



Oakland Housing  
Authority

RFP #13-039  
Language Interpreter/Translation Services

Addendum #4  
Date issued and released: August 5, 2014

**Corrections to Bid:**

1. **Attachments 6, 7, 8, 9 and 10** (Cost Statements) have been added. Use only these forms to submit with your proposal.
2. **Attachment 5** in the original bid is not to be used.
3. Change Section 2.4.E Service Response Time Last Sentence  
Current: The interpreted message must be provided in English as a text file.  
Revised: The interpreted message must be provided in English in a text file as an electronic Word version.

**Responses to Questions:**

The following questions were submitted by the deadline and are answered in this addendum.

**General:**

**Question 1:** What is the "appropriate business license" that is referenced? Is this required to be a CA license or is it a license in the state we are domiciled in? Is the business license required? Must this license be obtained prior to award?

**Answer 1:** The appropriate business license can include any business license that applies to translation/interpretation services or any business license issued by any governing jurisdiction to conduct business and must be submitted with the response.

**Question 2:** On page 38 the definition of Section 3 business entity is described. This means that all the companies, which are not Section 3 business entities, cannot respond for this RFP? Or being a Section 3 business entity is a preferential matter? Would Oakland Housing Authority consider waiving the Section 3 requirement?

**Answer 2:** Section 3 is strongly encouraged but not a requirement.

**Question 3:** Does the bidder need to be registered with the California Secretary of State office?

**Answer 3:** The bidder does not have to register with the California Secretary of State office.

**Question 4:** Is RFP-13-039 open to out of state agencies?

**Answer 4:** RFP 13-039 is open to out of state agencies.

**Question 5:** In the interests of environmental conservation, can proposal responses be submitted by email?

**Answer 5:** Proposal responses must be submitted in hard copy.

**Question 6:** Is providing translation/interpreting services to government agencies relevant in terms of experience?

**Answer 6:** Please list any experience that is relevant to the Request for Proposal.

**Question 7:** When will the work under this RFP will be started?

**Answer 7:** The work will commence after all administrative procedures have been completed.

**Question 8:** Will the contract be awarded to more than one vendor?

**Answer 8:** Section 4.6, Selection Criteria, states that proposals with a final total score of 70 points or more will be placed on a qualified list.

**Question 9:** What level of specificity is required when indicating "how price is determined for services"? We would consider much of this information to be proprietary.

**Answer 9:** The level of specificity is required is stated on the Cost Statements.

**Question 10:** Can you provide information on historical usage by language (either by word count, revenue or number of requests), or if none is available on projected usage?

**Answer 10:** This information is not available.

**Question 11:** What has been the biggest challenge in working with your current and/or previous vendors?

**Answer 11:** The existing contractors have performed admirably. There have not been major challenges.

**Question 12:** What is the biggest challenge currently found in getting ASL Interpreting services?

**Answer 12:** The biggest challenge has been the availability of ASL interpreters.

**Question 13:** Item 1.4 states that calls are received daily. Do you have a figure of how many calls are received on a daily basis?

**Answer 13:** The Oakland Housing Authority anticipates 60-70 calls per month. Approximately 50% of them will be Cantonese.

**Question 14:** In regards to past performance, are you requesting contact information or references beyond what is asked on Question 3 of Attachments 2, 3, and 4?

**Answer 14:** The Oakland Housing Authority is not asking for references but a description of the services provided to these agencies.

**Question 15:** Does the 24 hours cancellation policy include weekend/holiday cancellation?

**Answer 15:** The cancellation policy applies to business days. The cancellation would occur on the business day prior to the date that the service is requested for. Example: Service requested on Monday would be cancelled on the Friday before, not over the weekend.

**Question 16:** What is the duration of a typical appointment?

**Answer 16:** For individual meetings, it is usually one hour. For group meetings it may be one to four hours.

**Question 17:** Are there any incentives for bidders who are Small Businesses or Women-owned Businesses?

**Answer 17:** Evaluation criteria are listed on page 15 of the RFP. These are the only Evaluation points considered.

**Question 18:** Is there a pool (Qualified List) of vendors?

**Answer 18:** This information is not available.

**Question 19:** Do you have any volume data for the current contract for the number of words or documents translated for each language?

**Answer 19:** There is no volume data available. The work generally submitted is a standard 8.5 x 11 sheet which may be text or a flier with pictures or other graphics.

**Question 20:** The Skill Level and Qualification Questionnaires asks for our employees' educational qualifications as well as the number of interpreters and translators employed. Agencies often have both employee and independent contract linguists. May our response encompass both?

**Answer 20:** Yes. However, the company is liable for the work of the contractors.

**Question 21:** The Skill Level and Qualification Questionnaires asks for our employees' educational qualifications as well as the number of interpreters and translators employed. Agencies often have both employee and independent contract linguists. May our response encompass both?

**Answer 21:** Yes.

**Question 22:** Can we bid just on translation and voicemail interpretation?

**Answer 22:** Potential contractors may bid on those services that they feel capable of providing.

<b>Incumbents:</b>
--------------------

**Question 23:** Who is/are the incumbent contractor(s) for these services, and what are (or were) the rates charged on the previous contract and/or what was the dollar amount spent annually on the previous contract?

**Answer 23:** This information will be available after award.

**Current Rates Charged:**

**Question 24:** What are the rates charged by current vendors for ASL Interpreting and Real Time? Please include business hours, after hours and other special rates.

**Answer 24:** This information is not available.

**Yearly Contract Revenue:**

**Question 25:** Can you provide information on total contract revenue for previous years, and/or anticipated revenue for the new contract?

**Answer 25:** This information is not available at this time.

**Subcontractors:**

**Question 26:** Does the OHA require that Offerors provide resumes for all of the individual linguists who might be called upon during the course of this contract?

**Answer 26:** OHA does require resumes of all individual linguists who are intended for use at the time the consultant submits the response to the Request for Proposal. If a linguist is acquired for use after the contract has been started then a resume for that linguist shall be submitted then.

**Question 27:** Do freelance linguists – as opposed to other translation agencies – need to be listed as “subcontractors”?

**Answer 27:** OHA does require resumes of all freelance linguists who are intended for use at the time the bidder submits the response to the Request for Proposal. If a freelance linguist is acquired for use after the contract has been started then a resume for that linguist shall be submitted then.

**Question 28:** We call upon many freelance (contract) translators and editors in our work. Do freelance linguists – as opposed to other translation agencies – need to be listed as “subcontractors”?

**Answer 28:** OHA does require resumes of all freelance linguists who are intended for use at the time the bidder submits the response to the Request for Proposal. If a freelance linguist is acquired for use after the contract has been started then a resume for that linguist shall be submitted then.

**Question 29:** Are independent contractors receiving an annual 1099 considered subcontractors?

**Answer 29:** If the Oakland Housing Authority sends a vendor a 1099, they are considered a contractor.

If a vendor uses a subcontractor, they are expected to send the 1099.

**Written Translation  
Services:**

**Question 30:** What is the per word rate for the Written Translation Services?

**Answer 30:** This information is not available.

**Question 31:** For written translation, will formatting/layout/desktop publishing (DTP) services in graphic design programs such as Adobe InDesign, Framemaker, Quark Xpress, MS Publisher, etc. ever be required?

**Answer 31:** These services have not been used much in the past, but may be required during the life of the contract. We would expect a separate rate quote for desktop publishing services.

**Question 32:** (Attachment 5, Cost Statement) The cost statement provided appears to be only for interpretation services, which are billed hourly. However, written translation services are typically charge "per word" for translation (and "per hour" for desktop publishing/formatting), per the industry standard. Will OHA provide an amended cost statement form to include written translation?

**Answer 32:** Please see Attachment 6 Cost Statement for Translations.

**American Sign Language  
(ASL):**

**Question 33:** What is the expected value of the contract (ASL)?

**Answer 33:** This information is not available.

**Question 34:** Who is your current vendor for ASL Interpreting and Real Time Captioning?

**Answer 34:** This information will be available after bid award.

**Question 35:** CART service is referenced in the scope of work, but is not described in detail. Are we to assume this is included in the sign language fee sheet? The two industry standards are different, including labor costs and minimums.

**Answer 35:** Assume that you will bring whatever computer and software that you require to perform the ASL interpretations. There is not a separate cost allocation for these services.

**Question 36:** How frequent are the ASL requests for service? (Daily, monthly, or weekly)

**Answer 36:** Requests for ASL interpretation are infrequent, not more than once monthly.

**Question 37:** California has no "certificate" for ASL Interpreting (see 2.3). Is national level certification required?

**Answer 37:** Yes.

**Bidding only on Specific Areas:**

**Question 38:** Our company is interested in bidding only for the translation portion of the contract. Is that acceptable?

**Answer 38:** It is acceptable that a company can submit a proposal to provide translation services only. Only complete the Attachments pertinent to Translation Services.

**Question 39:** If a bidder is not submitting a response for a certain service or services, could you kindly confirm that the corresponding Attachment(s) 2, 3, and/or 4, should not be included in the response? Or, would you prefer to receive a blank attachment with the note 'Not Applicable' or 'N/A'?

**Answer 39:** Bidders need only submit attachments for those services that they are interested in providing.

**Question 40:** With respect to cost statement, it seems that it only pertains to interpreting services. Should we create our own cost statement for translations?

**Answer 40:** Complete the cost statement in this Addendum pertinent to your services.

**Billing Rates (per minute, per word)**

**Question 41:** Several questions were asked concerning the fact that the Oakland Housing Authority asked for per-hour rates and the industry standards were either per-minute or per-word.

**Answer 41:** Please see the revised Cost Statements in this Addendum. These Cost Statements revise the rate structures to either per-minute or per-word.

**Written Translation Services:**

**Question 42:** We will be bidding on written translation services only. Are we required to provide these services on site or can our translators work remotely?

**Answer 42:** The translators are not required to be on site to perform the translations. They will need to certify their accuracy. Translated documents may be sent to a third party for review.

**Question 43:** Based on previous years, how frequently does Oakland Housing Authority require translation of written documents? What percentage is requested by language?

**Answer 43:** Oakland Housing Authority has requested the translation of documents on 17 different occasions in the past three years. Volume is influenced by business operations. 11 of those requests were made in 2012 when we opened the waitlists.

**Question 44:** Currently what is the per word rate for the Written Translation Services?

**Answer 44:** Spanish .12 per word  
Cantonese .13 per word  
Vietnamese .15 per word

**Voice Mail Services:**

**Question 45:** Can you therefore confirm if you need transcription of the voicemails rather than interpretation?

**Answer 45:** Transcription in English.

**Question 46:** Does "voicemail interpretation" mean vendor should provide a recording with an English-version of the original voicemail, in addition to the translation? Or is it just the written translation needed?

**Answer 46:** Oakland Housing Authority only requires the written translation.

**Answer 47:** Regarding the "voicemail interpretation", how frequently does the Oakland Housing Authority require this service? What language is requested the most?

**Answer 47:** The voice mail interpretation occurs daily. Currently the Oakland Housing Authority forwards the calls to the vendors who transcribe them and returns them to the Oakland Housing Authority daily. The Oakland Housing Authority anticipates 60-70 calls per month. Approximately 50% of them will be Cantonese.

**Location of Services:**

**Question 48:** In addition to the locations listed on page 5, are there any other potential locations for on-site interpreting services? (any locations outside the city of Oakland or out of State)

**Answer 48:** The Oakland Housing Authority may, on occasion, request that a vendor meet with us onsite at a facility operated by one of our partners. Any such location will usually be within the city limits of Oakland.

## Attachment 6 - Cost Statement for Voicemail Services

RFP #13-039

**For Proposal Comparison - Prices based on providing the three core languages**

**Agency/Contractor name:** \_\_\_\_\_

**Type of Service:**

Voicemail Services

Please submit the following information (as applicable) on this form.

	INITIAL THREE YEAR CONTRACT		FIRST YEAR OPTION		SECOND YEAR OPTION	
	Per Word	Per Call (Voicemail only if this type of charge is proposed)	Per Word	Per Call (Voicemail only if this type of charge is proposed)	Per Word	Per Call (Voicemail only if this type of charge is proposed)
<b>Chinese (Traditional):</b>						
<b>Vietnamese:</b>						
<b>Spanish:</b>						
<b>Minimum Charge:</b>						
<b>Technical Support</b>						

**Additional charges:** Specify any additional charges that are not included above on a separate sheet.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



# Attachment 7 - Cost Statement Document Translation

RFP #13-039  
COST STATEMENT

Initial Three-Year Contract

For Proposal Comparison - Prices based on providing the three core languages

Type of Service:

Document Translation

Please submit the following information (as applicable) on this form or on a similar form.

Per Word

Flat Rate per page

Chinese (Traditional):

\_\_\_\_\_

\_\_\_\_\_

Spanish:

\_\_\_\_\_

\_\_\_\_\_

Vietnamese:

\_\_\_\_\_

\_\_\_\_\_

Other Language(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Minimum Charge:

\_\_\_\_\_

Technical Support:

\_\_\_\_\_

**Additional charges:**

Specify any additional charges that are not included above.

Contractor Name:

\_\_\_\_\_

Authorized Signature:

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Attachment 7 - Cost Statement Document Translation**

**RFP #13-039  
COST STATEMENT**

**First-Year Option**

**For Proposal Comparison - Prices based on providing the three core languages  
Type of Service:**

Document Translation

Please submit the following information (as applicable) on this form or on a similar form.

	<u>Per Word</u>	<u>Flat Rate per page</u>
Chinese (Traditional):	_____	_____
Spanish:	_____	_____
Vietnamese:	_____	_____
Other Language(s):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minimum Charge: \_\_\_\_\_

Technical Support: \_\_\_\_\_

**Additional charges:**

Specify any additional charges that are not included above.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Attachment 7 - Cost Statement Document Translation**

**RFP #13-039  
COST STATEMENT**

**Second-Year Option**

**For Proposal Comparison - Prices based on providing the three core languages  
Type of Service:**

Document Translation

Please submit the following information (as applicable) on this form or on a similar form.

	<u>Per Word</u>	<u>Flat Rate per page</u>
Chinese (Traditional):	_____	_____
Spanish:	_____	_____
Vietnamese:	_____	_____
Other Language(s):		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minimum Charge: \_\_\_\_\_

Technical Support: \_\_\_\_\_

**Additional charges:**

Specify any additional charges that are not included above.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Attachment 8 – Cost Statement for Interpretation**

**RFP #13-039**

**Initial Three-Year Contract**

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

<b>TYPE OF SERVICE</b>	<b>MINUTE RATE</b>	<b>NUMBER OF MINUTES</b>	<b>TOTAL (MINUTE RATE X NUMBER OF MINUTES)</b>	<b>BILLING TIME BEGINS AND ENDS</b>	<b>OTHER RATES/FEEES</b>
<b>Regular Business Hours (8:00 am – 5:00 pm)</b>		60			
<b>Evening</b>		60			
<b>Weekend</b>		60			
<b>Overtime</b>		60			
<b>Emergencies</b>		60			
<b>Multiple Interpreters</b>		60			
<b>Simultaneous</b>		60			
<b>Minimum Charge</b>					
<b>Cancellations</b>					
<b>Billing Increments</b>					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### First-Year Option for Interpretation

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should either be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES *	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous		60			
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Second-Year Option for Interpretation

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should either be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES *	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous		60			
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.



**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Attachment 9 – Cost Statement for Sign Language Services

**RFP #13-039**

### Initial Three-Year Contract

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous		60			
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### First-Year Option for Sign Language Services

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should either be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES *	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous		60			
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Second-Year Option for Sign Language Services

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should either be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES *	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous					
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Attachment 10 – Cost Statement for Telephone Interpretation

**RFP #13-039**

### Initial Three-Year Contract

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous		60			
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.



**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### First-Year Option for Telephone Interpretation

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should either be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES *	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous		60			
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Second-Year Option for Telephone Interpretation

Please complete this Cost Statement and submit it with your proposal. Only those fees that are included on this form shall be billable to the Oakland Housing Authority. Fees that are not specifically identified below (administrative support, copying, etc.) should either be captured in the "Other Rate/Fees" column, incorporated into one of the other columns, or itemized on a separate sheet. For informational purposes only.

TYPE OF SERVICE	MINUTE RATE	NUMBER OF MINUTES *	TOTAL (MINUTE RATE X NUMBER OF MINUTES)	BILLING TIME BEGINS AND ENDS	OTHER RATES/FEEES
Regular Business Hours (8:00 am – 5:00 pm)		60			
Evening		60			
Weekend		60			
Overtime		60			
Emergencies		60			
Multiple Interpreters		60			
Simultaneous					
Minimum Charge					
Cancellations					
Billing Increments					

\*Number of Minutes is only for cost comparison. It is not the estimated hours of work.

**Contractor Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_



Oakland Housing  
Authority

RFP #13-039  
Language Interpreter/Translation Services

Addendum #4  
Date issued and released: August 5, 2014

Bidder hereby acknowledges this addendum:

Name of Firm: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgement of this Addendum must be included with your bid.**