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| **Sign Language interpreter Services Master Agreement**  **STATEMENT OF QUALIFICATION (SOQ) CHECKLIST SUBMITTAL FORM** | | | |
| This serves as an application for the Sign Language Interpreter Services Master Agreement.  To Complete the Statement of Qualification:   1. Check off/fill out all the requirements met and sign form. 2. Attach copies of the licenses/certificates/proof registrations checked off in specific categories. 3. Vendor acknowledges and certifies that it meets the Minimum Mandatory Qualifications listed in Paragraph 1.4 – Vendor’s Minimum Mandatory Qualifications of this Request for Statement of Qualifications (RFSQ) | | | |
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| VENDOR NAME | | WEBVEN ID NO. | |
| DATE SOQ SUBMITTED | | | |
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| **1.4 – Vendor’s Minimum Mandatory Qualifications** | | | **Check off** |
| 1.4.1 | Vendor must demonstrate and provide proof of three (3) years’ experience, within the last five (5) years providing Sign Language Interpreter Services. | |  |
| 1.4.2 | Vendor must be able to demonstrate in the SOQ that their staff have specific training and/or experience that enables them to appropriately interpret and provide sign language in sensitive situations encountered in the course of providing services to a diverse population including persons with a mental illness served by the County and its contract agencies. | |  |
| 1.4.3 | Vendor must have staff certified by the National Association of the Deaf (NAD) and Registry of Interpreter for the Deaf (RID) in at least one of the following three languages: American Sign Language, Spanish Speaking Sign Language and English language Sign Language. | |  |
| 1.4.4 | Vendor must have the capability to provide sign language interpreter services on an as needed basis within 45-60 minutes upon request, 24 hours a day, 7 days a week including holidays, to include tactile, trilingual, and certified deaf interpretation services. | |  |
| 1.4.5 | Vendor must have the capability to provide services Los Angeles County Health Agency directly operated and contracted agency sites located within Los Angeles County’s service areas (Service Areas 1 through 8). | |  |
| 1.4.6 | Vendor must have interpreters who can communicate with NON American Sign Language signers. | |  |
| 1.4.7 | Vendor must be able to provide for the deaf, blind and hearing impaired clients, communication aids such as but not limited to certified interpreters, note takers, computer aided transcription services, written materials, telephone handset amplifiers, assistive listening systems, telephone compatible with hearing aids, closed caption decoders, open and closed captioning, videotext displays, cued speech transliterators, referrals to Real Time Captionist and exchange of written notes available upon request. | |  |
| 1.4.8 | Vendor must have an ongoing training program for interpreters. | |  |
| 1.4.9 | Vendor must be able to demonstrate fiscal viability evidenced by an audited financial statement within the last two (2) years. | |  |
| 1.4.10 | If Vendor’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, 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. | |  |

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| **2.7 - Preparation and Format of the SOQ** | | |
| 2.7.1 | The Table of Contents must be a comprehensive listing of material included in the SOQ. This section must include a clear definition of the material, identified by sequential page numbers and by section reference numbers. |  |
| **2.7.2- Vendor’s Qualifications (Section A) Demonstrate that the Vendor’s organization has the experience to perform the required services. The following sections must be included:** | | |
| **Section A.1 - Vendor’s Background and Experience** | | |
| The Vendor shall complete, sign and date the Vendor’s Organization Questionnaire/Affidavit and CBE Information – Exhibit 1 as set forth in Appendix A. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the vendor in a Master Agreement. | |  |
| Provide a summary of relevant background information to demonstrate that the Vendor meets the minimum qualifications stated in sub-paragraph 1.4 of this RFSQ and has the capability to perform the required services as a corporation or other entity. | |  |
| Provide a written narrative not to exceed four (4) double spaced typed written pages to explain how the Vendor’s organization clearly meets the requirements indicated in Paragraph 1.4 and the Master Agreement Appendix J, Service Exhibit A, Statement of Work (SOW) to perform the required services. | |  |
| Provide copies of NAD and RID certificates clearly demonstrating that Sign Language Interpreters available for services provided under this Master Agreement meet requirements indicated in section 1.4.2 of this RFSQ. | |  |
| **Corporations or Limited Liability Company (LLC):**  Submit a copy of a “Certificate of Good Standing” with the state of incorporation/organization. | |  |
| Submit a conformed copy of the most recent “Statement of Information” as filed with the California Secretary of State listing corporate officers or members and managers. | |  |
| **Limited Partnership:**  The Vendor must submit a conformed copy of the Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership as filed with the California Secretary of State, and any amendments. | |  |
| **Section A.2 - Vendor’s References:**  **It is the Vendor’s sole responsibility to ensure that the Firm’s name, and point of contact’s name, title and phone number for each reference is accurate. The same references may be listed on both forms – Exhibits 6 and 7.** | | |
| Prospective Contractor References, Exhibit 6.  Vendor must provide three (3) references where the same or similar scopes of services were provided. | |  |
| Prospective Contractor List of Contracts, Exhibit 7.  The listing must include all Public Entities contracts for the last three (3) years. A photocopy of this form should be used if necessary. | |  |
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| Prospective Contractor List of Terminated Contracts, Exhibit 8  Listing must include contracts terminated within the past three (3) years with a reason for termination. | |  |
| **Section A.3 – Vendor’s Pending Litigation and Judgments** | | |
| Identify by name, case and court jurisdiction any pending litigation in which Vendor is involved, or judgments against Vendor in the past five (5) years. | |  |
| Provide a statement describing the size and scope of any pending or threatening litigation against the Vendor or principals of the Vendor. | |  |

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| **2.7.3 (Section B)- Appendix A – Required Forms** | | | | |
| Exhibit 1 | Vendor’s Organization Questionnaire/Affidavit And CBE Information | | |  |
| Exhibit 2 | Certification Of No Conflict Of Interest | | |  |
| Exhibit 3 | Vendor’s Equal Employment Opportunity Certification | | |  |
| Exhibit 4 | Request For Preference Program Consideration | | |  |
| Exhibit 5 | Familiarity With The County Lobbyist Ordinance Certification | | |  |
| Exhibit 6 | Prospective Contractor References | | |  |
| Exhibit 7 | Prospective Contractor List Of Contracts | | |  |
| Exhibit 8 | Prospective Contractor List Of Terminated Contracts | | |  |
| Exhibit 9 | Attestation Of Willingness To Consider Gain/Grow Participants | | |  |
| Exhibit 10 | County Of Los Angeles Contractor Employee Jury Service Program Certification Form And Application For Exception | | |  |
| Exhibit 11 | Charitable Contributions Certification | | |  |
| Exhibit 12 | Certification Of Compliance With The County’s Defaulted Property Tax Reduction Program | | |  |
| Exhibit 13 | Zero Tolerance Policy On Human Trafficking Certification | | |  |
| Exhibit 14 | Intentionally Omitted | | |  |
| Exhibit 15 | Compliance With Fair Chance Employment Hiring Practices Certification | | |  |
| **INSURANCE REQUIREMENTS** | | | | |
| **GENERAL LIABILITY** | | | | |
| General Aggregate: $2 million | | | |  |
| Products/Completed Operations Aggregate: $1 million | | | |  |
| Personal and Advertising Injury: $1 million | | | |  |
| Each Occurrence: $1 million | | | |  |
| **AUTO LIABILITY** | | | | |
| Auto Liability: $1 million | | | |  |
| **WORKERS’ COMPENSATION** | | | | |
| Each Accident: $1 million | | | |  |
| Disease – Policy Limit: $1 million | | | |  |
| Disease – Each Employee: $1 million | | | |  |
| **UNIQUE INSURANCE COVERAGE** | | | | |
| Sexual Misconduct Liability - Aggregate: $2 million – each occurrence: $1 million | | | |  |
| Professional Liability/Errors & Omissions - Aggregate $2 million – each occurrence $1 million | | | |  |
| Privacy/Network Security (Cyber) Liability – $2 million, no exclusion/restriction for unencrypted portable devices/media may be on the policy. | | | |  |
| APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR’S SOLE JUDGMENT AND HIS JUDGMENT SHALL BE FINAL.  I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. | | | | |
| PREPARER’S SIGNATURE | | | DATE | |
| PRINT PREPARER’S NAME | | TITLE | | |
| ADDRESS | | CITY, STATE | | |