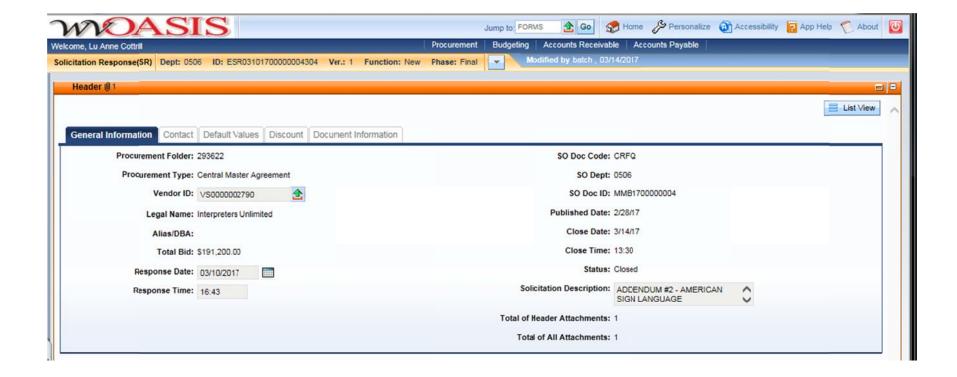
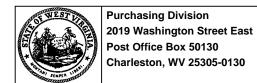


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





State of West Virginia Solicitation Response

Proc Folder: 293622

Solicitation Description: ADDENDUM #2 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-03-14 13:30:00	SR 0506 ESR03101700000004304	1

VENDOR

VS0000002790

Interpreters Unlimited

Solicitation Number: CRFQ 0506 MMB1700000004

Total Bid: \$191,200.00 **Response Date:** 2017-03-10 **Response Time:** 16:43:15

Comments:

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

Signature on File FEIN # DATE

All offers subject to all terms and conditions contained in this solicitation

Page: 1 FORM ID: WV-PRC-SR-001

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	AMERICAN SIGN LANGUAGE INTERPRETER - REGULAR	2080.00000	HOUR	\$90.000000	\$187,200.00

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description : SECTION 4.1.1.1 OF SPECIFICATIONS

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME	40.00000	HOUR	\$100.000000	\$4,000.00

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description: SECTION 4.1.1.1 OF SPECIFICATIONS

REQUEST FOR QUOTATION CRFQ 0506 MMB1700000004 Sign Language Interpreter Service

11. MISCELLANEOUS:

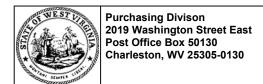
11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Shamus Sayed, Vice President of Sales & Marketing

Telephone Number: (858) 866-1130

Email Address: shamus.sayed@iugroup.com

(800) 726-9822



State of West Virginia **Request for Quotation**

27 - Miscellaneous

Proc Folder: 293622

Doc Description: AMERICAN SIGN LANGUAGE INTERPRETER SERIVCES

Proc Type: Central Master Agreement

Version Date Issued **Solicitation Closes Solicitation No** 2017-02-13 2017-03-14 **CRFQ** 0506 MMB1700000004 1 13:30:00

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION 2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Interpreters Unlimited, Inc. 10650 Treena Street, Suite 308 San Diego, CA 92131 (800) 726-9891

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

FEIN # 20-5905641 Signature X DATE 03/10/2017

All offers subject to all terms and conditions contained in this solicitation

Page: 1 FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMAITON:

The West Virginia Purchasing Division is is soliciting bids on behalf of the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Behavioral Health and Health Facilities (BBHHF), Mildred-Mitchell Bateman Hospital (MMBH) to establish an open-end contract for American Sign Language Interpreter Services.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-52	5-7801	PROCUREMENT OFFICER - 304-525	5-7801
HEALTH AND HUMAN RESOURCES	3	HEALTH AND HUMAN RESOURCES	3
MILDRED MITCHELL - BATEMAN H	OSPITAL	MILDRED MITCHELL-BATEMAN HO	SPITAL
1530 NORWAY AVE		1530 NORWAY AVE	
HUNTINGTON	WV25705	HUNTINGTON	WV 25705
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	AMERICAN SIGN LANGUAGE	2080.00000	HOUR	\$90.00/hour	\$187,200.00
	INTERPRETER - REGULAR			(2 hour minimum	n)

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description:

SECTION 4.1.1.1 OF SPECIFICATIONS

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304	-525-7801	PROCUREMENT OFFICER	- 304-525-7801
HEALTH AND HUMAN RESOUR	CES	HEALTH AND HUMAN RES	OURCES
MILDRED MITCHELL - BATEMA	N HOSPITAL	MILDRED MITCHELL-BATE	MAN HOSPITAL
1530 NORWAY AVE		1530 NORWAY AVE	
HUNTINGTON	WV25705	HUNTINGTON	WV 25705
us		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME	40.00000	HOUR	\$100.00 (2 hour minimu	\$4000.00 im)

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description:

SECTION 4.1.1.1 OF SPECIFICATIONS

SCHEDULE OF EVENTS

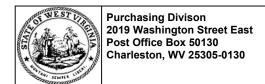
 Line
 Event
 Event Date

 1
 Questions Due
 2017-02-20

	Document Phase	Document Description	Page 3
MMB170000004	Final	AMERICAN SIGN LANGUAGE	of 3
		INTERPRETER SERIVCES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



State of West Virginia **Request for Quotation**

27 - Miscellaneous

Proc Folder: 293622

Doc Description: ADDENDUM #1 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation	No	Version
2017-02-23	2017-03-14 13:30:00	CRFQ	0506 MMB1700000004	2

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION 2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number: Interpreters Unlimited, Inc. 10650 Treena Street, Suite 308 San Diego, CA 92131 (800) 726-9891

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

FEIN# 20-5905641 DATE 03/10/2017 Signature X

All offers subject to all terms and conditions contained in this solicitation

Page: 1 FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMAITON:

ADDENDUM #1 - TO CLARIFY THAT THE DEADLINE FOR TECHNICAL QUESTIONS IS FEBRUARY 27, 2017, AT 3:00 PM AND NOT FEBRUARY 20, 2017, AT 3:00 PM EST.

NO OTHER CHANGES.

INVOICE TO		SHIP TO		
PROCUREMENT OFFICER - 304-525-780	01	PROCUREMENT OFFICER - 304-525-7801		
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOURCES	3	
MILDRED MITCHELL - BATEMAN HOSPI	ITAL	MILDRED MITCHELL-BATEMAN HO	SPITAL	
1530 NORWAY AVE		1530 NORWAY AVE		
HUNTINGTON WV	25705	HUNTINGTON	WV 25705	
US		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	AMERICAN SIGN LANGUAGE INTERPRETER - REGULAR	2080.00000	HOUR	\$90.00/hour (2 hour minimum)	\$187,200.00

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description:

SECTION 4.1.1.1 OF SPECIFICATIONS

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER -	304-525-7801	PROCUREMENT OFFICE	ER - 304-525-7801
HEALTH AND HUMAN RESC	OURCES	HEALTH AND HUMAN RE	ESOURCES
MILDRED MITCHELL - BATE	MAN HOSPITAL	MILDRED MITCHELL-BAT	TEMAN HOSPITAL
1530 NORWAY AVE		1530 NORWAY AVE	
HUNTINGTON	WV25705	HUNTINGTON	WV 25705
us		us	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	AMERICAN SIGN LANGUAGE	40.00000	HOUR	\$100.00	\$4000.00
	INTERPRETER - OVERTIME			(2 hour minimum)

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description:

SECTION 4.1.1.1 OF SPECIFICATIONS

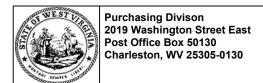
SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	Event Date
1	Questions Due - Error	2017-02-20
2	Questions Due - Correct Date	2017-02-27

	Document Phase	Document Description	Page 3
MMB1700000004	Final	ADDENDUM #1 - AMERICAN SIGN	of 3
		LANGUAGE INTERPRETER SERVICES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



State of West Virginia **Request for Quotation**

27 — Miscellaneous

Proc Folder: 293622

Doc Description: ADDENDUM #2 - AMERICAN SIGN LANGUAGE INTERPRETER SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation	No	Version
2017-02-28	2017-03-14 13:30:00	CRFQ	0506 MMB1700000004	3

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION 2019 WASHINGTON ST E

CHARLESTON WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Interpreters Unlimited, Inc. 10650 Treena Street, Suite 308 San Diego, CA 92131 (800) 726-9891

FOR INFORMATION CONTACT THE BUYER

April Battle (304) 558-0067 april.e.battle@wv.gov

20-5905641 FEIN# DATE 03/10/2017 Signature X

All offers subject to all terms and conditions contained in this solicitation

Page: 1 FORM ID: WV-PRC-CRFQ-001

ADDITIONAL INFORMAITON:

ADDENDUM #2 - TO PROVIDE VENDOR QUESTIONS AND RESPONSES.

NO OTHER CHANGES.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER	304-525-7801	PROCUREMENT OFFICE	ER - 304-525-7801
HEALTH AND HUMAN RESO	DURCES	HEALTH AND HUMAN RE	ESOURCES
MILDRED MITCHELL - BATE	EMAN HOSPITAL	MILDRED MITCHELL-BAT	TEMAN HOSPITAL
1530 NORWAY AVE		1530 NORWAY AVE	
HUNTINGTON	WV25705	HUNTINGTON	WV 25705
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	AMERICAN SIGN LANGUAGE	2080.00000	HOUR	\$90.00/hour	\$187,200.00
	INTERPRETER - REGULAR			(2 hour minimum)	

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description:

SECTION 4.1.1.1 OF SPECIFICATIONS

INVOICE TO		SHIP TO		
PROCUREMENT OFFICER - 304-525-7801		PROCUREMENT OFFICE	PROCUREMENT OFFICER - 304-525-7801	
HEALTH AND HUMAN RESO	DURCES	HEALTH AND HUMAN RE	ESOURCES	
MILDRED MITCHELL - BATE	EMAN HOSPITAL	MILDRED MITCHELL-BAT	TEMAN HOSPITAL	
1530 NORWAY AVE		1530 NORWAY AVE		
HUNTINGTON	WV25705	HUNTINGTON	WV 25705	
us		US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	AMERICAN SIGN LANGUAGE INTERPRETER - OVERTIME	40.00000	HOUR	\$100.00 (2 hour minimum	\$4000.00 n)

Comm Code	Manufacturer	Specification	Model #	
82112067				

Extended Description:

SECTION 4.1.1.1 OF SPECIFICATIONS

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	Event Date
1	Questions Due - Error	2017-02-20
2	Questions Due - Correct Date	2017-02-27

	Document Phase	Document Description	Page 3
MMB170000004	Final	ADDENDUM #2 - AMERICAN SIGN	of 3
		LANGUAGE INTERPRETER SERVICES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

CRFQ 0506 MMB1700000004 PRICING PAGE

EXHIBIT "A"

Item #	Estimated Usage:	Description	Unit Cost	Total Cost
4.1.1	2080 hours	Sign Language Interpreter Services - Hourly Rate	\$90.00 (x2080)	\$187,200.00
4.1.1	40 hours	Sign Language Interpreter Services - Hourly Rate GRAND TOTAL COST BID SUBMISSION	\$100.00 (x40)	\$4000.00 \$ 191,200.00

Awarding of the contract will be to the vendor who provides the lowest overall GRAND TOTAL cost and meets or exceeds the specifications of the Request for Solicitation.

The quantities listed in Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered during the term of this Contract, whether more or less than the quantities shown.

William India of 1688 mail th	1				
Company Name:	Interpreters Unlimited, Inc.				
Sales Representative:	Representative: Shamus Sayed, Vice President of Sales & Marketing				
Vendor Address:	Diego, CA 92131				
Vendor Phone:	(858) 866-1130	Fax Number: (800) 726-9822			
Email Address:	shamus.sayed@iugroup.com				
		March 10, 2017			
Signat	ture	Date			
Remit to Address:	P.O. Box 27660				
	San Diego, CA 92198				

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ 0506 MMB1700000004

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received: (Check the box next to each addendum received)	ved)
 X Addendum No. 1 X Addendum No. 2 ☐ Addendum No. 3 ☐ Addendum No. 4 ☐ Addendum No. 5 	☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ Addendum No. 10
I further understand that any verbal represent discussion held between Vendor's representa	ot of addenda may be cause for rejection of this bid tation made or assumed to be made during any oral tives and any state personnel is not binding. Only to the specifications by an official addendum is
Interpreters Unlimited, Inc.	
Company	
Authorized Signature	
March 10, 2017	
Date	
NOTE: This addendum acknowledgement sh document processing.	ould be submitted with the bid to expedite

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Name, Title)
Shamus Sayed, Vice President of Sales & Marketing
(Printed Name and Title)
10650 Treena Street, Suite 308 San Diego, CA 92131
(Address)
(800) 726-9891 / (800) 726-9822
(Phone Number) / (Fax Number)
shamus.sayed@iugroup.com
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Interpreters Unlimited, Inc.
(Company)
(Authorized Signature) (Representative Name, Title)
Shamus Sayed, Vice President of Sales & Marketing
(Printed Name and Title of Authorized Representative)
March 10, 2017
(Date)
(800) 726-9891 / (800) 726-9822
(Phone Number) (Fax Number)

Not Applicable State of W est V irginia

WV-10 Approved / Revised 12/16/15

Certification and application is hereby made for Preference in accordance with West Virginia Code ,§5A-3-37. (Does not apply to construction contracts). West Virginia Code ,§5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the West Virginia Code . This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the V endor Preference, if applicable.

Date:		Title:		
Bidder:_		Signed:		
and if ar	ereby certifies that this certificate is true and accurate ything contained within this certificate changes during sion in writing immediately			
authoriz the requ	ission of this certificate, Bidder agrees to disclose any resthe Department of Revenue to disclose to the Director ired business taxes, provided that such information do by the Tax Commissioner to be confidential.	of Purchasing app	ropriate information verifying th	at Bidder has paid
requirer or (b) ass	nderstands if the Secretary of Revenue determines that nents for such preference, the Secretary may order the D sess a penalty against such Bidder in an amount not to e racting agency or deducted from any unpaid balance	Director of Purchasi exceed 5% of the k	ing to: (a) rescind the contract or oid amount and that such penal	purchase order;
7.	Application is made for preference as a non-resident dance with West Virginia Code §5A-3-59 and W Bidder has been or expects to be approved prior to con and minority-owned business.	Vest Virginia Code ntract award by the	of State Rules. e Purchasing Division as a certific	ed small, women-
6.	Application is made for 3.5% vendor preference who Bidder is a resident vendor who is a veteran of the Unipurposes of producing or distributing the commoditie continuously over the entire term of the project, on a residents of West Virginia who have resided in the statements.	ted S tates arn s or completing th verage at least sev	ned forces, the reserves or the N e project which is the subject of venty-five percent of the vendo	the vendor's bid and or's employees are
5.	Application is made for 3.5% vendor preference who Bidderisan individual resident vendor who is a veteran and has resided in West Virginia continuously for th submitted; or,	of the United S	tates armed forces, the reserves	
4.	Application is made for 5% vendor preference for the Bidder meet's either the requirement of both subdivision		subdivision (1) and (3) as st	ated above ; or,
3.	Application is made for 2.5% vendor preference for the Bidder is a nonresident vendor that employs a minim has an affiliate or subsidiary which maintains its head employs a minimum of one hundred state residents, completing the project which is the subject of the bid average at least seventy-five percent of the bidder's eresidents of West Virginia who have resided in the stavendor's bid; or,	um of one hundre dquarters or prine , and for purposes idder's bid and co employees or the l	ed state residents, or a nonresic cipal place of business within V s of producing or distributing t ontinuously over the entire teri bidder's affiliate's or subsidiary	Vest Virginia and he commodities or m of the project, on 's employees are
2.	Application is made for 2.5% vendor preference for the Bidder is a resident vendor who certifies that, during working on the project being bid are residents of West immediately preceding submission of this bid; or,	the life of the cor	ntract, on average at least 75% o	
	Bidder is a nonresident vendor which has an affiliate or sand which has maintained its headquarters or principal years immediately preceding the date of this certificate	al place of busines		
	Bidder is a resident vendor partnership, association, of bidder held by another entity that meet s the ap			
1.	Application is made for 2.5% vendor preference for the Bidder is an individual resident vendor and has resided ing the date of this certification; or, Bidder is a partnership, association or corporation reside business continuously in West Virginia for four (4) year	continuously in W ent vendor and ha	est Virginia for four (4) years imn s maintained its headquarters or	principal place of

^{*}Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code \$23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE: Vendor's Name: Interpreters Unlimited, Inc. Authorized Signature: State of California County of San Diego Taken, subscribed, and sworn to before me this 10 day of March My Commission expires Dec. 15 2019. AFFIX SEAL HERE EDITH RUEDA ELIZONDO March Date: March 10, 2017 March APPLIC DATA NOTARY PUBLIC DATA BUZANDO

Purchasing Affidavit (Revised 08/01/2015)

Commission # 2137072

Notary Public - California San Diego County My Comm. Expires Dec 15, 2019