



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header #

General Information Contact Default Values Checklist Document Information Clarification Request [Link View](#)

Procurement Folder: 1039542	SO Doc Code: CRFD
Procurement Type: Central Master Agreement	SO Dept: 9402
Vendor ID: V10000002700	SO Doc ID: EDD0590000001
Legal Name: Interpreters Unlimited	Published Date: 3/16/25
Alias/DBA:	Close Date: 4/15/25
Total Bid: \$73,375.00	Close Time: 15:30
Response Date: 04/15/2012	Status: Closed
Response Time: 14.81	Solicitation Description: American Sign Language Interpreters
Responded By User ID: jgrogan	Total of Header Attachments: 4
First Name: Walecia	Total of All Attachments: 4
Last Name: John	
Email: bob@interpreters.com	
Phone: 800-728-3001	



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	SLI (In-Person) Monday-Friday between 7AM and 6PM	435.00000	HOUR	125.000000	54375.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter In-Person  
Monday - Friday between 7:00AM and 6:00PM  
Per person hourly rate.  
Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	SLI (VRI) Monday - Friday between 7AM and 6PM	30.00000	HOUR	125.000000	3750.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language - Video Remote Interpreting (VRI)  
Monday - Friday between 7:00AM and 6:00PM  
Per-Person Hourly Rate  
Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	SLI (In-Person) Night Rate	50.00000	HOUR	125.000000	6250.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter (In-Person) Night Rate  
Designated Time Between: 6:01PM and 6:59AM  
Per Person Hourly Rate  
Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	SLI (VRI) Night Rate	10.00000	HOUR	125.000000	1250.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter, Video Remote Interpreting (VRI) Night Rate  
Designated Time Between: 6:01PM and 6:59AM  
Per Person Hourly Rate  
Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	SLI (In-Person) Weekend Rate	50.00000	HOUR	125.000000	6250.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter (In-Person) Weekend Rate  
 Designated Time Between 7:00AM Saturday and 12:00AM Sunday  
 Per Person Hourly Rate  
 Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	SLI (VRI) Weekend Rate	4.00000	HOUR	125.000000	500.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter - Video Remote Interpreting (VRI) Weekend Rate  
 Designated Time Between 7:00AM Saturday and 12:00AM Sunday  
 Per Person Hourly Rate  
 Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	SLI (In-Person) Holiday Rate	4.00000	HOUR	125.000000	500.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter (In Person) Weekend Rate  
 Designated Time Between 12:00AM and 11:59PM  
 Per Person Hourly Rate  
 Quantity is annual estimated and for evaluation purposes only.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	SLI (VRI) Holiday Rate	4.00000	HOUR	125.000000	500.00

Comm Code	Manufacturer	Specification	Model #
90121702			

**Commodity Line Comments:**

**Extended Description:**

Sign Language Interpreter (VRI) Weekend Rate  
 Designated Time Between 12:00AM and 11:59PM  
 Per Person Hourly Rate  
 Quantity is annual estimated and for evaluation purposes only.

REQUEST FOR QUOTATION  
AMERICAN SIGN LANGUAGE INTERPRETERS

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**10. VENDOR DEFAULT:**

**10.1.** The following shall be considered a vendor default under this Contract.

**10.1.1.** Failure to perform Contract Services in accordance with the requirements contained herein.

**10.1.2.** Failure to comply with other specifications and requirements contained herein.

**10.1.3.** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

**10.1.4.** Failure to remedy deficient performance upon request.

**10.2.** The following remedies shall be available to Agency upon default.

**10.2.1.** Immediate cancellation of the Contract.

**10.2.2.** Immediate cancellation of one or more release orders issued under this Contract.

**10.2.3.** Any other remedies available in law or equity.

**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:** Vanessa Allen

**Telephone Number:** 800-726-9891

**Email Address:** vanessa.allen@interpreters.com



Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

State of West Virginia  
 Centralized Request for Quote  
 Service - Prof

**Proc Folder:** 1639562  
**Doc Description:** American Sign Language Interpreters  
**Proc Type:** Central Master Agreement

**Reason for Modification:**

Date Issued	Solicitation Closes	Solicitation No	Version
2025-03-31	2025-04-16 13:30	CRFQ 0402 EDD2500000001	1

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

**Vendor Customer Code:**  
**Vendor Name :** Interpreters Unlimited, Inc.  
**Address :** 8943 Calliandra Rd  
**Street :**  
**City :** San Diego  
**State :** California **Country :** USA **Zip :** 92126  
**Principal Contact :** Shamus Sayed  
**Vendor Contact Phone:** (858)866-1130 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Joseph E Hager III  
 (304) 558-2306  
 joseph.e.hageriii@wv.gov

**Vendor Signature X** **FEIN#** 20-5905641 **DATE** 4/14/2025

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

**ADDITIONAL INFORMATION**

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Board of Education (WVBE) which includes the West Virginia Department of Education (WVDE), the West Virginia Schools for Diversion and Transition (WVSDT), and West Virginia Schools for the Deaf and Blind (WVSDB) to establish a contract to secure firm hourly pricing for American sign language interpreters, providing interpretation when needed for meetings, events or upon request throughout the State of West Virginia per the attached specifications and terms and conditions.

INVOICE TO		SHIP TO	
DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	SLI (In-Person) Monday-Friday between 7AM and 6PM	435.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language Interpreter In-Person  
Monday - Friday between 7:00AM and 6:00PM

Per person hourly rate.

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DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	SLI (VRI) Monday - Friday between 7AM and 6PM	30.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language - Video Remote Interpreting (VRI)  
Monday - Friday between 7:00AM and 6:00PM

Per-Person Hourly Rate

Quantity is annual estimated and for evaluation purposes only.

INVOICE TO		SHIP TO	
DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	SLI (In-Person) Night Rate	50.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language Interpreter (In-Person) Night Rate  
Designated Time Between: 6:01PM and 6:59AM

Per Person Hourly Rate

Quantity is annual estimated and for evaluation purposes only.

INVOICE TO		SHIP TO	
DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	SLI (VRI) Night Rate	10.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language Interpreter, Video Remote Interpreting (VRI) Night Rate

Designated Time Between: 6:01PM and 6:59AM

Per Person Hourly Rate

Quantity is annual estimated and for evaluation purposes only.

INVOICE TO		SHIP TO	
DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	SLI (In-Person) Weekend Rate	50.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language Interpreter (In-Person) Weekend Rate

Designated Time Between 7:00AM Saturday and 12:00AM Sunday

Per Person Hourly Rate

Quantity is annual estimated and for evaluation purposes only.

INVOICE TO		SHIP TO	
DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	SLI (VRI) Weekend Rate	4.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language Interpreter - Video Remote Interpreting (VRI) Weekend Rate

Designated Time Between 7:00AM Saturday and 12:00AM Sunday

Per Person Hourly Rate

Quantity is annual estimated and for evaluation purposes only.

INVOICE TO		SHIP TO	
DEPARTMENT OF EDUCATION BLDG 6, RM 700  1900 KANAWHA BLVD E  CHARLESTON WV US		DEPARTMENT OF EDUCATION OFFICE OF FEDERAL PROGRAMS 1900 KANAWHA BLVD E, BLDG 6 RM 700 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	SLI (In-Person) Holiday Rate	4.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
90121702			

**Extended Description:**

Sign Language Interpreter (In Person) Weekend Rate

Designated Time Between 12:00AM and 11:59PM

Per Person Hourly Rate

Quantity is annual estimated and for evaluation purposes only.



	Document Phase	Document Description	Page
EDD250000001	Final	American Sign Language Interpreters	7

**ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**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.

(Printed Name and Title) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone Number) / (Fax Number) \_\_\_\_\_

(email address) \_\_\_\_\_

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

*By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.*

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Printed Name and Title of Authorized Representative) (Date)

\_\_\_\_\_  
(Phone Number) (Fax Number)

\_\_\_\_\_  
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.:

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)*

- |   |  |
|---|--|
| <input type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

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Company 

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Authorized Signature

---

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/5/24

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> J.S. Tucker Insurance Services 5330 Carroll Canyon Road #110  San Diego CA 92121		<b>CONTACT NAME:</b> Tammy Lafata <b>PHONE (A/C No. Ext):</b> 619-339-4197 <b>E-MAIL ADDRESS:</b> tammy@jstuckerins.com <b>FAX (A/C, No):</b> 619-938-3416	
<b>INSURED</b> DSAC, LLC 3403 E Plaza Blvd #H  National City CA 91950-4140		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds of London <b>INSURER B:</b> National Liability & Fire Insurance Company <b>INSURER C:</b> Church Mutual Insurance Company <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GAH-100355-250104	1/4/25	1/4/26	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			73APR430611	11/11/24	11/11/25	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0361373 07-829813	1/27/25	1/27/26	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability			GAH-100355-250104	1/4/24	1/4/25	\$3,000,000	aggregate limit
A	Abuse & Molestation						\$1,000,000	each claim
							\$1,000,000	limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

PROOF OF COVERAGE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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