



Data Service Center

168 S. Dupont Highway
New Castle, DE 19720
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Phone: (302) 504-7200
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CENTRAL BIDDING DEPARTMENT

ADDENDUM No. 2

Translation/Interpretation Services – RFP #4-15-60 - Colonial School District

Date of Addendum: June 11, 2015

OPENING DATE: **June 24, 2015 at 2:00 PM**

To all prospective bidders under the specifications and contract documents described above, this Addendum to RFP is being issued to:

To answer the following submitted questions:

1. Whether companies from outside USA can apply for this?

No

2. Whether we need to come over there for meetings?

Yes

3. Can we perform the tasks (related to the RFP) outside USA?

No

4. Can we submit our proposals via email?

No

5. We are bidding on only the translation portion of the RFP. Given this, does paragraph “e” under “Qualifications” apply to the translator?

Yes

6. If the District were to request an interview as outlined on Page 19, would we be able to participate via conference call or Skype?

No



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7. Since we are bidding on only the translation portion, can we substitute “word” for “hour” on the Proposal Page line where the cost is to be entered?

Please quote hourly rate on proposal page. You can include additional pricing (price per word, etc.) on supplemental documents that you submit with your proposal.

8. Is it possible to participate in the bid opening via conference call or Skype?

No. The public opening will be face to face and will only be announcing the names of the companies who submitted bid responses. No other information will be given at that time.

9. On page 19 of the RFP under Multiple Award it states that “Each service may be awarded individually or grouped...” Our firm, Oregon Translation, does not offer interpretation in Delaware. We do offer translation services. Can we bid only for translation services?

Yes

10. On page 19 of the RFP under Other it states “Bidder must specify one (1) hourly rate for all services.” Should Oregon Translation be allowed to offer a bid for translation services only we would be doing the School District a disservice by offering an hourly rate. Translation services are typically quoted by the word with a minimum fee for a project under a base amount such as 300 words. Would we be allowed to offer this more advantageous option to the District?

Please quote hourly rate on proposal page. You can include additional pricing (price per word, etc.) on supplemental documents that you submit with your proposal.

11. In order to offer the School District a proper quote for the translation portion of the RFP could we please have an estimated total number of words to be translated within the contract time frame? Will translations include editing and DTP (Desk Top Publishing)? (This is fairly standard for document translation within the industry unless the client has multi-lingual people available to perform this task once the initial translation is completed.)

The amount varies depending on needs. The translations could include editing and DTP but is fairly rare.

12. Would an "Over-the-Phone" interpreter be acceptable for all interpretation requirements? An OPI interpreter can be scheduled in advance when appointments are known such as IEP meetings or may be requested and connected for pop-ups within 5 mins whenever needed. Also, an OPI interpreter would be more cost effective as they would not need to be paid for travel, etc.

No



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13. Are you able to make public the number of interpreters currently used through the contract?

Number varies depending on needs.

14. Once a proposal is accepted, may additional interpreters and translators be added, provided they have the necessary background checks, memberships, and credentials?

Yes

15. The addendum lists the current rates as \$40 and \$44- would this be for a non-rush and rush Spanish assignments?

Yes

16. On past proposals, we have provided a per word rate for translations, would this be the acceptable format for this proposal? Is there information on per word rates of the current contract?

Please quote hourly rate on proposal page. You can include additional pricing (price per word, etc.) on supplemental documents that you submit with your proposal.

17. In addition to references, may we include letters of recommendations from our experience interpreting in the education field in DE?

Yes

18. Is there preference given to a specific number of interpreters and/or translators in the proposal? For example, would the district prefer the same interpreter to be on site for meetings, etc.?

Some of the schools request a specific interpreter and others do not.

19. If an interpreter has an FBI check rather than a state check, would that be acceptable? I ask because for the our recent DE state contract FBI checks were valid 5 years and state checks one year.

Both State and Federal checks are required.

20. Could you provide the health check requirements? I want to be sure we enclose adequate proof of our health checks in our proposal.

Please see the attached forms for the Health Screening & Tuberculosis Requirements.



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21. Regarding background checks- if I have a copy of a state issued background check (we require these with our interpreters that work with our contract with hospitals), could I simply attach a copy of the background check? Otherwise, none of the options for release seem to apply because the background check was not originally sent to a district- we are the ones with the copy.

It is the responsibility of the vendor to keep track of this information. We do not need actual copies of the information.

Delaware Child Protection Registry checks are always required and the form is attached as well.

22. Could you give an example of evidence of successful experience as a translator/interpreter? Would this be years on a resume or come in the form of a recommendation letter, etc.?

Previous experience in a school setting, recommendation letters, etc. are both evidence of successful experience.

Health and Tuberculosis Form

Please have a health care professional complete the following information for a health exam administered within the past 12 months and return this form to the Human Resources Division within 15 working days of your new hire orientation.

Health

This is to certify that the applicant, _____, has been examined and is known by me to be free of any disease or physical defect or emotional instability that would interfere with his/her performance of duties and functions as an employee of the Colonial School District.

Health Care Provider's (Printed): _____

Health Care Provider's Signature: _____

Date: _____

Attach prescription form with provider's name or stamp provider's information below:

Tuberculosis

Per Delaware Administrative Code – Title 14, Section 805 - all new hires shall provide the Tuberculosis Test results from a test administered within the past 12 months during the first 15 working days of your new hire orientation.

PPD /Mantoux Tuberculosis Skin Test Given: _____ Results _____ MM

Current Disease Status:

- Not Contagious
- Contagious

Health Care Provider's (Printed): _____

Health Care Provider's Signature: _____

Date: _____

Attach prescription form with provider's name or stamp provider's information below:



DELAWARE CHILD PROTECTION REGISTRY REQUEST FORM



Fax or Mail Request to:

DSCYF, OCCL
Criminal History Unit
1825 Faulkland Road
Wilmington, DE 19805

Phone: 302-892-5800 Fax: 302-633-5191

When requesting Child Protection Registry checks:

- **Allow 15 working days for results to be processed**
- **Do not use a cover sheet**
- **Do not send duplicate requests**
- **Form must be submitted to DSCYF within 90 days of signature date in order to be processed**

PART I. APPLICANT INFORMATION *(PLEASE PRINT CLEARLY)*

Name: _____
Last First Middle

Other Name(s) used: _____ DE Drivers License # _____

Social Security # _____ - _____ - _____ Date of Birth: _____ - _____ - _____ Sex: _____ Race: _____
mm / dd / yyyy

Address: _____
(Street) (City) (State) (Zip)

Have you ever been involved in a substantiated case of child abuse or neglect? [] Yes [] No

If Yes, explain: _____

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: _____

Parent / Guardian Signature (If applicant is under the age of 18) _____

PART II. AGENCY/ORGANIZATION INFORMATION - *(MUST BE COMPLETED IN ORDER TO PROCESS)*

<p>Please check only one:</p> <p><input checked="" type="checkbox"/> EDUCATION <input type="checkbox"/> HEALTH CARE FACILITY <input type="checkbox"/> CHILD CARE <input type="checkbox"/> OTHER _____</p>
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Agency Identification Number (if applicable): 103

Requesting Agency Name: Colonial School District - Human Resources Division

Address: 318 E. Basin Road, New Castle, DE 19720

Phone: 302-323-2712 Fax: 302-323-2748 Contact Person: Anne Wheeler, HR Specialist

DSCYF USE ONLY:

The individual listed above (___ is listed) (___ is NOT listed) on the Delaware Child Protection Registry.

Date: _____ DSCYF Criminal History Unit _____