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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into two sections: Section 1. Administrative Response; Section 2. Mandatory Qualifications; If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D.  |
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| 1 | **BIDDER INFORMATION (ADMINISTRATIVE RESPONSE)**Bidder’s response to the questions in this Section 1, combined with the information provided in Bidder’s Submittal Letter and Certifications and Assurances, comprise Bidder’s Administrative Response to this Solicitation. While the Administrative Response is not given a number score, the information provided as part of Bidder’s Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder’s qualifications and experience.  | **NOT SCORED** |
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| a. | Please list the names and contact information of three individuals you agree may serve as Bidder references and may freely provide information to DSHS regarding the reference’s experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DSHS and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. | NOT SCORED |
|  | ANSWER: |  |
| b.  | Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. | NOT SCORED |
|  | ANSWER:  |  |
| c.  | Please indicate whether you are requesting that DSHS consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which the text you request to change is found, and state the specific changes you are requesting. DSHS shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language not identified in response to this question.  | NOT SCORED |
|  | ANSWER:  |  |
| d. | Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation. | NOT SCORED |
|  | ANSWER: |  |
| e.  | Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each.   | NOT SCORED |
|  | ANSWER: |  |
| f.  | Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed. | NOT SCORED |
|  | ANSWER: |  |

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| **2** | **BIDDER MANDATORY QUALIFICATIONS**  | **Pass/ Fail** |
| A | Please confirm that you posses a Washington State business license; or able to obtain one within 30 calendar days of being awarded a new DSHS contract.  |  |
|  | ANSWER:  |  |
| B | Please confirm that your headquarter is in the State of Washington, Idaho or Oregon |  |
|  | ANSWER: |  |
| C  | Please confirm that you completed the online registration Form  <https://www.dshs.wa.gov/altsa/odhh/interpreters> |  |
|   | ANSWER:  |  |
| D | Please certify that you have completed the Background Authorization Form <https://www.dshs.wa.gov/ffa/background-check-authorization-form> |  |
|  | ANSWER: |  |
| E | Please confirm that you have included a copy of your initial approved Certification or verification letter with initial dates  |  |
|  | ANSWER: |  |
| F | Please Confirm that you are willing to use the ODHH online request system |  |
|  | ANSWER: |  |
| G | Please select and provide documentation of at least one of the below active certification that you hold:

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|[ ]  Master Comprehensive Skills Certificate (MCSC) |
|[ ]  Comprehensive Skills Certificate (CSC) |
|[ ]  Reverse Skills Certification (RSC) |
|[ ]  Level IV Certification (NAD4) |
|[ ]  Level V Certification (NAD5) |
|[ ]  National Interpreter Certification Advanced (NICA) |
|[ ]  National Interpreter Certification Master (NICM) |
|[ ]  Interpretation Certificate (IC) |
|[ ]  Transliteration Certificate (TC) |
|[ ]  Certificate of Interpreting (CI) |
|[ ]  BEI Generalist, Advanced and Master |

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|  | ANSWER: |  |
| H | Please select all appllicable schedules during which your firm can provide Sign Language Interpreter Services.

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|[ ]  24/7; 24 Hours/ 7 days a week |
|[ ]  Days; Monday – Friday 8 am – 5 pm |
|[ ]  Nights ; Monday – Thursday 5 pm – 8 am |
|[ ]  Weekends; Friday 5 pm – Monday 8 am |
|[ ]  Emergencies; 4 hour notice/confirmation |
|[ ]  Holidays |

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|  | ANSWER:  |  |
|  E  | Please check the service areas below your firm intends to provide Sign Language Interpreter services:

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| [ ] **Region 1 – *Counties*:** [ ] Klickitat, [ ] Yakima, [ ] Kittitas, [ ] Chelan, [ ] Okanogan, [ ] Douglas, [ ] Grant, [ ] Benton, [ ] Franklin, [ ] Walla Walla, [ ] Columbia, [ ] Garfield, [ ] Asotin, [ ] Adams, [ ] Whitman, [ ] Spokane, [ ] Lincoln, [ ] Ferry, [ ] Stevens, [ ] Pend Oreille | [ ] **Region 2 – *Counties*:** [ ] Whatcom, [ ] Skagit, [ ] Snohomish, [ ] King[ ] Island[ ] San Juan | [ ] **Region 3 – *Counties*:** [ ] Clallam, [ ] Jefferson, [ ] Grays Harbor, [ ] Mason, [ ] Kitsap, [ ] Pierce, [ ] Thurston, [ ] Pacific, [ ] Lewis, [ ] Wahkiakum, [ ] Cowlitz, [ ] Clark, [ ] Skamania |

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|   | ANSWER:  |  |