



REQUEST FOR PROPOSALS: #2018-02 TRANSLATION & OTHER LANGUAGE ACCESS SERVICES

Request for Proposals: Translation & Other Language Access Services

Please refer to the Information Packet for more details on qualifications and references.

Overview of Attachment A - Application:

- A. Introduction
- B. Team Qualifications
- C. Firm Qualifications - Sample Projects
- D. References

Submit a completed application by Tuesday, November 6 at 3 p.m. PDT.

Please indicate the service(s) you are applying for:

Translation Facilitation Website Localization

Company Name

**State of
Incorporation**

Street Address

Suite No.

City

State

Zipcode

Phone number

E-mail

A. Introduction - Company Background and Brief History

1. Please provide a brief history of your company, including the years of experience providing the each proposed services that you are applying for.

2. What are your company's certifications? Please list below.

3. Describe your firm's organizational structure.

4. Provide a description of how you ensure that your services are culturally competent. If applying for more than one service, please provide a description for each service. Each scope of work will be graded independently.

5. Provide a description of your quality control procedures including any software or machine assisted processes. If applying for more than one service, please provide a description for each service. Each scope of work will be graded independently.

6. Provide a description of your policies and procedures to safeguard confidential and sensitive information.

7. Provide a description of your work flow process. If applying for more than one service, please provide a description for the work flow process of each service as they will be graded independently.

8. Provide a description of your customer service policy and complaint resolution process. If you are applying for more than one service, please note if there are differences in the customer service policy and complaint resolution process. Each scope of work will be graded independently.

B. Team Qualifications

Provide a description of the title, position, and qualifications of the person(s) who will be your company liaison(s) and primary points of contact for each work scope category that your firm seeks to provide services. You may skip the extra fields if you have less than six people on your list. **Please do not forget to include an attachment of each person's resume.**

The key individuals listed and identified below will be performing the work and will not be substituted with other personnel or reassigned to another project without the City's priority approval.

Yes, I understand and agree

No, I do not agree

First Name

Last Name

Title/Position

Project Manager?

Phone Number

E-mail

Brief description of role in the project:

Brief description of experience and qualifications, including summary of resume:

First Name

Last Name

Title/Position

Project Manager?

Phone Number

E-mail

Brief description of role in the project:

Brief description of experience and qualifications, including summary of resume:

First Name

Last Name

Title/Position

Project Manager?

Phone Number

E-mail

Brief description of role in the project:

Brief description of experience and qualifications, including summary of resume:

First Name

Last Name

Title/Position

Project Manager?

Phone Number

E-mail

Brief description of role in the project:

Brief description of experience and qualifications, including summary of resume:

First Name

Last Name

Title/Position

Project Manager?

Phone Number

E-mail

Brief description of role in the project:

Brief description of experience and qualifications, including summary of resume:

First Name

Last Name

Title/Position

Project Manager?

Phone Number

E-mail

Brief description of role in the project:

Brief description of experience and qualifications, including summary of resume:

C. Firm Qualifications - Sample Projects

Provide information on your firm's background and qualifications which addresses the following:

A description of not more than six projects similar in size and scope prepared by your firm including client, reference and telephone numbers, staff members who worked on each project, budget, schedule and project summary. Descriptions must be within character limit (max. 500 words).

Submit the following:

1. Applying to one (1) scope of service provide three (3) project descriptions.
2. Applying to two (2) scope of services provide three (3) project descriptions per service.
3. Applying to three (3) scope of services provide (2) project descriptions per service.

1

Project Name

Client Phone No. E-mail

Budget

Project Duration

Project Summary

Project Name

Client

Phone No.

E-mail

Budget

Project Duration

Project Summary

Project Name

Client

Phone No.

E-mail

Budget

Project Duration

Project Summary

4

Project Name

Client

Phone No.

E-mail

Budget

Project Duration

Project Summary

5

Project Name

Client

Phone No.

E-mail

Budget

Project Duration

Project Summary

Project Name

Client

Phone No.

E-mail

Budget

Project Duration

Project Summary

D. References

Please list your references in this portion of the application.

Provide up to six (6) verifiable references to demonstrate your firm's experience on areas of service being proposed. Proposers are representing that the references are familiar with proposer's work and experience, and references will be truthful in any representations.

Submit the following:

1. Applying to one (1) scope of service provide three (3) references.
2. Applying to two (2) scope of services provide three (3) references per service.
3. Applying to three (3) scope of services provide (2) references per service.

The San Francisco Office of Civic Engagement & Immigrant Affairs cannot be used as a reference, but other City and County of San Francisco departments can be included as references.

Reference 1

Organization's Name

Contact Person's
Name

Contact Phone
No.

Duration of
Services

Description of services provided:

Reference 2

Organization's Name

Contact Person's
Name

Contact
Phone No.

Duration of
Services

Description of services provided:

Reference 3

Organization's Name

Contact Person's
Name

Contact Phone
No.

Duration of
Services

Description of services provided:

Reference 4

Organization's Name

Contact Person's
Name

Contact Phone
No.

Duration of
Services

Description of services provided.

Reference 5

Organization's Name

Contact Person's
Name

Contact Phone
No.

Duration of
Services

Description of services provided:

Reference 6

Organization's Name

Contact Person's
Name

Contact Phone
No.

Duration of
Services

Description of services provided:

Proposals must be received by 3:00 p.m. PDT, on Tuesday, November 6, 2018. Postmarks will not be considered in judging the timeliness of submissions. Proposals submitted by fax will not be considered.

Proposals may be submitted:

- (1) electronically via e-mail to language.access@sfgov.org
- or
- (2) delivered in person or mailed to:

Isis Fernandez Sykes
Office of Civic Engagement & Immigrant Affairs
50 Van Ness Ave.
San Francisco, CA 94102