 06/30/2015		
PRIOR MAXIMUM CONTRACT AMOUNT $0.00	AMOUNT OF INCREASE OR DECREASE $0.00	TOTAL MAXIMUM CONTRACT AMOUNT $0.00	

REASON FOR AMENDMENT;
CHANGE OR CORRECT CHOOSE ONE:

ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference:

☐ Additional Exhibits (specify):

This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.

CONTRACTOR SIGNATURE Katherine E Bunze	PRINTED NAME AND TITLE Katherine E. Bunze, Contractor	DATE SIGNED 3/29/15
DSHS SIGNATURE Berle Ross	PRINTED NAME AND TITLE Berle Ross, Sign Language Program Manager	DATE SIGNED 4/1/2015

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

1. Amend Statement of Work, Exhibit B, Section 12. Rates, and add additional terms to a. (2), b. (1), b. (3) and c. (1), c.(2), c. (3) and c. d. to now read as follows:

12. Rates

a. Hourly Rate

(1) Contractors shall be paid the Hourly Rate bid in the Contractor's response to RFQQ # 1445-006, if accepted and approved by DSHS.

(2) Contractors must pay all Interpreters the entire Hourly Rate bid and approved by DSHS. The Hourly Rate may include the supplemental rate. Contractors must not deduct any portion from the Interpreter's Hourly Rate.

b. Base Rate

(1) Contractors shall be paid the Base Rate for the first hour of all Appointments, including those lasting less than one (1) hour. The Base Rate is calculated at 1.5 times the Interpreter's Hourly Rate. The Base Rate does not include the supplemental rate. The DSHS approved Base Rates are provided in the chart in Section 12.c.

(2) Contractors shall be paid the regularly hourly rate for additional hours of Interpreting services. For example, if a Contractor bids $50 per hour, payment for the first hour will be $75 and payment for any additional hours will be at $50 per hour.

(3) Contractors shall pay all Interpreters the entire Base Rate bid approved by DSHS. Contractors must not deduct any portion from the Interpreter's Base Rate.

c. Rates by Years of Experience

(1) Contractors shall be paid the rates listed in the chart below according to years of experience. Years of experience must be measured from the date of Registry of Interpreters for the Deaf (RID) Certification to present day without any lapse in membership. Any lapse in membership must be resolved with RID.

(2) Qualified Deaf Interpreters (non-certified) will be paid at the 0-5 year rate. The number of years of experience will not be taken into consideration because there is no "date of Certification" to validate the number of years of experience.

(3)	**Rate for all counties EXCEPT King**		**Rates for King County**	
Years of Experience	Base rate	Hourly Rate	Base rate	Hourly Rate
Certified 0 to 5 years				
Certified 6 to 10 years				
Certified 11 to 15 years				
Certified 16 to 20 years	$96.00/hr	$64.00/hr		
Certified with more than 20 years				

d. Other Fees and Rates

Contractors shall be paid the fees and rates listed in the chart below if applicable for the Contractor's delivery of services.

Service Component	Explanation	Fee or Rate
Finder's Fee	Fees paid to the Interpreter Referral Agency for administrative time used to find and schedule interpreters for appointments. This fee is paid one-time per appointment per Interpreter. Fee paid to the Interpreter Referral Agency for administration time used to find and schedule interpreters for emergency appointments.	N/A N/A
Supplemental Fee	Supplemental Fee added per Hour for Emergency, Deaf-Blind, or Legal Appointments.	$5.00
Interpreter No Shows	No fee is due when an Interpreter is a No Show.	N/A
All Other No Shows	Fee when someone other than the Interpreter is a No Show for the scheduled Appointment.	Full payment
Cancellation with MORE THAN 2 business days/18 business hours' notice	No Rate is due to the Interpreter when the appointment is cancelled within 2 business days/18 business hours' notice. Finder's Fee is due the Interpreter Referral Agency.	N/A
Cancellation with LESS THAN 2 business days/18 business hours' notice.	Rate is due to the Interpreter when appointment is cancelled with less than 2 business days/18 business hours' notice. • If Cancellation of an Appointment lasting 2 days or less in duration occurs with less than 2 business days/18 business hours' notice, the Contractor will be paid in full for the time scheduled.	Full payment

	• If Cancellation of an Appointment lasting 3 days or longer in duration occurs with less than 2 business days/18 business hours' notice, the Contractor and the Requestor may negotiate the reimbursement amount on a case by case basis. Finder's Fee is due to the Interpreter Referral Agency. The Contractor shall document the appropriate Cancellation information on DSHS form 17-123a Request for Sign Language Interpreter for all Cancellations.	N/A
Cancellation by Interpreter with no replacement	No rate is due (including the Finder's Fee) if an Interpreter cancels and a replacement Interpreter has not been provided.	N/A
Monthly Data Reports	ODHH will pay the Contractor for timely submissions of monthly data reports. Monthly fee paid to Interpreter Referral Agencies for timely submission. Monthly fee paid to Independent Referral Agencies for timely submission.	 $50 $15
Travel Time	Travel time, not mileages reimbursement, if more than 100 miles, can be negotiated with the authorized requestor on a case by case basis.	To Be Negotiated
Lodging	All lodging costs require pre-approval from the Authorized Requestor.	Per Diem

All other terms and conditions of this Contract remain in full force and effect.