

**REQUEST FOR PROPOSALS**

**Interpreting Services**

**Issued:**

**JULY 17, 2017**

**Proposals Due:**

**JULY 27, 2017**

**At 2:00 p.m. (central time)**

**REQUEST FOR PROPOSALS RFP18-015**

**SPECIFICATION SHEET**

**MISSOURI WESTERN STATE UNIVERSITY ST. JOSEPH, MISSOURI**

**Project Title: Interpreting Services**

**Introduction/Term:**

Missouri Western State University is seeking proposals (RFPs) from qualified agencies to provide American Sign Language (ASL) Interpreting and/or Communication Access Real Time (CART) Translation Services for those students who require these services attending classes at Missouri Western State University beginning in the Fall 2017 and continuing for one year (June 30, 2018). An option to renew the contract for an additional four years may be excercised by Missouri Western State University if both parties agree. Possible renewal until June 2022. ASL and CART will be evaluated separately. If your agency provides one of these services, you are encouraged to submit a proposal for that service. Answer those questions that pertain to the service you will be providing.

**Experience Required:**

Must hold a Basic, Advanced or Master certification from the Missouri Commission for the Deaf and Hard of Hearing to be allowed to interpret in the post-secondary setting. <https://mcdhh.mo.gov/wp-content/uploads/sites/12/2016/08/Certification-Levels16.pdf>

**Background:**

Missouri Western State University (MWSU) is located in Buchanan County in St. Joseph, MO. On any given business day MWSU will have a total population of approximately 6,000 people. Our number of students and their requirements change from each semester so it is difficult to provide the number of students who request the service.

**Minimum Requirements:**

Qualified applicants will be determined as to those that can meet the criteria which will be used for selection by the Missouri Western State University Evaluation Committee.

**Submission Requirements:**

Please be sure to provide written responses to the following topics in your proposal:

Qualification Requirements complete all questions (page 3)

Fee and Procedural Requirements (page 3)

Required Reference Information (Appendix A, page 5 RETURN PAGE)

Cost & Fee Proposal (Appendix B, page 6-7 RETURN PAGE)

Sample Invoice (Appendix B, page 7 CREATE AND RETURN PAGE)

Invitation to Bid Page (Separate page with red writing RETURN PAGE)

**Qualifications due**

All proposals must be submitted in a sealed package clearly marked with RFP18-015 Please note that responses to this RFP **must be received on July 27, 2017 2:00pm central time** at the address below. Please **send one (1) original and four (4) copies of the sealed response** and deliver it to:

Missouri Western State University

Purchasing Department

Popplewell Room 221

4525 Downs Dr.

St. Joseph, MO 64507

**Requirements**

Please respond to all of the following statements. Responses should be included in the proposal in a section clearly labeled ((e.g. “1. Qualification Requirements, a. Level of Education…”):

**1. Qualification Requirements**

1. What level of education do your ASL interpreters have?
2. Are your interpreters RID Certified?
3. What level of education do your CART providers have?
4. Are your CART providers NCRA certified?
5. Describe your firm’s experience in working in higher education in providing ASL interpretive services and/or CART translation services.
6. How long has your agency been providing such services to public agency clients?
7. How many ASL interpreters does your firm employ or have available?
8. How many CART translation providers does your firm employ or have available?
9. List any third party agencies that you will be using should you be selected as the agency for MWSU.

**2. Fee and Procedural Requirements**

1. Do you charge a flat hourly fee for the same class when there is a semester-long assignment?
2. Do you have a two-hour minimum for interpreting and/or translation services? If so, is the two-hour minimum based on “per day” assignment or “per class” assignment?
3. To ensure continuity and consistency of service to students, does your agency assign the same interpreter/CART provider to the same student/class assignment?
4. Will your interpreter/CART providers report ANY irregularities that occur in our classes (or with our students) directly to our Coordinator?
5. Can your assigned CART provider prepare a transcript from the class to the student by 5pm the next day via e-mailing the student directly or the Coordinator so she can print it for the student to pick up in the office?
6. What is the charge for mileage?
7. What will you provide the student for their needs (laptop, tablet, microphone)?

Missouri Western State University, reserves the right to reject any and all responses resulting from this RFP. Proposals received after the deadline will not be accepted or considered. Missouri Western State University is not liable for any cost incurred by any person or firm responding to this RFP.Submission by fax, email or other electronic transmission is unacceptable and packages submitted by these means shall not be considered. Missouri Western assumes no responsibility for delays in the US mail or courier systems, or because of weather.

Missouri Western State University reserves the right to reject as non‑responsive any proposals that do not contain the information requested.

Any and all questions and /or clarifications regarding this RFP must be submitted in writing to the Purchasing Department via email. Questions and clarifications are to be sent via email to Kelly Sloan, Purchasing Manager atpurchase@missouriwestern.edu. All questions and clarifications must be submitted by noon central time on July 20, 2017.

Any and all communication with respect to this solicitation shall be made to Kelly Sloan, Missouri Western State University Contact Person, in writing via email at purchase@missouriwestern.edu. No applicant shall attempt to communicate with the Missouri Western State University Board of Governors, Administration, staff or other university employees. Any applicant found to be in violation of the communication expectations of MWSU will be subject to disqualification.

**Timeline**

July 17, 2017 Request for Proposal RFP18-015 Issued

July 20, 2017 All questions must be emailed to the Purchasing Department at: purchase@missouriwestern.edu by noon Central Time.

July 27, 2017 Sealed bid proposals are due at 2:00 p.m. Central Time

**Insurance/W-9**

If selected as the agency to provide ASL and/or CART services you will be required to submit a Certificate of Insurance listing Missouri Western State University as an additional insured.

You will also be required to provide your signed and dated W-9.

**Appendix A**

**REFERENCES**

|  |
| --- |
| **REFERENCES:**Please provide a minimum listing of three (3) higher education customers who have used your services in the past year. In this listing, please provide the following information: |
| **R E F E R E N C E # 1** |
| a. Name of the Customer **# 1:** |
| b. | Web Address. |
| c. Contact name with phone, address, fax, and email. |
| d. | Dates of business. |
| **R E F E R E N C E # 2** |
| a. Name of the Customer **# 2**: |
| b. | Web Address. |
| c. Contact name with phone, address, fax, and email. |
| d. | Dates of business. |
| **R E F E R E N C E # 3** |
| a. Name of the Customer **# 3:** |
| b. | Web Address. |
| c. Contact name with phone, address, fax, and email. |
| d. | Dates of business. |

**Appendix B**

**COST and FEE PROPOSAL**

**Section I:**

* Specify rate for providing on-site ASL Interpreting Services (including Coordination fees) to the MWSU.
* Specify rate/fees for providing CART Translation Services (onsite and remotely) to the MWSU.
* Specify rate for mileage/travel charges (per mile or flat rate) to the MWSU.
* Define your criteria for charging Regular Rate or Other Rate (days, times, special circumstances).
* Define your minimums policy regarding hours charged, travel expenses and/or services provided.

|  |  |  |
| --- | --- | --- |
|  | **Hourly Rate for Services** | **Travel Charges** |
| Regular Rate | Other Rate | Flat Rate | Per Mile Rate |
| ASL Interpretive Services |  |  |  |  |
| CART Translation Services ONSITE |  |  |  |  |
| Remote CART Translation Services |  |  |  |  |
| Mileage/Travel Charges |  |  |  |  |

Regular Rate: *(days, times, other)* Other Rate: *(days, times, other)* Minimum Policy:

**Section II:**

* Specify your rate/fees for consulting and/or flat fee pricing for large projects.
* Specify the nature of “Other Services” to be provided.

|  |  |  |
| --- | --- | --- |
|  | **Hourly Rate for Services** | **Travel Charges** |
| Hourly Fee | Flat Fee | Flat Rate | Per Mile Rate |
| Consulting Services |  |  |  |  |
| Other Services\* |  |  |  |  |

Other Services:

**Section III:**

* Specify your guaranteed *maximum* percentage fee increases for subsequent years (if option to renew agreement for an additional year(s) is enacted).

|  |  |
| --- | --- |
|  | **Guaranteed Maximum Fee Increases** *(by Percentage)* |
| **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| ASL Interpretive Services |  |  |  |  |
| CART Translation Services |  |  |  |  |
| Consulting Services |  |  |  |  |
| Other Services |  |  |  |  |
| Mileage/Travel Charges |  |  |  |  |

**Section IV: SAMPLE INVOICE**

* Provide a sample Invoice to Missouri Western State University based on the following scenario.

Interpreting Services are required for a deaf student with the following class schedule:

Monday/Wednesday/Friday 10:00 a.m. – 10:50 a.m.

Monday/Wednesday/Friday 11:00 a.m. – 11:50 a.m.

Monday/Wednesday/Friday 12:00 p.m. – 12:50 p.m.

Tuesday/Thursday  8:00 a.m - 8:50 a.m.

Tuesday/Thursday 11:00 a.m. – 12:20 p.m.

Tuesday 4:00 p.m. – 5:50 p.m.

Thursday 5:00 p.m. -9:50 p.m.

**Section V: MILEAGE CHARGE**

* Provide detailed information regarding procedure for mileage charges. Will Missouri Western State University be charged a consistent amount or will it be dependent on the trips before and after our needs at Missouri Western State University?

**Vendor Authorized Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_