



ATTACHMENT 1

QUALIFICATIONS SUMMARY AND RESPONDENT INFORMATION

I. CHECK LIST

Proposals are due by 4:00 pm on April 4, 2019. Send to:

Snohomish County Human Services Department
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201
Attn: Aime Fink

This checklist is provided for bidder's convenience only and identifies the proposal documents that must be submitted with each package. Any bid packages received without these documents may be deemed non-responsive and may not be considered for award.

RFP Candidate is to submit one (1) original and four (4) copies of the entire submitted proposal.

Proposal submittal entitled: Offer.....

Proposal submittal entitled: Proposal Information.....

Proposal submittal entitled: Eligibility.....

Proposal submittal entitled: Interpreter Listings with Certifications

Proposal submittal entitled: Rate Sheets

Proposal submittal entitled: References



II. OFFER

RFP Candidate offers to furnish services in compliance with all terms, conditions, and specifications herein including all amendments. Submitting this document with an authorized signature constitutes complete understanding and compliance with the terms and conditions and certifies that all-necessary facilities or personnel are available and established at the time of bid submittal.

Organization Legal Name: _____

Service Address: _____

Telephone: (____) _____

Executive Officer: _____

Board President: _____

- Type of Organization:
- Private Proprietary
 - Private Non-Profit
 - Public Agency
 - Other

Federal Employer I.D. No.: _____

I certify that the statements provided on the attached Response are true and correct to the best of my knowledge and belief.

Contact Name (Typed) _____

Signature

Date

Title

III. PROPOSAL INFORMATION



Proposer shall complete the following:

Agency Name: _____

Authorized Representative: _____

**Primary Contact
Contract Administration**

Name: _____

Phone: _____

Fax: _____

Email: _____

**Alternate Contact
Contract Administration**

Name: _____

Phone: _____

Fax: _____

Email: _____

Customer Service / Order Placement

Name: _____

Phone: _____

Fax: _____

Email: _____

Name: _____

Phone: _____

Fax: _____

Email: _____

1. Addresses:

Referrals to be sent to:

Billing will be from:

Payment sent to:



IV. PROPOSER ELIGIBILITY

Agency Name: _____

Proposers are to check yes or no box after each bullet.

To be eligible to submit a proposal for Interpreter Services for this contract, Proposer must:	YES	NO
<ul style="list-style-type: none"> Have the ability to provide on-site face-to-face spoken interpreting for both social service programs and for clients in medical settings. The interpreters for this service must be certificated from the State of Washington AND/OR 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> For languages with no certification available from the State of Washington, have the ability to provide on-site face-to-face spoken interpreting with State of Washington authorization. 	<input type="checkbox"/>	<input type="checkbox"/>
For either service the following eligibility requirements will apply:		
<ul style="list-style-type: none"> Be able to meet service requests for all parts of Snohomish County; 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Be able to provide services, at minimum, Monday through Friday, 8:00 am – 5:00 pm; 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have the ability to submit to the County any required report(s); 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have the ability to communicate via telephone, facsimile and email; 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have the ability to provide confirmation of scheduled interpreter services; 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Have the ability to submit billings by the 10th of the month following services. 	<input type="checkbox"/>	<input type="checkbox"/>



V. INTERPRETER LISTINGS

Agency Name: _____

RFP Candidates are to list, using the format below, on a separate sheet of paper, the name(s), and years of experience, language and type of certification of interpreter that will be providing services under this contract. A copy of the certification/authorization for each listed interpreter is to be attached to the Interpreter Listing.

listing example (please use the headings shown in this order):

INTERPRETER LISTING (Example)						
NAME Last, First, Middle Initial	LANGUAGE	TYPE OF CERTIFICATION AND/OR AUTHORIZATION		DATE CERTIFIED	YEARS EXP.	COMMENTS
Smith, Linda	Spanish	X	Medical	10/1/01	11	
		X	Social Services			
Doe, John P.	Spanish		Medical	3/31/99	13	
		X	Social Services			
Nygen, Thi T.	Cambodian	X	Medical	3/20/05	07	
			Social Services			
Abbey, Donna	Mandarin	X	Medical	12/31/98	14	
			Social Services			
Jones, Paul F.	Bulgarian		Medical	7/23/07	05	
		X	Social Services			
Pavlavi, Meta	Farsi	X	Medical	9/4/10	02	
		X	Social Services			

Complete the form provided on the next page.



INTERPRETER LISTING

NAME Last, First, Middle Initial	LANGUAGE	TYPE OF CERTIFICATION AND/OR AUTHORIZATION		DATE CERTIFIED	YEARS OF EXP.	All interpreters are required to have a Background check and Certification or Authorization explain how you will track these requirements.
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Services			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Services			
		<input type="checkbox"/>	Medical	date	00	
		<input type="checkbox"/>	Social Service			



VI. RATE SHEETS

Agency Name: _____

The hourly service rate is defined as an hourly rate for Certified interpreters and Authorized interpreters in face-to-face encounters. These rates shall include the costs of proposal preparation, servicing of accounts, and all contractual requirements. Proposers are to include their hourly rates on the price sheet. Proposers submitting minimums of more than the hour rate may not be considered responsive. Failure to provide pricing in the format shown may be grounds for finding proposal non-responsive.

Rates will be charged on an hourly basis with quarter hour rounding.

QUARTER HOUR ROUNDING

00-07 = 0

08-22 = .25 (15 minutes)

23-37 = .50 (30 minutes)

38-52 = .75 (45 minutes)

53-59 = 0

Example

	A	B	C
1			
2	05:07	05:00	
3	05:08	05:15	
4	05:36	05:30	
5	05:37	05:30	
6	05:38	05:45	
7			



The County will not pay for any of the following under this contract:

1. Interpreter early arrivals;
2. Interpreter late arrivals;
3. Related items such as meals, gasoline or overnight accommodations;
4. Interpreter parking fees; and
5. Mileage LESS than 10 miles round trip.

List any languages that have a price differential. Fill out document below.

(Sample is the gray shaded area)

Social Services and Medical Setting Certified Interpreter Services*	\$/hour	Other Authorized Interpreter Services**	\$/hour	Comments
Minimum charge will be one hour		Minimum charge will be one hour		
Cambodian	\$20/hour	Bulgarian	\$25/hour	Sample
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	

* Must have certification from State of Washington

** Must have authorization from State of Washington



VII. REFERENCES

Agency Name: _____

Proposer shall furnish a minimum of three (3) commercial or governmental references for which a Proposer has delivered services similar in scope as described herein. In selecting references, choose experiences that demonstrated your company's capacity. The County reserves the right to use references to confirm satisfactory customer services, performance, and timeliness. Any negative response may be an adequate reason for rejecting a Proposer as not responsive for the County's needs.

1. Company Name: _____
Address: _____
Contact Person: _____
Telephone: _____

2. Company Name: _____
Address: _____
Contact Person: _____
Telephone: _____

3. Company Name: _____
Address: _____
Contact Person: _____
Telephone: _____

