|  |  |
| --- | --- |
| DEPARTMENT OF HEALTH SERVICES **DEPARTMENT OF CHILDREN AND FAMILIES**  **DEPARTMENT OF WORKFORCE DEVELOPMENT** | **STATE OF WISCONSIN** |

**WRITTEN TRANSLATION PROFESSIONAL SERVICES CONTRACT**

**REQUEST FOR SERVICES**

**Instructions:** This form may be used for requesting a bid for written translation services in bulk (25,000 or more words) from vendors that are on the current VendorNet contract list for Translation Services (Section A). Translation companies or persons cannot be considered if they are not on this contract.

**Vendors**: All terms and conditions of the State Contract apply to each engagement and cannot be altered without the State Bureau of Procurement approval in writing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Agency | | Contact Name | Telephone Number | | E-mail address | |
| Request Date | | Bid Due Date | Estimated Start Date | | Estimated Completion Due Date | |
| Number | Title | | | Language / Dialect | Due Date | Word Count |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| Total Word Count | | | | | |  |
| Comments | | | | | | | |
| Vendor Response (including bid for all translations on this request) | | | | | | | |