TECHNICAL PROPOSAL PACKET SP-23-0021 On-Demand Language Translation and On-Demand American Sign Language Services

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION								
Company:								
Address:								
City:				State:			Zip Code:	
Business Designation <i>:</i>		□ Individual □ Sole Proprietorship □ Public Service Co □ Partnership □ Corporation □ Nonprofit			rvice Corp			
Minority and Women- Owned	 Not Applicable American Indian Service Disabled Veteran African American Hispanic American Women-Owned Asian American Pacific Islander American 							
Designation*:	AR Certification #: * See Minority and Women-Owned Business Police						isiness Policy	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for RFP solicitation related matters.								
Contact Perso	n:			Title:				
Phone:				Alternate Phon	e:			
Email:								
		С	ONFIRMATION OF	REDACTED CO	PY			
 YES, a redacted copy of submission documents is enclosed. NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See RFP Solicitation for additional information. 								
ILLEGAL IMMIGRANT CONFIRMATION								
By signing and submitting a response to this <i>RFP Solicitation</i> , Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.								
ISRAEL BOYCOTT RESTRICTION CONFIRMATION								
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this RFP.								
An official authorized to bind the Prospective Contractor to a resultant contract shall sign below. The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP Solicitation may								
cause the Prospective Contractor's proposal to be rejected.								
Authorized Signature: Title: Use Ink Only.								
Printed/Typed Name: Date:								

SUBMISSION REQUIREMENTS CHECKLIST

Per the solicitation, the following items **must** be submitted with the Prospective Contractor's proposal:

- Proposal Signature Page
- □ Proposed Subcontractors Form
- □ Information for Evaluation
- □ *Exceptions Form*, if applicable
- □ Official Solicitation Price Sheet, sealed separately

It is strongly recommended that the following items are also included with the Prospective Contractor's proposal:

- □ EO 98-04: Contract and Grant Disclosure Form
- □ Copy of Prospective Contractor's Equal Opportunity Policy
- □ Voluntary Product Accessibility Template (VPAT), if applicable
- □ Signed addenda, if applicable

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.
 - Prospective Contractor **shall** complete and submit the *Proposed Subcontractors Form* included in the *Technical Proposal Packet*.
 - Additional subcontractor information may be required or requested in following sections of this *RFP* Solicitation or in the Information for Evaluation section provided in the Technical Proposal Packet.
 Do not attach any additional information to the Proposed Subcontractors Form.
 - The utilization of any proposed subcontractor is subject to approval by the State agency.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Subcontractor's Company Name	Street Address	City, State, ZIP

Type or Print the following information

□ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

		mum Raw e Possible		
E1	Expected Service Delivery	20		
А.	Toll-free telephone number located in the United States that will be used to access all services, operational during the hours of 7:30 am to 7:30 pm, Central Standard Time and Monday to Sunday (7 days per week)	5		
В.	Qualified Interpreters will be available on an on-demand basis during the hours of 7:30 am to 7:30 pm, Central Standard Time and Monday to Sunday (7 days per week)			
C.	Interpreters must be able to easily interpret what is being said clearly and understandably. Interpreters and never add nor subtract anything that is being communicated by the person with limited English proficiency or the corresponding individual(s).	5		
D.	Interpreters must be familiar with medical and legal terminology and be trained in HIPPA Compliance, the National Code of Ethics for Interpreters, and the National Standards of Practice and Cultural Competence.	5		
E2	Expected Scheduling and Billing Performance	45		
Α.	Contractor will assign a Customer Service Manager (CSM) to oversee requests and be responsible for services and billing.			
В.	All calls made by ADH to contractor's toll-free telephone number will be answered and then connected with the requested language interpreter within one (1) minute of the phone being answered. ADH representatives calling will be transferred or connected to the needed interpreter, they will not be given another telephone number to call.	5		
C.	Transition time, stand-by time or on hold time will not be charged as service time.			
D.	Representatives answering calls must have strong English Language communications skills and the ability to direct calls as needed. Contractor must ensure staff is trained in customer service.	<u>5</u> 5		
E.	The Contractor should invoice the agency by an itemized list of charges. The appropriate Purchase Order Number and/or the Contract Number should be referenced on each invoice.	5		
F.	Each Coding System "Pin Number" for each ADH designated user group in ADH under this contract shall be listed on each invoice submitted.	5		
G.	Ideally each service entry on an invoice will include, at a minimum, Date, start time and stop time (Central Standard Time), Callers Name, Location.	5		
H.	All invoices shall be forwarded to designated ADH Point of Contact monthly by the 15th of each month for services provided in the prior month.			
Ι.	Contractor must index each instance of service to the requesting ADH designated group.			
E3	American Sign Language Video Service Delivery			
A.	On-Demand and scheduled American Sign Language Interpreter services must be provided remotely using video conferencing equipment and facilities that will produce and maintain stable and high-quality audio and video			
B.	American Sign Language Service includes English language vocal communication with ADH employees present.			
C.	Description of your remote video conferencing equipment and abilities. Describe the applications to be used and any needs that must be met on the ADH side of the connection.	5		
E4	Marshallese Service Delivery:	5		
A.	Ability and plan that will accommodate Arkansans with Marshallese as their first language.	5		

EXCEPTIONS FORM

Prospective Contractor **shall** document all exceptions related to requirements in the RFP Solicitation and terms in the "Standard Commodities Contract or Standard Services Contract" and "Solicitation Terms and Conditions" located on the OSP website. See Section 1.8 and 1.9 of the RFP Solicitation.

ITEM #	REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE
1.			
2.			
3.			

List all employees providing services, language(s) and denote whether Certified.

Translator Name	Language(s)	Certified? Yes/No