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

**IN-PERSON INTERPRETER PROFESSIONAL SERVICES CONTRACT  
REQUEST FOR SERVICES**

**Instructions:** This form is to be used for requesting a bid for in-person interpreter services in bulk from vendors that are on the current State VendorNet contract list for In-Person Services (Section C). Interpreters 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 Contract Administrator approval in writing.

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| Buying Agency | | Contact Name | | | Telephone Number | | Email address | |
| Request Date | | Bid Due Date | | | Response Type Request  Email  Post  Fax | | | |
| Date  Needed | Language / Dialect | Location | | | | | | Date Needed | |
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| Engagement Description / Specifications – identify the work and any special skills required. Provide enough background so the vendor can provide a meaningful estimate and the right interpreter. Specify if you want the vendor to respond with an hourly rate or a lump sum pricing for the entire job. | | | | | | | | | |
| **Vendor Response** | | | | | | | | | |
| Vendor Name | | | | Telephone Number | | Email Address | | | |
| Bid for all interpreters requests: hourly or lump sum rate | | | | | | | | | |
| Complete the information below and attach this form to each resume submitted. Attached each interpreters resume to this form. The interpreter’s resume should address the specific experience and skills identified above. Incomplete responses may be rejected or set aside in favor of completed responses. | | | | | | | | | |
| Interpreter Full Name | | | Reference Co. / Contact Name | | | Reference Telephone Number | | |
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| Additional Comments | | | | | | | | | |