

DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

REQUEST FOR QUALIFIED POOL FOR

CERTIFIED TRANSLATION & INTERPRETER SERVICES

JANUARY 10, 2020

Deschutes County, a political subdivision of the State of Oregon, acting by and through the Deschutes County Health Services Department, consisting of Public Health and Behavioral Health Divisions (DCHS), is releasing this competitive solicitation to secure one (1) or more contractors to provide certified translation and/or interpreter services to DCHS clients. DCHS may request translation and/or interpreter services to be provided in person, by phone, video remote, or written documentation, as applicable. Candidates shall meet the standards as qualified and/or certified health care interpreters and follow the procedures for testing, qualification and certification as established by the Oregon Health Council on Health Care Interpreters and the Oregon Health Authority. The minimum standards for qualification and certification as a health care interpreter are outlined in ORS 413.558.

NOTE: All proposals submitted in response to this RFP shall become the property of Deschutes County and may be utilized in any manner and for any purpose by Deschutes County. ***Be advised that proposals and all documents submitted in response to this RFP are subject to public disclosure as required by applicable state and/or federal laws.*** If you intend to submit any information with your proposal which you believe is confidential, proprietary or otherwise protected from public disclosure (trade secret, etc.), you must separately bind and clearly identify all such material. The cover page of the separate binding must be **red**, and the header or footer for each page must provide as follows: "Not Subject to Public Disclosure." Where authorized by law, and at its sole discretion, Deschutes County will endeavor to resist disclosure of properly identified portions of the proposals.

Candidate shall submit one original and three (3) copies of the proposal in a sealed envelope that is clearly marked with the name and address of the proposing candidate or agency, titled "Certified Interpreter Services", and addressed to:

Jillian Weiser
Deschutes County Health Services
2577 NE Courtney Drive
Bend, OR 97701

Proposals must be received no later than 4:00 p.m., on Friday, January 31, 2020 to be eligible for consideration. Submission and receipt of proposals by electronic means is not permitted. All costs associated with preparing and submitting a proposal is solely the responsibility of the proposer. This solicitation does not obligate Deschutes County to select any single proposer and Deschutes County reserves the right to cancel the procurement, reject any and all proposals, to retain all proposal materials in accordance with ORS 279B.100, and to use any material included in the proposal regardless of whether it is selected.

Questions concerning the proposal and/or the proposal process may be directed to Jillian Weiser via email to Jillian.weiser@deschutes.org

1. INTRODUCTION

The purpose of this Request for Qualified Pool (RFQP) is to execute a contract with one (1) or more agencies or individuals who are certified to provide translation and/or interpreter services for clients in a healthcare (either behavioral health or physical health) setting. Proponents shall be certified translators and/or interpreters who are trained according to professional and ethical standards, and are experienced working with healthcare providers, private and public organizations, program staff and clients from a variety of cultures and backgrounds.

Contingent upon approval by the Deschutes County Board of Commissioners and/or the designated procurement official, DCHS intends to award a contract to at least one (1) Proponent(s) whose proposal is determined to be the most responsive to the requirements of this RFQP. The term of the resulting contract(s) is estimated to begin on or about March 15, 2020 and terminate February 28, 2021, with a possible two (2) year extension, subject to DCHS Department approval. DCHS retains sole discretion to renew for additional terms, without a competitive bid process, subject to contractor performance and continued funding.

The estimated amount of contract compensation may range from \$5,000 to \$25,000 based upon contractor's services, fee schedule, and subject to funding and an approved budget by Deschutes County Health Services. Proponent will be expected to furnish current insurance certificates as outlined in Attachment 2 of this RFQP and provide a copy of applicable certifications. In some circumstances an insurance waiver may apply, subject to Oregon Health Authority and/or DCHS approval.

2. DEFINITIONS

- a. Appointment - A given time scheduled for an individual client to meet with a healthcare provider chosen by DCHS. An appointment time is specific to each client. If more than one (1) client is seen during the same scheduled time each client will be treated separately and a charge for interpreting services provided by the contractor will be applied for each client. This does not apply to family members or any companion that the client may bring.
- b. Client – Individual served by Deschutes County Health Services and in need of translation services.

3. SCOPE OF SERVICES

Successful Proponent shall provide professional support and assistance to DCHS clinical providers and their clients by providing interpreter/translation services. Selected contractor may offer translator/interpreter services for one (1) or more languages including but may not be limited to: Spanish, American Sign Language, Portuguese, Italian, Russian, Chinese (Cantonese and/or Mandarin), Farsi, and French. Services may be provided by contractor in person, by phone, video remote, or written documentation as needed by DCHS.

Selected contractor shall be expected to certify that their interpreters and/or subcontractors meet the standards as qualified and/or certified health care interpreters and follow the procedures for testing, qualification and certification as established by the Oregon Health Council on Health Care Interpreters and the Oregon Health Authority. The minimum standards for qualification and certification as a health care interpreter are outlined in ORS 413.558. Proponent shall certify to quality control standards. Contract terms shall include consequences in the event of contractor or client no-show or late cancel; invoices submitted within thirty (30) days of service provided; and responsiveness to requests for service.

DCHS is looking for certified translators/interpreters with experience in any/all of the following areas:

Translators (Document)

This service involves either the translation of foreign language documents into English or the translation of English documents into a foreign language. It also includes checking computer translated documents. The selected contractor(s) shall complete these services from their own place of business. Documents for translation may be submitted to selected contractor electronically, contractor then returns the translated document within an agreed upon timeframe. In some cases, this may involve transcribing from a video or audio electronic file. Preference will be given for contractor(s) who can offer one (1) or more of the following:

- An expedited "on demand" translation option when an urgent need arises (such as a 1-hour turnaround time);
- A secure method for electronic submission of documents that is HIPAA compliant;
- Agency-specific vocabulary memory;
- Option for reduced price to provide initial translation, without proofreading.

Interpreters (Oral – In person)

This service requires working directly with an individual with limited English proficiency. Oral interpreters may be required in departmental facilities within DCHS, in public facilities, in client's residence, and/or in authorized clinical service provider facilities.

Interpreters for the D/deaf and Hard of Hearing (American Sign Language)

This service involves the interpretation of verbal language into a communication mode understandable by individuals who are D/deaf or hard of hearing. It also involves the interpretation of American Sign Language into verbal language. DCHS is seeking Proposers who are able to provide American Sign Language (ASL), and other forms of sign language that more closely mirror the clients' natural form of communication. For clients who are blind and D/deaf, a tactile interpreter will be required.

Remote/Electronic/Video

This service area describes automated systems (phone/video/electronic device) that allow the requester to access the above service areas electronically. This method of service provision may require delivery of services for target languages upon demand without making any prior arrangements. Software and/or platforms must be secure and HIPAA compliant. Selected Proponent(s) shall be:

- a. Qualified and professionally competent translators and/or interpreters with the capacity to be culturally competent and the ability to effectively serve this community's culturally diverse clientele.
- b. Provide services in Bend, Redmond, La Pine and Sisters, and any other area within Deschutes County as needed by DCHS.
- c. Certified Interpreter shall apply skills and knowledge possessed by professional and well-informed members of its profession with confidentiality and diligence to perform the work in a professional manner in accordance with ethics and standards prevalent in the profession.
- d. Willing and able to provide DCHS proof of a favorable Criminal Background check done according to DCHS guidelines.
- e. Furnish transportation, phone and a number for DCHS staff to contact. Availability on a 24/7 as-needed basis is desired.
- f. Be culturally competent and able to effectively serve a culturally diverse clientele; have the skills and knowledge and ability to act diligently and confidentially to perform the work in a professional manner in accordance with the ethics and standards prevalent in the profession.
- g. Provide service availability upon short notice.
- h. Comply with all relevant privacy, regulations and statutes and mandated reporting requirements.
- i. Provide clients with grievance procedure if services are unsatisfactory.

4. PERIOD OF SERVICE

A contract is expected to be awarded for the period March 15, 2020 and terminate February 28, 2021. The contract may be renewed for additional years. Should a new contract be awarded for subsequent years, DCHS reserves the right to award a new contract with the selected contractor for this service without the need for further competitive procurement, subject to approval by Deschutes County Board of Commissioners and/or the designated procurement official, DCHS, the availability of sufficient funds and satisfactory performance by the contractor.

5. PAYMENT PROVISIONS AND RATES

The estimated amount of contract compensation is expected to range between \$5,000 to \$25,000 and is subject funding and the specific services provided by selected Proponent(s). It is expected that the selected Proponent will submit a fee schedule for all services that may be contracted by DCHS along with a brief statement of policy in the event of late cancel or no-show appointments due to fault of contractor or client.

6. INSTRUCTIONS AND CONDITIONS

Proposals must be signed by the Proponent or an authorized representative. Proponents shall include a copy of a Board Resolution authorizing a representative of its organization to sign the proposal and/or subsequent contract. This RFQP does not commit DCHS to award a contract or to pay any associated cost. The proposal preparation cost is solely the responsibility of the Proponent.

Proposals are not to be marked as confidential or proprietary. Proposals submitted in response to an RFQP are subject to public disclosure as permitted by Oregon State regulations. Additionally, all proposals shall become the property of DCHS. DCHS reserves the right to make use of any information or ideas in the proposals submitted.

REGARDLESS OF IDENTIFICATION OTHERWISE, INCLUDING MARKING SOME OR ALL OF THE PAGES AS "CONFIDENTIAL" OR "PROPRIETARY", INFORMATION IN PROPOSALS SHALL BECOME PART OF THE PUBLIC RECORD AND SUBJECT TO DISCLOSURE WITHOUT FURTHER NOTICE TO THE PROPONENT. Proposals should not include personal identifier information in resumes or other documents such as social security numbers, dates of birth, criminal clearance documents, etc. DCHS shall not in any way be liable or responsible for the disclosure of any such records.

Any proposal may be rejected if it is conditional, incomplete, or deviates from specifications in this RFQP. By submitting a proposal, the Proponent agrees to meet all the requirements set forth in the RFQP, unless specific exceptions are noted in Attachment 1 (Agency Summary). DCHS reserves the right to accept any part of the proposal and not be obligated in any way to accept those parts that do not meet with the approval of DCHS. DCHS reserves the right to waive, at its

discretion, any procedural irregularity, immaterial defect or other impropriety not warranting rejection of the proposal. Any waiver will not excuse a Proponent from full compliance if awarded a contract. Reasons for rejecting any proposal will be supplied to the Proponent. **DCHS, in its sole discretion, reserves the right to modify or cancel this RFQP in whole or in part. If modification or cancellation is determined to be in DCHS' best interest, all Proponents will be notified in writing of the specific reasons for such modification or cancellation.**

DCHS reserves the right to seek additional proposals beyond the final submission date, if, in DCHS' sole discretion, the proposals received do not meet with the approval of DCHS.

Proposals must be valid for a minimum of one hundred twenty (120) days from the due date of this RFQP.

7. TENTATIVE SCHEDULE OF EVENTS

Proponents must follow the instructions and conditions detailed in this RFQP. Proposals that do not conform may be excluded from further review.

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|---|-------------------------------|
| • Request for Qualified Pool is released. | January 10, 2020 |
| • Proposals are due. | January 31, 2020 |
| • Proposals are evaluated. | February 3 through February 7 |
| • Discussions are conducted with top ranking candidates, if needed. | February 3 through February 7 |
| • Contract for services is negotiated and signed. | February 10 through March 13 |
| • Contracted services commence. | March 15, 2020 |

DCHS anticipates that it will announce the results of this RFQP process February 10, 2020. DCHS and the selected Proponent(s) will then negotiate terms and sign a legally-binding contract by March 15, 2020. Proposals must be submitted as described above no later than 4:00 p.m. on January 31, 2020 ("Due Date"). Proposals received after that time will be considered late and will be returned unopened.

Proposals will be opened in a manner that avoids disclosure of contents to competing proposers. Immediately following the receipt date, a list of the submitting proposers will be available by request. A register of all proposals received will be prepared and available for public inspection after a contract is awarded.

8. WITHDRAWAL OF PROPOSALS

Proposals may be withdrawn by written or faxed request received from the Proponent(s) prior to the Due Date. Negligence on the part of the Proponent in preparing the proposal confers no right for the withdrawal of the proposal after it has been opened. The proposal will be irrevocable until such time as DCHS specifically cancels the procurement, rejects the proposal, or awards a contract(s).

9. ACCEPTANCE OR REJECTION PROPOSALS

In awarding a contract(s), DCHS will accept and consider the proposal or proposals which, in the estimation of DCHS, will best serve the interests of Deschutes County and Central Oregon. DCHS reserves the right to award a contract to the Proponent(s) whose proposal is most advantageous to Deschutes County based upon the evaluation process and evaluation criteria contained within this RFQP. DCHS reserves the right to accept or reject any or all proposals. Any proposal which DCHS judges to be incomplete or nonconforming may be rejected. Any evidence of collusion between proposers may constitute a cause for rejection of any proposals so affected.

10. SELECTION PROCESS

The Selected Proponent(s) must be able to demonstrate:

1. Fluent in English and other languages.
2. Excellent oral communication and writing skills including ability to provide translations that are accurate in content and attention to detail.
3. Ability to maintain and demonstrate confidentiality, respect for all parties, professional boundaries, and cultural competence.
4. Must have one (1) or more years of experience working as an interpreter (preferably in the medical or behavioral health field).

All proposals will initially be screened by DCHS staff. All proposals submitted by the RFQP due date will be subject to a standard review process. An initial review of each proposal will be conducted by DCHS staff to determine if it is complete, in the required format, and in compliance with all requirements of this RFQP. Failure to meet all of these requirements may result in a rejected proposal.

Each proposal that passes the initial review will be evaluated and scored by a review panel. The process may include a panel interview with the applicant agency. The review panel will evaluate and score each proposal on the basis of a 100-point scale, using the assigned weights listed below.

Evaluation Criteria	Point Value
How thoroughly the proposal demonstrates an understanding of the work to be performed.	10
Technical experience.	75
Demonstrated ability to provide similar services for public agencies and/or health care organizations	10
Creativity and innovation.	5
Total	100 Points

Narrative responses to each section of the application, any required attachments and the completed budget forms will be reviewed to determine compliance with the requested information and the feasibility and reasonableness of proposed program design, cost, and expected outcomes. Each evaluation criterion is described in full in Section 13 Submission Package.

11. PROTEST OF AWARD

After DCHS approves and selects the Proponent(s), DCHS will notify each Proponent of who DCHS intends to award a contract. If no written protest is filed by 4:00 p.m. on the seventh (7) day following announcement of the decision, the award(s) will be deemed final. DCHS will not entertain protests submitted after this time period. The written protest must specify the grounds and legal authority upon which the protest is based. If a timely protest is filed, the decision of DCHS will be considered final only upon issuance of a written notice deciding the merit of the protest. The award and any written decision regarding the protest will be sent to each proposer.

Protests should be submitted to:

Jillian Weiser
Deschutes County Health Services
2577 NE Courtney Drive
Bend, OR 97701

The protest shall state the reason for the protest, citing the law, rule, regulation, or practice on which the protest is based. A written response will be sent to the protester within ten (10) working days after receipt of the written protest.

12. AWARD AND COMMENCEMENT OF WORK

Recommendation for award is contingent upon successful negotiation of the contract and resolution by DCHS of any protests. The successful Proponent shall be required to sign the negotiated contract, which will be in the form and content approved by DCHS.

The final authority to award a contract(s) rests solely with DCHS. The successful Proponent(s) shall not be allowed to begin work under any negotiated contract until such time as the contract has been approved and executed by DCHS. The successful Proponent(s) must agree to all terms, insurance coverage provisions, and conditions of the contract with Deschutes County.

If only one proposal is received and it is deemed that such proposal meets requirements for funding, Deschutes County reserves the option to award such entity a contract on a sole-source basis. In the event no proposals are received, or proposals received do not meet requirements for funding under this RFQP or designate another qualified entity to operate the program on a sole-source basis.

If revisions or additional information to this RFQP become necessary, DCHS will post the addenda or supplements on the Deschutes County website.

As referenced in Attachment 2 of this RFQP, the selected Proponent will need to submit evidence of the following insurance requirements prior to execution of the contract:

1. Commercial General Liability "occurrence" coverage, naming **Deschutes County, the State of Oregon, their officers, agents, employees and volunteers as an additional insured**, in the minimum amount of \$2,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$4,000,000 aggregate, including personal injury, broad form property damage, products/completed operations, broad form blanket contractual and \$50,000 fire legal liability.
2. Professional Liability coverage in the minimum amount of \$2,000,000 combined each occurrence and \$4,000,000 aggregate, for damages caused by error, omission, or negligent acts related to professional services provided under the contract. The policy must provide extended reporting period coverage, sometimes referred to as "tail coverage" for claims made within two (2) years after the contract work is completed.
3. Commercial Automobile Liability coverage in the minimum amount of \$1,000,000 CSL bodily injury & property damage, including owned, non-owned, and hired automobiles. Also to include Uninsured/Underinsured Motorists coverage in the minimum amount of \$100,000 when there are owned vehicles. Contractor must have on file evidence of auto insurance in the minimum amount of \$100,000 CSL bodily injury & property damage for all employees and volunteers associated with the contract.
4. Workers' Compensation coverage, including a Waiver of Subrogation in full compliance with Oregon statutory requirements, for all employees of Contractor and Employer's Liability in the minimum amount of \$1,000,000.

Misrepresentation during the procurement or contracting process in order to secure the contract will disqualify a bidder or contractor from further consideration in the procurement or contracting process. Failure to comply with contract requirements once a contract has been awarded will constitute a material breach of the contract and may result in the suspension or termination of the affected contract and debarment from future Deschutes County contracting opportunities for a period not to exceed three (3) years. Other penalties may also apply.

As applicable, the selected Proponent shall also submit to DCHS prior to contract award the following documents:

- Articles of Incorporation or business license;
- Applicable Certifications and/or licenses;

13. SUBMISSION PACKAGE

Applications submitted in response to this RFQP must include the items and be in the order as listed below. All of the items combined comprise your completed Application pursuant to this RFQP.

1. Signed Proposal Response Form-**Attachment 1**
2. Signed Acknowledgement of Insurance Requirements – **Attachment 2**
3. Executive Summary: Please complete as directed. **Attachment 3**
4. Narrative Section: Prepare a written response to the narrative section that fully addresses each of the evaluation criteria listed. The narrative must be typed in 12 point font, one inch margins, 8½" x 11", paginated, on white paper. Narrative section is limited to twelve (12) pages. **Attachment 4**

It is the responsibility of the Proponent to ensure the proposal is submitted by the time and date and to the location as specified. Postmarks will not be accepted in lieu of this requirement. Therefore, use of the U.S. Mail is at the bidder's own risk. Proposals submitted to any other office will not be accepted.

DESCHUTES COUNTY HEALTH SERVICES DEPARTMENT

**REQUEST FOR QUALIFIED POOL
FOR**

CERTIFIED TRANSLATION & INTERPRETER SERVICES

Proposal Response Form

Submit by e-mail to: jillian.weiser@deschutes.org

A signature on this form acknowledges that the proposer is hereby submitting a proposal in response to Deschutes County's Request for Qualified Pool for Certified Interpreter Services.

Authorized Signature: _____

Contact Name: _____

Title: _____

Phone: _____ Email: _____

Company Name: _____

Company Address: _____

Attachment 2 - ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

Contractor shall at all times maintain in force at Contractor's expense, each insurance noted below. Insurance coverage must apply on a primary or non-contributory basis. All insurance policies, except Professional Liability, shall be written on an occurrence basis and be in effect for the term of the contract. Policies written on a "claims made" basis must be approved and authorized by Deschutes County.

Workers Compensation insurance must be in compliance with ORS 656.017, which requires all employers that employ subject workers, as defined in ORS 656.027, to provide workers' compensation coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2).

Professional Liability insurance with an occurrence combined single limit of not less than:

Per Occurrence limit	Annual Aggregate limit
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- | | |
|---|---|
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 |
| <input checked="" type="checkbox"/> \$2,000,000 | <input checked="" type="checkbox"/> \$4,000,000 |
| <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$5,000,000 |

Professional Liability insurance covers damages caused by error, omission, or any negligent acts related to services provided under this Contract. The policy must provide extended reporting period coverage, sometimes referred to as "tail coverage" for claims made within two years after this Contract is completed.

The amounts indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 03, A&D 60, A&D 61, A&D 62, , A&D 63, A&D 64, A&D 65, A&D 66, A&D 67, A&D 71, A&D 80, A&D 81, A&D 82, A&D 83, A&D 84, MHS 01, MHS 04, MHS 05, MHS 06, MHS 07, MHS 08, MHS 09, MHS 10, MHS 12, MHS 13, MHS14, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS30, MHS 31, MHS 34, MHS 34A, MHS 35, MHS 35A, MHS 35B, MHS 36, MHS 37, MHS 38, MHS 39.

Required by County Not required by County (one box must be checked)

Commercial General Liability insurance with a combined single limit of not less than:

<u>Per Single Claimant and Incident</u>	<u>All Claimants Arising from Single Incident</u>
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- | | |
|---|---|
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 |
| <input checked="" type="checkbox"/> \$2,000,000 | <input checked="" type="checkbox"/> \$4,000,000 |
| <input type="checkbox"/> \$3,000,000 | <input type="checkbox"/> \$5,000,000 |

Commercial General Liability insurance includes coverage for personal injury, bodily injury, advertising injury, property damage, premises, operations, products, completed operations and contractual liability. The insurance coverage provided for herein must be endorsed as primary and non-contributory to any insurance of County, its officers, employees or agents. Each such policy obtained by Contractor shall provide that the insurer shall defend any suit against the named insured and the additional insureds, their officers, agents, or employees, even if such suit is frivolous or fraudulent. Such insurance shall provide County with the right, but not the obligation, to engage its own attorney for the purpose of defending any legal action against County, its officers, agents, or employees, and that Contractor shall indemnify County for costs and expenses, including reasonable attorneys' fees, incurred or arising out of the defense of such action.

The amounts indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 03, A&D 60, A&D 61, A&D 62, A&D 63, A&D 64, A&D 65, A&D 66, A&D 67, A&D 71, A&D 80, A&D 81, A&D 82, A&D 83, A&D 84, MHS 01, MHS 04, MHS 05, MHS 06, MHS 07, MHS 08, MHS 09, MHS 10, MHS 12, MHS 13, MHS 14, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS 30, MHS 31, MHS 34, MHS 34A, MHS 35, MHS 35A, MHS 35B, MHS 36, MHS 37, MHS 38, MHS 39.

Required by County Not required by County (One box must be checked)

Automobile Liability insurance with a combined single limit of not less than:

Per Occurrence

- \$500,000
- \$1,000,000
- \$2,000,000

Automobile Liability insurance coverage for bodily injury and property damage resulting from operation of a motor vehicle. Commercial Automobile Liability Insurance shall provide coverage for any motor vehicle (symbol 1 on some insurance certificates) driven by or on behalf of Contractor during the course of providing services under this Contract. Commercial Automobile Liability is required for contractors that own business vehicles registered to the business. Examples include: plumbers, electricians or construction contractors. An Example of an acceptable personal automobile policy is a contractor who is a sole proprietor that does not own vehicles registered to the business.

The amount indicated above, determined by OHA, unless OHA approves in writing are applicable to contractors who provide services under the following Service Elements: A&D 61, A&D 62, A&D 63, A&D 66, A&D 71, A&D 81, A&D 82, A&D 83, MHS 04, MHS 06, MHS 09, MHS 12, MHS 13, MHS 15, MHS 16, MHS 16A, MHS 20, MHS 22, MHS 24, MHS 25, MHS 26, MHS 26A, MHS 27, MHS 28, MHS 28A, MHS 30, MHS 34, MHS 34A, MHS 36, MHS 37, MHS 39.

Required by County Not required by County (one box must be checked)

Additional Insured. The Commercial General Liability insurance and Automobile Liability insurance must include the Deschutes County, the State of Oregon, their officers, employees, volunteers and agents as Additional insureds but only with respect to Contractor’s activities to be performed under this Contract. Coverage must be primary and non-contributory with any other insurance and self-insurance. The additional insured endorsement shall not include declarations that reduce any per occurrence or aggregate insurance limit.

Notice of Cancellation or Change. Contractor or Contractor’s insurer must provide written notice to County at least thirty (30) calendar days before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

Certificate of Insurance Required. Contractor shall furnish a current Certificate of Insurance to the County with the signed Contract. The certificate(s) or an attached endorsement must specify: i) all entities and Individuals who are endorsed on the policy as Additional Insured; and ii) for insurance on a “claims made” basis, the extended reporting period applicable to “tail” or continuous “claims made” coverage.

Tail Coverage. If any of the required insurance policies is on a “claims made” basis, such as professional liability insurance, Contractor shall maintain either “tail” coverage or continuous “claims made” liability coverage, provided the effective date of the continuous “claims made” coverage is on or before the effective date of this Contract, for a minimum of twenty-four (24) months following the later of : (i) Contractor’s completion and County’s acceptance of all Services required under this Contract or, (ii) the expiration of all warranty periods provided under this Contract. Notwithstanding the foregoing twenty-four (24) month requirement, if Contractor elects to maintain “tail” coverage and if the maximum time period “tail” coverage reasonably available in the marketplace is less than the twenty-four (24) month period described above, then Contractor may request and OHA may grant approval of the maximum “tail” coverage period reasonably available in the marketplace. If OHA approval is granted, the Contractor shall maintain “tail” coverage for the maximum time period that “tail” coverage is reasonably available in the marketplace.

Signature: _____

Date: _____

Printed Name and Title: _____

Attachment 3 – EXECUTIVE SUMMARY (if consortium, please fill one out for each business entity).

1. Proposers Legal Name

Firm Name	
Address	
Telephone	

2. Briefly summarize your program design:

3. Chief Executive Contact

Name of Chief Executive	
Title	
Telephone	
E-mail Address	

4. Primary Application Contact

Name of Primary Contact	
Title	
Telephone	
E-mail Address	

5. Legal Status Information

Federal Employer Tax Identification or Social Security Number	
Oregon Tax I.D. Number	

An unsigned proposal will be rejected

I certify that the information provided in this proposal is true and correct to the best of my knowledge and that I have been duly authorized by applicants governing body or other authority to file this proposal. This proposal is submitted as firm and fixed offer valid for one hundred twenty (120) days of the submission date.

Signature: _____

Date: _____

Printed Name and Title: _____

Attachment 4 – NARRATIVE

Please provide a written response to each section. Your application proposal will be reviewed and scored according to the following evaluation criteria. All proposals will be reviewed for demonstrated capacity to provide the services/activities sought through this solicitation.

1. Letter of Introduction (15 Points)

Letter of introduction including a brief description of qualifications, experience and skills to provide language interpretation and/or translation services as described in this RFQP. Include names and resumes of all staff that may be providing services.

2. References (15 Points)

A list of references from public agencies and/or other clients for whom similar work has been performed within the last twenty-four (24) months. The reference list should include firm/client name, address, telephone number and contact person(s).

3. Proposed Scope of Work/Description of Services (Outcomes) (30 Points)

Describe your approach to providing translation services including the categories of translation services and specific languages Proposer offers. Please include the percentages Proposer would be willing to contractually adhere to for the following:

Translation Error Rate
On-Time Delivery
Translator on-Time Delivery
Right First time Quality

4. Fee Schedule (15 Points)

Fee schedule for professional services. Schedule should include rates for the following:

- a. Rate for oral, on-site interpretation during client sessions/patient visits.
- b. Written translation rate per word.

5. Training (25 Points)

Fully describe, and provide evidence and scope of Proposer's formalized in-service training, and on-going trainings as well as educational programs for Proposer and/or employees and subcontractors who may be providing services under the contract.

Total Points 100