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| **ATTACHMENT D: BIDDER RESPONSE FORM** This form is broken into Seven sections: Section 1. Administrative Response; Section 2. EO 18-03 Response; Section 3. Washington Small Business; Section 4. Certified Washington Veteran-owned Business; Section 5. Management Response; Section 6. Technical Response; and Section 7. Quotation/Cost Proposal. Bidders must respond to all questions in the order and in the expandable space provided. 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.  | **MAXIMUM TOTAL POINTS** |
|  |  |  |
| a | Please indicate whether you employ or Contract with current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual’s employment history with the State of Washington; 3. a description of the Individual’s involvement with the response to this Solicitation; and 4. the Individual’s proposed role in providing the services under this any Contract that may be awarded.  | NOT SCORED |
|  | ANSWER:  |  |
| b | 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: |  |
| c | 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:  |  |
| d | 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:   |  |
| e | If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder’s Response containing such information and place the word “Proprietary” in the lower right hand corner of each of these identified pages.  | NOT SCORED |
|  | ANSWER:  |  |
| f | 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: |  |
| g | 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: |  |
| h | 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: |  |
| i | Please describe your proposed plans for the use of Subcontractors in performing this Contract, listing each Subcontractor, its proposed role, and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each Subcontractor self-identifies or is certified as a Washington small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DSHS. | NOT SCORED |
|  | ANSWER:  |  |
| J | Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please indicate so. | NOT SCORED |
|  | ANSWER:  |  |
| k | Please write the region or regions your firm can provide services, and if necessary, please list any counties where your firm is unable to provide coverage. Region 1 – *Counties*: Klickitat, Yakima, Kittitas, Chelan, Okanogan, Douglas, Grant, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Adams, Whitman, Spokane, Lincoln, Ferry, Stevens, Pend OreilleRegion 2 – *Counties*: Whatcom, Skagit, Snohomish, KingRegion 3 – *Counties*: Clallam, Jefferson, Grays Harbor, Mason, Kitsap, Pierce, Thurston, Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania | NOT SCORED |
|  | ANSWER |  |
| j | As a separate attachment, please provide your firm’s internal protocol for investigating and reporting an alleged violation by an Interpreter of RID’s Code of Professional Conduct. | NOT SCORED |
|  | *PROVIDED AS SEPARATE ATTACHMENT* |  |
| **2** | **BIDDER EO 18-03 CERTIFICATION** | MAXIMUM TOTAL POINTS |
|  |  |  |
| EO | Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?**Please Note:** Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful Bidder, a term will be added to your Contract certifying this response and requiring notification to DSHS if you later require your employees to agree to these clauses or waivers during the term of the Contract. | **5** |
|  | ANSWER:  |  |
| **3** | **BIDDER CERTIFICATION –WASHINGTON SMALL BUSINESS** | MAXIMUM TOTAL POINTS |
|  | Are you a Washington Small Business as defined under **RCW 39.26.010**? According to **Chapter 39.26.010 RCW**, to qualify as a Washington Small Business, Bidder must meet three requirements: * 1. *Location*. Bidder’s principal office/place of business must be located in and identified as being in the State of Washington. A principal office or principal place of business is a firm’s headquarters where business decisions are made and the location for the firm’s books and records as well as the firm’s senior management personnel.
	2. *Size*. Bidder must be owned and operated independently from all other businesses and have either: (a) fifty (50) or fewer employees; or (b) gross revenue of less than seven million dollars ($7,000,000) annually as reported on Bidder’s federal income tax return or its return filed with the Washington State Department of Revenue over the previous three consecutive years.
	3. *WEBS Certification*. Bidder must have certified its Washington Small Business status in Washington’s Electronic Business Solution ([WEBS](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)).
 | **5** |
|  | ANSWER:  |  |
| **4** | **BIDDER CERTIFICATION – CERTIFIED WASHINGTON VETERAN-OWNED BUSINESS** | MAXIMUM TOTAL POINTS |
|  | Are you a Certified Washington Veteran-Owned Business as defined under **RCW 43.60A.190**?According to **Chapter 43.60A.190 RCW**, to qualify as a Certified Washington Veteran-Owned Business, Bidder must meet four requirements: 1. *51% Ownership. Bidder must be at least fifty-one percent (51%) owned and controlled by:*
2. *A veteran is defined as every person who at the time he or she seeks certification has received a discharge with an honorable characterization or received a discharge for medical reasons with an honorable record, where applicable, and who has served in at least one of the capacities listed in RCW 41.04.007;*
3. *A person who is in receipt of disability compensation or pension from the*

 *Department of Veteran’s Affairs; or*1. *An active or reserve member in any branch of the armed forces of the United States, including the national guard, coast guard, and armed forces reserves.*
2. *Washington Incorporation/Location. Bidder must be either an entity that is incorporated in the state of Washington as a Washington domestic corporation or, if not incorporated, an entity whose principal place of business is located within the State of Washington.*
3. *WEBS Certification. Bidder must have certified its Veteran-Owned business status in Washington’s Electronic Business Solution (*[*WEBS*](http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx)*).*
4. *WDVA Certification. Bidder must have provided certification documentation to the Washington Department of Veterans’ Affairs WDVA) and be certified by WDVA and listed as such on WDVA’s website (*[*WDVA – Veteran-Owned Businesses*](https://www.dva.wa.gov/veterans-their-families/veteran-owned-businesses/vob-search)*).*
 | **5** |
|  | ANSWER:  |  |

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| **5** | **BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)** | MAXIMUM TOTAL POINTS |
|  | **MANDATORY EXPERIENCE AND QUALIFICATIONS** | **Pass/Fail** |
| A | Does your firm possess a Washington State business license; or able to obtain one within 30 calendar days of being awarded a new contract? | PASS/FAIL |
|  | ANSWER:  |  |
| B | Is your firm able to timely process a new request if received during non-standard business hours (Monday-Thursday; 5:00pm-8:00am Pacific Time/Friday 5:00pm - Monday 8:00am Pacific Time, including holidays)?  | PASS/FAIL |
|  | ANSWER: |  |
| C | Does your firm have an installed and functioning request response system that facilitates online scheduling and booking requests, and does your firm receive and respond to new service requests using telephone, voice messaging and email? | PASS/FAIL |
|  | ANSWER: |  |
| D | Does your firm subcontract with an existing pool of qualified ASL interpreters registered with ODHH?  | PASS/FAIL |
|  | ANSWER: |  |
| E | Is your firm headquartered in the State of Washington?  | PASS/FAIL |
|  | ANSWER:  |  |
|  | **DESIRED EXPERIENCE AND QUALIFICATIONS** | MAXIMUM TOTAL POINTS |
| F | Please describe your experience, skills, and qualifications that demonstrate your ability to satisfy this solicitation’s Contract. Please include any relevant experience coordinating ASL interpreters that makes your business uniquely qualified for the Contract. | **15** |
|  | ANSWER:  |  |
| G | Please provide the names of the ASL interpreters registered with ODHH who you currently book and will assign to this Contract, if you are a Successful Bidder. Please also provide the contract number assigned by your firm for each and the region you are able to serve.(**NOTE**: The Bidder with the highest number of interpreters will receive the maximum allowable points. Bidders with a lower number of interpreters will receive proportionately fewer points based on the highest number as follows: lower number/higher number \* available points = total points awarded).  | **20** |
|  | ANSWER:  |  |
| H | Please describe how you determine interpreters’ skills for various kinds of appointments so the interpreters meet the clients’ communication style to promote effective communication in critical situations.  | **30** |
|   | ANSWER: |  |
| I | Please describe how you will consistently acquire updated interpreter schedules. Include and describe in detail your scheduling platform, and how you will maintain uninterrupted service.  | **30** |
|  | ANSWER: |  |
| J | Please describe your process for booking appointments in which there are more than one Deaf, DeafBlind, hard of hearing, late deafened, or Deaf Disabled person. | **20** |
|  | ANSWER: |  |
| K | Please describe how you will handle a situation where the interpreter(s) arrive and are unable to provide effective communication access. | **20** |
|  | ANSWER: |  |
| L | Please describe your method for ensuring an Interpreters safety during unscheduled home visits where the client is unknown. | **15** |
|  | ANSWER:  |  |

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| **6** | **BIDDER’s SOLUTION AND PROPOSED APPROACH (TECHNICAL RESPONSE)** | MAXIMUM TOTAL POINTS |
| A | For each category below, please state the time needed by your firm to confirm receipt of a sign language interpreter request received during standard (Monday – Friday; 8:00am -5:00pm Pacific Time, not including holidays) and non-standard business hours (Monday-Thursday; 5:00pm – 8:00am Pacific Time/Friday 5:00pm – Monday 8:00am Pacific Time, including holidays).  | **15** |
|  | ANSWER: **Standard Business Hours** Less than 12-hour notice: 12–24-hour notice: 24-48-hour notice: 48-72-hour notice: 72–120-hour notice: 120 hours’ + notice: | **Non-Standard Business Hours**Less than 12-hour notice: 12–24-hour notice: 24-48-hour notice: 48-72-hour notice: 72–120-hour notice: 120 hours’ + notice:  |  |
| B  | For each category below, please state the time needed by your firm to accept or deny an interpreter request received during standard (Monday – Friday; 8:00am -5:00pm Pacific Time, not including holidays) and non-standard business hours (Monday-Thursday; 5:00pm – 8:00am Pacific Time/Friday 5:00pm – Monday 8:00am Pacific Time, including holidays). | **15** |
|   | ANSWER: **Standard Business Hours**Less than 12-hour notices: 12–24-hour notice: 24-48-hour notice: 48-72-hour notice: 72–120-hour notice: 120 hours’ + notice: | **Non-Standard Business Hours**Less than 12-hour notice: 12–24-hour notice: 24-48-hour notice: 48-72-hour notice: 72–120-hour notice: 120 hours’ + notice:  |  |

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| **7** | **BIDDER’S PROPOSED PRICING (QUOTATION OR COST RESPONSE)**  | MAXIMUM TOTAL POINTS |
| A | Please provide the booking fees your firm will charge for services rendered and the schedule of payments corresponding to those charges. If your firm intends to charge a different booking fee for services rendered during non-standard business hours (Monday-Thursday; 5:00pm – 8:00am Pacific Time/Friday 5:00pm – Monday 8:00am Pacific Time, including holidays), please input those fees separately here as well.  | **20** |
|  | ANSWER:  |  |
| I  | Please fully complete the fee tables below. The fee tables will not be scored but will become part of the executed contract between DSHS and the Apparent Successful Bidder.  | **Not Scored** |

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| **TABLE 1: NON KING COUNTY REFERRAL AGENCY HOURLY RATES** **(*IN-PERSON CRITICAL EVENT EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 years to end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Emergency* Interpretation Services provided within three and one-half (3.5) hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided more than three and one-half (3.5) hours but less than 5 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 5 hours but less than 12 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 12 hours but equal to or less than 7 days from time of Request |  |  |  |  |  |

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| **TABLE 2: KING COUNTY REFERRAL AGENCY HOURLY RATES** **(*IN-PERSON CRITICAL EVENT EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years  |
| *Emergency* Interpretation Services provided within three and one-half (3.5) hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided more than three and one-half (3.5) hours but less than 5 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 5 hours but less than 12 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 12 hours but equal to or less than 7 days from time of Request |  |  |  |  |  |

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| **TABLE 3: KING COUNTY HOURLY RATES: DEAF-BLIND PUBLIC ASSISTANCE** **CLIENTS****(*IN-PERSON CRITICAL EVENT EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience:6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Emergency*Interpretation Services provided within three and one-half (3.5) hours from time of Request |  |  |  |  |  |
| *Emergency*Interpretation Services provided more than three and one-half (3.5) hours but less than 5 hours from time of Request |  |  |  |  |  |
| *Emergency*Interpretation Services provided equal to or more than 5 hours but less than 12 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 12 hours but equal to or less than 7 days from time of Request |  |  |  |  |  |

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| **TABLE 4: NON KING COUNTY HOURLY RATES: DEAF-BLIND PUBLIC ASSISTANCE** **CLIENTS** **(*IN-PERSON CRITICAL EVENT EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Emergency* Interpretation Services provided within three and one-half (3.5) hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided more than three and one-half (3.5) hours but less than 5 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 5 hours but less than 12 hours from time of Request |  |  |  |  |  |
| *Emergency* Interpretation Services provided equal to or more than 12 hours but equal to or less than 7 days from time of Request |  |  |  |  |  |

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| **BUSINESS DAY HOURLY RATES: NON KING COUNTY REFERRAL AGENCY** **(*IN-PERSON CRITICAL EVENT NON-EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Non-Emergency* Interpretation Services |  |  |  |  |  |
| **BUSINESS DAY HOURLY RATES KING COUNTY REFERRAL AGENCY** **(*IN-PERSON CRITICAL EVENT NON-EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Non-Emergency* Interpretation Services |  |  |  |  |  |
| **BUSINESS DAY HOURLY RATES: NON-KING REFERRAL AGENCY** **DEAF-BLIND PUBLIC ASSISTANCE** **CLIENTS** **(*IN-PERSON CRITICAL EVENT NON-EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Non-Emergency* Interpretation Services |  |  |  |  |  |
| **BUSINESS DAY HOURLY RATES: KING COUNTY REFERRAL AGENCY** **DEAF-BLIND PUBLIC ASSISTANCE** **CLIENTS** **(*IN-PERSON CRITICAL EVENT NON-EMERGENCY INTERPRETATION SERVICES*)** |
|  | Certified Interpreter Experience:0 years to end of 5th year | Certified Interpreter Experience: 6 yearsto end of 10th year | Certified Interpreter Experience:11 years to end of 15th year | Certified Interpreter Experience: 16 years to end of 20th year | Certified Interpreter Experience: 21 or more years |
| *Non-Emergency* Interpretation Services |  |  |  |  |  |