

APPENDIX B

RFSQ REQUIRED FORMS

APPENDIX B
REQUIRED FORMS
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REQUIRED FORMS - FORM 1

**ON-DEMAND INTERPRETATION AND TRANSLATION SERVICES MASTER AGREEMENT
VENDOR'S STATEMENT OF QUALIFICATION SUBMITTAL FORM**

This serves as an application for the On-Demand Interpretation and Translation Services Master Agreement. To Complete the Statement of Qualifications:

1. Check off/fill out all the requirements met and sign form
 - Minimum Qualifications (applies to all vendors)
 - Category Specific Qualifications (only complete sections in categories you intend to apply for)
2. Attach all applicable documents listed in Required Forms section
3. Attach copies of the license/certificates/proof of registrations checked off in specific categories
4. Vendor acknowledges and certifies that it meets the Minimum Qualifications listed in Paragraph 3.0, Minimum Qualifications, and the applicable requirements of Paragraph 7.5, Preparation and Format of the SOQ of this Request for Statement of Qualifications (RFSQ).

Vendor Name:

RFSQ #:

For County Use Only

Date Received:

Analyst:

3.0 MINIMUM QUALIFICATIONS**MINIMUM REQUIREMENTS****Minimum Requirement for all Categories:**

1. Three (3) years of experience, within the past five (5) years providing services the category for which you are attempting to qualify.

☐ Yes ☐ No

Your firm has performed _____ years of service with _____ number of years (must be within the past five (5) years).

2. Vendor must not have unresolved questioned costs identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department and remain unpaid for six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

☐ Yes ☐ No

3. Vendor must have the capability to provide reports in electronic format.

☐ Yes ☐ No**Minimum Requirement for Category 1:**

A minimum of one (1) centralized calling center within the United States, with uninterruptible power supply, a toll-free access phone number, and fully redundant backup capabilities.

☐ Yes ☐ No**Minimum Requirement for Category 2:**

One (1) free application or a web application, with required log-in, hosted within the United States that resides on a secure server and a web browser, with no plug-ins or applets downloaded to the end User's computer with uninterruptible power supply and fully redundant backup capabilities that complies with County security protocols.

☐ Yes ☐ No**Minimum Requirement for Categories 3 through 6:**

1. An administrative office, or administrative satellite office, located in Los Angeles County.
2. A secure web-based portal to receive service requests and access electronic reports.

☐ Yes ☐ No☐ Yes ☐ No

APPENDIX A – REQUIRED FORMS - FORM 1

INSURANCE REQUIREMENTS		County Use Only
GENERAL LIABILITY (All Categories)		
General Aggregate: \$2 million	☐	☐
Products/Completed Operations Aggregate: \$1 million	☐	☐
Personal and Advertising Injury: \$1 million	☐	☐
Each Occurrence: \$1 million	☐	☐
AUTO LIABILITY (All Categories)		
Auto Liability: \$1 million	☐	☐
WORKERS' COMPENSATION (All Categories)		
Each Accident: \$1 million	☐	☐
Disease – Policy Limit: \$1 million	☐	☐
Disease – Each Employee: \$1 million	☐	☐
PROFESSIONAL LIABILITY (All Categories)		
Per Claim: \$1 million	☐	☐
Aggregate: \$3 million	☐	☐
SEXUAL MISCONDUCT LIABILITY (Categories 4 through 6)		
Per Claim: \$2 million	☐	☐
Aggregate: \$2 million	☐	☐
CYBER LIABILITY (Category 2)		
Per Claim: \$2 million	☐	☐
Aggregate: \$2 million	☐	☐

SUBMISSION – STATEMENT OF QUALIFICATIONS – CATEGORIES 1 THROUGH 6		
CATEGORIES –		County Use Only
All Categories are services to/from English and to/from County Core Language as described in 2.40 Target Languages of the Appendix D, Sample Master Agreement.		
Category 1 – Over the Phone Interpretation Services	☐	☐
Category 2 – Video Remote Interpretation Services	☐	☐
Category 3 – Document Translation Services	☐	☐
Category 4 – In Person Sign Language Interpretation Services	☐	☐
Category 5 – In Person Oral Interpretation Services	☐	☐
Category 6 – Miscellaneous Interpretation and Translation Services		
▪ Captioning Services	☐	☐
▪ Post-Production/Post Webinar (Closed) Captioning	☐	☐
▪ Remote Transcription	☐	☐
▪ Simultaneous Oral Interpretation Services	☐	☐
▪ Subtitling Services	☐	☐
▪ Text Transcription	☐	☐
▪ Transcription Services	☐	☐
▪ Voice-over Services	☐	☐

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REQUIRED FORMS - FORM 2

PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

PROPOSER NAME:	COUNTY WEBVEN NUMBER:
ADDRESS:	
TELEPHONE NUMBER:	EMAIL:
IRS EMPLOYER ID NUMBER:	CA BUSINESS LICENSE NUMBER:

1	Select the options that best define your firm's business structure: ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership ☐ Sole Proprietorship ☐ Non-Profit ☐ Franchise ☐ Other (Specify)	If Corporation or Limited Liability Company (LLC): Legal Name (as stated in Articles of Incorporation) _____ State if Incorporation: _____ Year of Incorporation: _____ If Limited Partnership or a Sole Proprietorship: Name of proprietor or managing partner: _____ If other: Specify business structure name: _____
2	Is your firm doing business under one or more DBA's? ☐ Yes ☐ No	Name: _____ Country of Registration: _____ Year became DBA: _____
3	Is your firm wholly/majority owned by, or a subsidiary of another firm? ☐ Yes ☐ No	If yes, indicate name of Parent Firm and State of Incorporation. Name of Parent Firm: _____ State of Incorporation or registration of Parent Firm: _____
4	Has your firm done business as other names within the last five (5) years: ☐ Yes ☐ No	If yes, indicate any other names and the year of the name change. Name(s): _____ _____ _____ Year: _____
5	List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "None".	

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6	Is your firm involved in any pending acquisitions or mergers? ☐ Yes ☐ No	If yes, please provide additional information regarding the pending merger.
7	List all names and contact information of all individuals legally authorized to commit the Proposer.	Name: _____ Title: _____ Email: _____ Name: _____ Title: _____ Email: _____ Name: _____ Title: _____ Email: _____

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REQUIRED FORMS - FORM 3 **CERTIFICATION OF COMPLIANCE**

Proposer certifies compliance with all programs, policies, and ordinances specified in exhibits listed below.

TITLE		REFERENCE	CERTIFICATIONS
1	Certification of No Conflict of Interest	LACC 2.180	Certifies Compliance? ☐ Yes ☐ No
2	Familiarity with the County Lobbyist Ordinance Certification	LACC 2.160	Certifies Compliance? ☐ Yes ☐ No
3	Zero Tolerance Policy on Human Trafficking Certification	Motion	Certifies Compliance? ☐ Yes ☐ No
4	Compliance with Fair Chance Employment Hiring Practices Certification	Board Policy 5.250	Certifies Compliance? ☐ Yes ☐ No
5	Attestation of Willingness to Consider Gain/Grow Participants	Board Policy 5.050	Certifies Compliance? ☐ Yes ☐ No Willing to provide GAIN/GROW participants access to employee mentoring program? ☐ Yes ☐ No ☐ N/A-program not available
6	Contractor Employee Jury Service Program Certification Form & Application for Exception	LACC 2.203	Certifies Compliance? ☐ Yes ☐ No If <u>no</u> , identify exemption: ☐ My business does not meet the definition of "contractor," as defined in the Program. ☐ My business is a small business as defined in the Program. ☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.
7	Certification of Compliance with the County's Defaulted Property Tax Reduction Program	LACC 2.206	Certifies Compliance? ☐ Yes ☐ No If <u>no</u> , identify exemption:

REQUIRED FORMS - FORM 4**PROPOSER'S DEBARMENT HISTORY AND LIST OF TERMINATED CONTRACTS**

Proposer's Name: _____

1. Debarment History (Check one)	YES	NO
Proposer is currently debarred by a public entity	☐	☐
If yes, please provide the name of the public entity: _____		
2. List of Terminated Contracts (Check one)	YES	NO
Proposer has contracts that have been terminated in the past three (3) years	☐	☐

If yes, please list all contracts that have been terminated prior to expiration within the last three (3) years.

Service: _____ Name of Entity: _____

Address: _____

Contact: _____ Telephone: _____

Email: _____

Termination Date: _____ Name/Contract No.: _____

Reason for Termination: _____

Service: _____ Name of Entity: _____

Address: _____

Contact: _____ Telephone: _____

Email: _____

Termination Date: _____ Name/Contract No.: _____

Reason for Termination: _____

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REQUIRED FORMS - FORM 5

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMAITON SUBMITTED IN THE EXHIBITS 1-6 IS TRUE AND CORRECT.

APPENDIX A

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

REQUIRED FORMS - FORM 7
VENDOR'S LIST OF REFERENCES

Vendor's Name: _____

Provide a comprehensive reference list for the same or similar scope of services that were provided by the Vendor during the previous five (5) years. It is the Vendor's responsibility to ensure accuracy of the information provided below. **Use additional pages if required.**

1. Public Agencies (All contracts with other governmental agencies including the County of Los Angeles must be listed)

Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____	Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____
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Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____	Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____
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2. Private Firms

Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____	Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____
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Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____	Service Type: _____ Contract Term: _____ Contract Amt: _____ Agency/Dept: _____ Contact: _____ Telephone: _____ Email: _____
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REQUIRED FORMS - FORM 8

VENDOR'S COMPLIANCE WITH ENCRYPTIONS REQUIREMENTS

Vendor shall provide information about its encryption practices by completing this Exhibit. By submitting this Exhibit, vendor certifies that it will be in compliance with Los Angeles County Board of Supervisors Policy 5.200, Contractor Protection of Electronic County Information, at the commencement of any contract and during the term of any contract that may be awarded pursuant to this solicitation.

COMPLIANCE QUESTIONS

Documentation
Available

- | | | |
|---|--|--|
| 1. Will County data stored on your workstation(s) be encrypted? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 2. Will County data stored on your laptop(s) be encrypted? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 3. Will County data stored on removable media be encrypted? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 4. Will County data be encrypted when transmitted? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 5. Will Proposer maintain a copy of any validation/attestation reports generated by its encryption tools? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 6. Will County data be stored on remote servers*?
*Cloud storage, Software-as-a-Services or SaaS | ☐ Yes ☐ No | ☐ Yes ☐ No |

Name

Title

Signature

Date

PRICE SHEETS
APPENDIX B OF THE RFSQ
EXHIBIT B OF THE SAMPLE MASTER AGREEMENT

REQUIRED FORMS - FORM 9

PRICE SHEETS

“County Core Languages” are listed in the Sample Master Agreement, 2.0 Definitions, 2.40 Target Language(s).

By submission of this SOQ, Vendor certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Vendor or competitor for the purpose of restricting competition.

Name

Title

Signature

Date

REQUIRED FORMS - FORM 9

PRICE SHEET

OVER THE PHONE AND VIDEO REMOTE INTERPRETATION SERVICES

Vendor's Name: _____

Type of Request	Fixed Rate/fee Per Minute
Over the Phone Interpretation	\$
Video Remote Interpretation	\$

On-Demand Interpretation and Translation Services – Over the Phone and Video Remote Interpretation Services will be provided at the fixed rate referenced above.

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REQUIRED FORMS - FORM 9

PRICE SHEET

DOCUMENT TRANSLATION SERVICES

Vendor's Name: _____

Type of Request	Fixed Rate/fee Per Word	Fixed Rate/fee for formatting	Fixed Rate/fee for graphics (non-Roman script)
Standard Request Completed within 10 business days of request	\$	\$	\$
Expedited Request Completed within 3 business day of request	\$	\$	\$
Urgent Request Completed within 24 hours of request, which includes weekends, evenings, and County observed holidays	\$	\$	\$
Emergency Request/Day off Service Request Completed within 6 hours of request, which includes weekends, evenings, and County observed holidays	\$	\$	\$

On-Demand Interpretation and Translation Services – Document Translation Services will be provided at the fixed rate referenced above.

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REQUIRED FORMS - FORM 9

PRICE SHEET

IN-PERSON SIGN LANGUAGE INTERPRETATION SERVICES

Vendor's Name: _____

SIGN LANGUAGE & TRACILE, TRILINGUAL AND CERTIFIED DEAF INTERPRETATION

Type of Request – prior to appointment	Fixed Rate/fee Per Hour (2 Hour Minimum)	Fixed Rate/fee Per 15 minutes
Standard Request (More than 10 Days)	\$	\$
Standard Request (5 to 10 Days)	\$	\$
Expedited Request (2 to 4 Days)	\$	\$
Urgent Request (Within 24 Hours)	\$	\$
Emergency Request/Day of Service Request (Within 6 Hours)	\$	\$

The Contractor will be paid for On-Demand Interpretation and Translation Services – In Person Sign Language Interpretation Services rendered at the hourly rate/fee referenced above. Payment shall be made in accordance with the hours of service rendered, exclusive of travel to the destination where service is to be performed. Increments of less than one full hour shall be compensated in 15-minute increments.

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REQUIRED FORMS - FORM 9

PRICE SHEET

IN-PERSON ORAL INTERPRETATION SERVICES

Vendor's Name: _____

Type of Request – prior to appointment	Fixed Rate/fee Per Hour (2 Hour Minimum)	Fixed Rate/fee Per 15 minutes
Standard Request (More than 10 Days)	\$	\$
Standard Request (5 to 10 Days)	\$	\$
Expedited Request (2 to 4 Days)	\$	\$
Urgent Request (Within 24 Hours)	\$	\$
Emergency Request/Day of Service Request (Within 6 Hours)	\$	\$

The Contractor will be paid for On-Demand Interpretation and Translation Services – In Person Oral Interpretation Services rendered at the hourly rate/fee referenced above. Payment shall be made in accordance with the hours of service rendered, exclusive of travel to the destination where service is to be performed. Increments of less than one full hour shall be compensated in 15-minute increments.

APPENDIX B/EXHIBIT B**REQUIRED FORMS - FORM 9****PRICE SHEET****MISCELLANEOUS INTERPRETATION AND TRANSLATION SERVICES**

Vendor's Name: _____

Type of Request – prior to appointment		Fixed Rate/fee Per Hour (2 Hour Minimum)	Fixed Rate/fee Per 15 minutes
Standard Request (More than 10 Days)	Captioning Services	\$	\$
	Post-Production/Post Webinar (Closed) Captioning	\$	\$
	Remote Transcription	\$	\$
	Simultaneous Oral Interpretation	\$	\$
	Subtitling Services	\$	\$
	Text Transcription	\$	\$
	Transcription Services	\$	\$
	Voice-over Services	\$	\$

Standard Request (5 to 10 Days)	Captioning Services	\$	\$
	Post-Production/Post Webinar (Closed) Captioning	\$	\$
	Remote Transcription	\$	\$
	Simultaneous Oral Interpretation	\$	\$
	Subtitling Services	\$	\$
	Text Transcription	\$	\$
	Transcription Services	\$	\$
	Voice-over Services	\$	\$

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Type of Request – prior to appointment		Fixed Rate/fee Per Hour (2 Hour Minimum)	Fixed Rate/fee Per 15 minutes
Expedited Request (2 to 4 Days)	Captioning Services	\$	\$
	Post-Production/Post Webinar (Closed) Captioning	\$	\$
	Remote Transcription	\$	\$
	Simultaneous Oral Interpretation	\$	\$
	Subtitling Services	\$	\$
	Text Transcription	\$	\$
	Transcription Services	\$	\$
	Voice-over Services	\$	\$
Urgent Request (Within 24 hours)	Captioning Services	\$	\$
	Post-Production/Post Webinar (Closed) Captioning	\$	\$
	Remote Transcription	\$	\$
	Simultaneous Oral Interpretation	\$	\$
	Subtitling Services	\$	\$
	Text Transcription	\$	\$
	Transcription Services	\$	\$
	Voice-over Services	\$	\$
Emergency Request/Day of Service Request (Within 6 hours)	Captioning Services	\$	\$
	Post-Production/Post Webinar (Closed) Captioning	\$	\$
	Remote Transcription	\$	\$
	Simultaneous Oral Interpretation	\$	\$
	Subtitling Services	\$	\$
	Text Transcription	\$	\$

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	Transcription Services	\$	\$
	Voice-over Services	\$	\$

Additional fees relating to Miscellaneous Translation, that may apply. Type of Request	Fixed Rate/fee for formatting	Fixed Rate/fee for graphics (non-Roman script)
Standard Request More than 10 Days	\$	\$

Standard Request 5 to 10 Days	\$	\$
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Expedited Request 2 to 4 Days	\$	\$
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Urgent Request Within 24 hours	\$	\$
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Emergency Request/Day off Service Within 6 hours	\$	\$
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The Contractor will be paid for On-Demand Interpretation and Translation Services – In Person Oral Interpretation Services rendered at the hourly rate/fee referenced above. Payment shall be made in accordance with the hours of service rendered, exclusive of travel to the destination where service is to be performed. Increments of less than one full hour shall be compensated in 15-minute increments.