



FINANCIAL INFORMATION

Payee Name of Agency (if different than Legal Name)
Financial Contact Person Name/Title
Street Address/City/State/Zip
Agency's Fiscal Year (Start date - End date)
Amount of Funding Request to ECDSS for this proposed contract
FY of Request (Start date - End date)

UNIT COST

Service Group:	
Language Group:	
Unit of Service for this proposal (e.g.: hour):	
Cost per unit of service for this proposal (county funding + in-kind)/# units:	

SUPPLEMENTARY APPLICATION INFORMATION

Provide a separate envelope or folder which includes one copy of the most current information as noted below. These materials cannot be returned.

- Most recent Audit report prepared by an independent CPA
- Most recent Management Letter

V. CERTIFICATION

The undersigned certifies that he or she is a principal officer of the applicant agency and has knowledge of, and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

SIGNATURE

DATE

NAME/TITLE

RFP Appendix B: Fiscal



RFP Appendix B: Fiscal
 Department of Social Services
 RFP#2021-019VF

Interpretation Fee Schedule

In-Person Interpretation	Minimum Charge *	Rate Per Additional Half Hour
Standard Rate (24 hours' notice is given and service is provided Monday through Friday between the hours of 8am and 11 pm.)		
Premium Rate (Requests with less than 24 hours provided or pre-arranged requests for services between 11pm and 8am, Monday through Friday plus all day Saturday, Sunday and holidays.)		
Emergency Rate (Requests received after normal business hours)		
Legal Rate (Court appearances, on-the-record proceedings, and legal Consultations)		
Video Remote Interpretation	Minimum Charge *	Rate Per Additional Half Hour
Standard Rate (24 hours' notice is given and service is provided Monday through Friday between the hours of 8am and 11 pm.)		
Premium Rate (Requests with less than 24 hours provided or pre-arranged requests for services between 11pm and 8am, Monday through Friday plus all day Saturday, Sunday and holidays.)		
Emergency Rate (Requests received after normal business hours)		
Legal Rate (Court appearances, on-the-record proceedings, and legal Consultations)		

* 2-hour minimum charge

RFP Appendix B: Fiscal

Translation Fee Schedule

Translation and Formatting		
Language Translated to English	Rate Per English Word	Hourly Rates for Formatting
Spanish		
Arabic		
Russian		
Chinese		
Karen		
Burmese		
French		
Somali		
Swahili		
Nepali		

Same Day Translation	
Language Translated to/from English	Rate Per Page Side
Spanish	
Arabic	
Russian	
Chinese	
Karen	
Burmese	
French	
Somali	
Swahili	
Nepali	

Minimum Fees	
Pricing and description of any applicable minimum charges for pricing methods above.	
Description	Price