



# Statewide Contract Information Sheet

|   |  |                              |  |
|---|--|------------------------------|--|
| <b>Statewide Contract Number</b>  | <b>99999-001-SPD0000083</b>                        | <b>NIGP Code</b>             | <b>91525<br/>96117<br/>96146<br/>96167</b> |
| <b>Name of Contract</b>   | <b>Sign Language and Hearing Impaired Services</b> |                              |  |
| <b>Effective Date</b>   | <b>July 1, 2012</b>                                | <b>Expiration Date</b>       | <b>June 30, 2014</b>                       |
| <b>Contract Table of Contents</b>   |  |                              |  |
| <b>Suppliers Awarded</b>  | <b>2</b>   | <b>Contract Information:</b> | <b>Convenience Contract</b>                |
| <b>Contract Information for Supplier</b>                                      |  |                              | <b>Page Number</b>                         |
| <a href="#"><u><b>Absolute Quality Interpreting, LLC</b></u></a>              |  |                              | <b>2</b>                                   |
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# Supplier Information Sheet

| Contract Information   |  |
|--|--|
| <b>Statewide Contract Number</b>   | <b>99999-001-SPD0000083-0002</b>   |
| <b>PeopleSoft Supplier Number</b>  | <b>0000522533</b>  |
| <b>Supplier Name &amp; Address</b>   |  |
| Absolute Quality Interpreting Services, LLC<br>11505 Murcott Way<br>Land O'Lakes, FL 34638                       |  |
| <b>Contract Administrator</b>  |  |
| Lisa Schaefermayer<br>Phone: 877-687-5151<br>Email: <a href="mailto:AQI@AQIservices.com">AQI@AQIservices.com</a> |  |
| <b>Contact Details</b>   |  |
| <b>Ordering Information</b>  | Use the Attached Form to request a quote   |
| <b>Remitting Information</b>   | <u>Remit to Address listed on invoice</u>  |
| <b>Delivery Days</b>   | Orders will be shipped within 2 days after receipt of Purchase Order   |
| <b>Discounts</b>   | <u>Listed on the COST PROPOSAL and Directions for Calculation included herein</u>  |
| <b>Payment Terms</b>   | Net 30 Days  |
| <b>Bid Offer includes</b>  | State and Local Government   |
| <b>Acceptable payment method</b>   | Supplier will accept Purchase Orders and the Purchasing Card under this contract as permitted by current policies governing the Purchasing Card program. |



# Supplier Information Sheet

| Contract Information  |  |
|---|--|
| <b>Statewide Contract Number</b>  | <b>99999-001-SPD0000083-0001</b>   |
| <b>PeopleSoft Supplier Number</b>   | <b>0000415436</b>  |
| <b>Supplier Name &amp; Address</b>  |  |
| Latin American Translators Network, Inc. (LATN)<br>1720 Peachtree Street, Suite 433<br>Atlanta, GA 30309    |  |
| <b>Contract Administrator</b>   |  |
| Alicia Mitchell<br>Phone: 404-634-2635<br>Email: <a href="mailto:amitchell@latn.com">amitchell@latn.com</a> |  |
| <b>Contact Details</b>  |  |
| <b>Ordering Information</b>   | Use the Attached Form to request a quote   |
| <b>Remitting Information</b>  | <u>Remit to Address listed on invoice</u>  |
| <b>Delivery Days</b>  | Orders will be shipped within 2 days after receipt of Purchase Order   |
| <b>Discounts</b>  | <u>Listed on the COST PROPOSAL and Directions for Calculation included herein</u>  |
| <b>Payment Terms</b>  | Net 30 Days  |
| <b>Bid Offer includes</b>   | State and Local Government   |
| <b>Acceptable payment method</b>  | Supplier will accept Purchase Orders and the Purchasing Card under this contract as permitted by current policies governing the Purchasing Card program. |



## **Item Listing**

**Pricing is based on the attached schedules. This contract uses discounts for time periods used. Please note the following about how to calculate the correct hourly billing rate. An example is provided for each supplier and their discount policy:**

### **Absolute Quality Interpreting Services, LLC:**

**If the assignment meets any of the time criteria listed in the discounts, the rate is the posted "discount" rate \* hours of service.**

**i.e. Region 1: Basic Sign Language, 3 hour assignment 8:30 – 11:30 AM during Business Hrs.**

**Business Hrs. Rate @ \$194.00 per hour ;> 105 minute assignment offers discounted rate of \$94 for the two additional hours.**

**\$194.00 + \$188.00 = \$382.00**

**You will not pay for travel time or mileage as the rate is already inclusive of those items.**



**Latin American Translators Network, Inc.:**

**If the assignment meets any of the time criteria listed in the discounts, you will need to calculate the discount within each time period to establish the rate.**

**i.e. Region 1: Basic Sign Language , 3 hour assignment 8:30 – 11:30 AM during Business Hrs.**

**Business Hrs. Rate @ \$205.00 per hour; >1.01 assignment offers discount of \$145.00.**

**Hour 1: No discount, \$205.00**  
**Hour 2 and 3: \$ 205.00**  
**- 145.00**

**60.00\*2 hours = 120.00**

**TOTAL = \$205.00+\$120.00 = \$325.00**

**You will not pay for travel time or mileage as the rate is already inclusive of those items.**

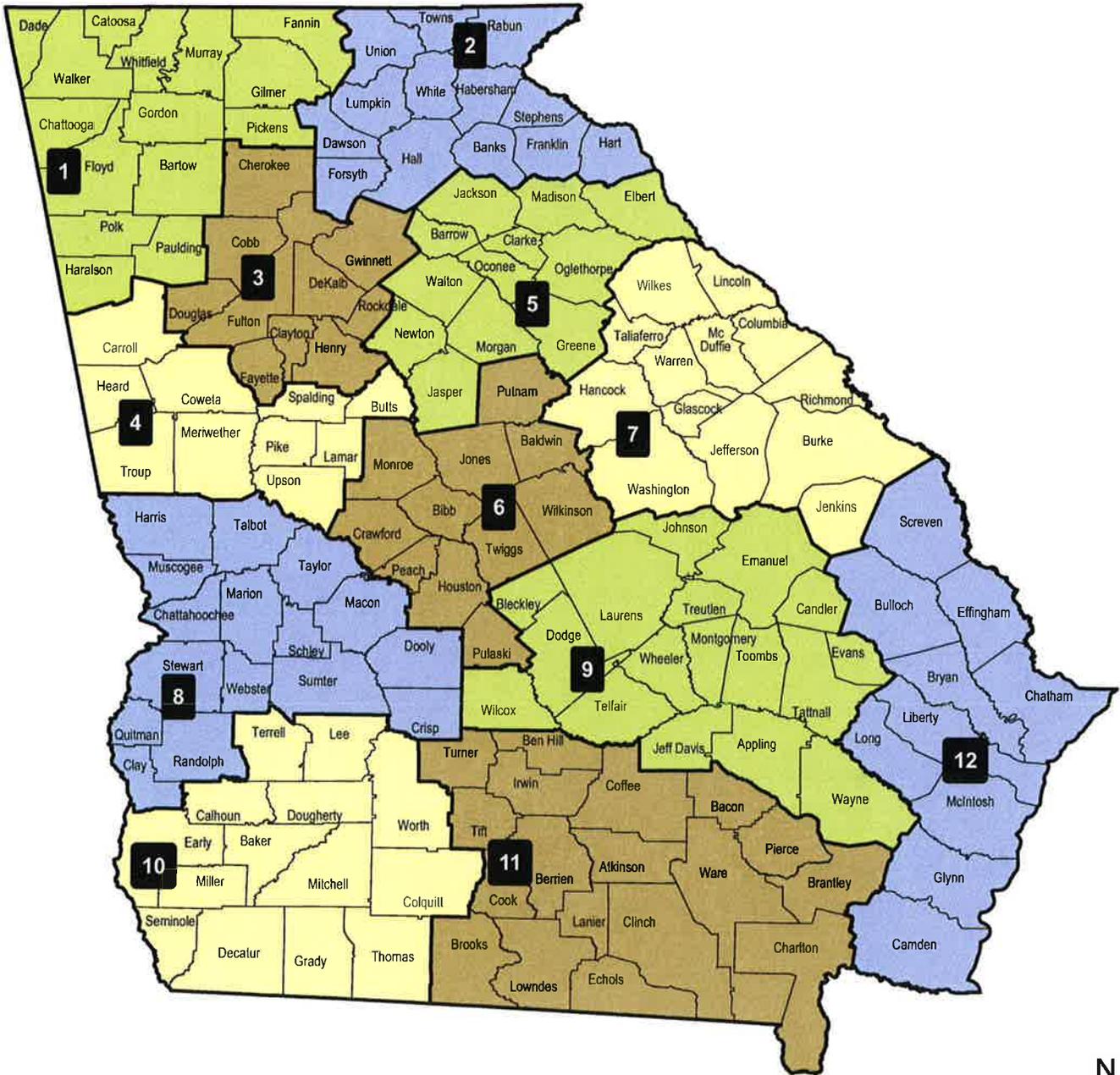


## **Ordering Instructions**

**A Supplier Request form will be shared to initiate provision of a quote for Services.**

**Send the request to the Supplier.**

# State Service Delivery Regions



Source: Georgia Department of Community Affairs, 2004

# Pricing for AQI



**Georgia Department of Administrative Services  
RFP No. 99999-SPD000083  
SIGN LANGUAGE & HEARING IMPAIRED SERVICES  
COST PROPOSAL**

**REGION 1**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:** *[Handwritten Signature]*

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                | Legal Sign Language |   |                |
|---------------------|---|----------------|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194               | \$204                                     | \$250          | \$214               | \$224                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           | \$43               | \$45                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           | \$71               | \$75                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          | \$92               | \$96                                      | \$107          |
| more than 105 minute | \$100              | \$102                                     | \$125          | \$107              | \$112                                     | \$125          |

| Medical Sign Language |   |                | Mental Health Sign Language |   |                |
|-----------------------|---|----------------|-----------------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194                 | \$204                                     | \$250          | \$204                       | \$214                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           | \$41               | \$43                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           | \$68               | \$71                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          | \$87               | \$92                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          | \$102              | \$107                                     | \$125          |

| CDI                |   |                | Deaf/Blind         |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$348              | \$368                                     | \$440          | \$348              | \$368                                     | \$440          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|--------------------|---|----------------|
| 61-75 minutes        | \$70               | \$74                                      | \$88           | \$70               | \$74                                      | \$88           |
| 76-90 minutes        | \$116              | \$123                                     | \$147          | \$116              | \$123                                     | \$147          |
| 91-105 minutes       | \$149              | \$158                                     | \$189          | \$149              | \$158                                     | \$189          |
| more than 105 minute | \$174              | \$184                                     | \$220          | \$174              | \$184                                     | \$220          |

**IN-PERSON RATE**



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 1**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:** *[Handwritten Signature]*

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$95               | \$95                                      | \$115          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$95               | \$95                                      | \$95           |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |



Georgia Department of Administrative Services  
RFP No. 99999-SPD0000083  
SIGN LANGUAGE & HEARING IMPAIRED SERVICES  
COST PROPOSAL

REGION 1

Supplier:

Absolute Quality Interpreting (AQI) Services, LLC

Authorized Signature:

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

All per hour basis discounts are on a per appointment basis and not on a total useage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 2**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:** *[Handwritten Signature]*

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194               | \$204                                     | \$250          |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$214               | \$224                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$43               | \$45                                      | \$50           |
| \$71               | \$75                                      | \$83           |
| \$92               | \$96                                      | \$107          |
| \$107              | \$112                                     | \$125          |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194                 | \$204                                     | \$250          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$204                       | \$214                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$41               | \$43                                      | \$50           |
| \$68               | \$71                                      | \$83           |
| \$87               | \$92                                      | \$107          |
| \$102              | \$107                                     | \$125          |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$348              | \$368                                     | \$440          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$348              | \$368                                     | \$440          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$70               | \$74                                      | \$88           |
| 76-90 minutes        | \$116              | \$123                                     | \$147          |
| 91-105 minutes       | \$149              | \$158                                     | \$189          |
| more than 105 minute | \$174              | \$184                                     | \$220          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$70               | \$74                                      | \$88           |
| \$116              | \$123                                     | \$147          |
| \$149              | \$158                                     | \$189          |
| \$174              | \$184                                     | \$220          |

**IN-PERSON RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$95               | \$95                                      | \$115          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$95               | \$95                                      | \$95           |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                   |  |                    |   |                |
|---|--------------------|---|-------------------|--|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency<br>Rate |  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A   | N/A                | N/A                                       | N/A               |  | N/A                | N/A                                       | N/A            |
|   |                    |   |                   |  |                    |   |                |
|   |                    |   |                   |  |                    |   |                |
|   |                    |   |                   |  |                    |   |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 3**

Supplier: **Absolute Quality Interpreting (AQI) Services, LLC**

Authorized Signature: *[Handwritten Signature]*

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$134               | \$144                                     | \$190          |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$154               | \$164                                     | \$190          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$27               | \$29                                      | \$38           |
| 76-90 minutes        | \$45               | \$48                                      | \$63           |
| 91-105 minutes       | \$57               | \$62                                      | \$81           |
| more than 105 minute | \$70               | \$72                                      | \$95           |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$31               | \$33                                      | \$38           |
| \$51               | \$55                                      | \$63           |
| \$66               | \$70                                      | \$81           |
| \$77               | \$82                                      | \$95           |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$134                 | \$144                                     | \$190          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$144                       | \$154                                     | \$190          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$27               | \$29                                      | \$38           |
| 76-90 minutes        | \$45               | \$48                                      | \$63           |
| 91-105 minutes       | \$57               | \$62                                      | \$81           |
| more than 105 minute | \$67               | \$72                                      | \$95           |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$29               | \$31                                      | \$38           |
| \$48               | \$51                                      | \$63           |
| \$62               | \$66                                      | \$81           |
| \$72               | \$77                                      | \$95           |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$288              | \$308                                     | \$380          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$288              | \$308                                     | \$380          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$58               | \$62                                      | \$76           |
| 76-90 minutes        | \$96               | \$103                                     | \$127          |
| 91-105 minutes       | \$123              | \$132                                     | \$163          |
| more than 105 minute | \$144              | \$154                                     | \$190          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$58               | \$62                                      | \$76           |
| \$96               | \$103                                     | \$127          |
| \$123              | \$132                                     | \$163          |
| \$144              | \$154                                     | \$190          |

**IN-PERSON RATE**

| C-Print   |   |   |                | CART               |   |                |  |
|---|---|---|----------------|--------------------|---|----------------|--|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  |
| N/A   | N/A                                       | N/A                                       |                | \$190              | \$190                                     | \$230          |  |
| DISCOUNTS: Amount to be deducted from base rate for service |   |   |                |                    |   |                |  |
| Increment Level:  | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  |
| 61-75 minutes   | N/A                                       | N/A                                       | N/A            | \$38               | \$38                                      | \$46           |  |
| 76-90 minutes   | N/A                                       | N/A                                       | N/A            | \$63               | \$63                                      | \$77           |  |
| 91-105 minutes  | N/A                                       | N/A                                       | N/A            | \$81               | \$81                                      | \$99           |  |
| more than 105 minute  | N/A                                       | N/A                                       | N/A            | \$95               | \$95                                      | \$115          |  |
| REMOTE RATE   |   |   |                |                    |   |                |  |
| C-Print   |   |   |                | CART               |   |                |  |
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  |
| N/A   | N/A                                       | N/A                                       |                | \$95               | \$95                                      | \$115          |  |
| DISCOUNTS: Amount to be deducted from base rate for service |   |   |                |                    |   |                |  |
| Increment Level:  | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  |
| N/A   | N/A                                       | N/A                                       | N/A            | N/A                | N/A                                       | N/A            |  |
|   |   |   |                |                    |   |                |  |
|   |   |   |                |                    |   |                |  |
| VRI   |   |   |                |                    |   |                |  |
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  |
| \$95  | \$95                                      | \$95                                      |                | \$95               | \$95                                      | \$95           |  |
| DISCOUNTS: Amount to be deducted from base rate for service |   |   |                |                    |   |                |  |
| Increment Level:  | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  |
| N/A   | N/A                                       | N/A                                       | N/A            | N/A                | N/A                                       | N/A            |  |
|   |   |   |                |                    |   |                |  |
|   |   |   |                |                    |   |                |  |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 4

Supplier: Absolute Quality Interpreting (AQI) Services, LLC

Authorized Signature:



The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |                                     |                | Legal Sign Language |                                     |                |
|---------------------|-------------------------------------|----------------|---------------------|-------------------------------------|----------------|
| Business Hrs. Rate  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| \$154               | \$164                               | \$210          | \$174               | \$184                               | \$210          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|----------------------|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| 61-75 minutes        | \$31               | \$33                                | \$42           | \$35               | \$37                                | \$42           |
| 76-90 minutes        | \$51               | \$55                                | \$70           | \$58               | \$61                                | \$70           |
| 91-105 minutes       | \$66               | \$70                                | \$90           | \$77               | \$79                                | \$90           |
| more than 105 minute | \$77               | \$82                                | \$105          | \$87               | \$92                                | \$105          |

| Medical Sign Language |                                     |                | Mental Health Sign Language |                                     |                |
|-----------------------|-------------------------------------|----------------|-----------------------------|-------------------------------------|----------------|
| Business Hrs. Rate    | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate          | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| \$154                 | \$164                               | \$210          | \$164                       | \$174                               | \$210          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|----------------------|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| 61-75 minutes        | \$31               | \$33                                |                | \$33               | \$35                                | \$42           |
| 76-90 minutes        | \$51               | \$55                                | \$70           | \$55               | \$58                                | \$70           |
| 91-105 minutes       | \$66               | \$70                                | \$90           | \$70               | \$75                                | \$90           |
| more than 105 minute | \$77               | \$82                                | \$105          | \$82               | \$87                                | \$105          |

| CDI                |                                     |                | Deaf/Blind         |                                     |                |
|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| \$308              | \$328                               | \$400          | \$308              | \$328                               | \$400          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|----------------------|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| 61-75 minutes        | \$62               | \$66                                | \$80           | \$62               | \$66                                | \$80           |
| 76-90 minutes        | \$102              | \$109                               | \$133          | \$102              | \$109                               | \$133          |
| 91-105 minutes       | \$132              | \$141                               | \$171          | \$132              | \$141                               | \$171          |
| more than 105 minute | \$154              | \$164                               | \$200          | \$154              | \$164                               | \$200          |

**IN-PERSON RATE**

|         |      |
|---------|------|
| C-Print | CART |
|---------|------|

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$190              | \$190                                     | \$230          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A                | N/A                                       | N/A            |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$95               | \$95                                      | \$115          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$95               | \$95                                      | \$95           |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| N/A              | N/A                | N/A                                       | N/A            |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| N/A                | N/A                                       | N/A            |
|                    |   |                |
|                    |   |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 5

Supplier: Absolute Quality Interpreting (AQI) Services, LLC

Authorized Signature: *[Handwritten Signature]*

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$154               | \$164                                     | \$210          |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$174               | \$184                                     | \$210          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$31               | \$33                                      | \$42           |
| 76-90 minutes        | \$51               | \$55                                      | \$70           |
| 91-105 minutes       | \$66               | \$70                                      | \$90           |
| more than 105 minute | \$77               | \$82                                      | \$105          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$35               | \$37                                      | \$42           |
| \$58               | \$61                                      | \$70           |
| \$77               | \$79                                      | \$90           |
| \$87               | \$92                                      | \$105          |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$154                 | \$164                                     | \$210          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$164                       | \$174                                     | \$210          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$31               | \$33                                      |                |
| 76-90 minutes        | \$51               | \$55                                      | \$70           |
| 91-105 minutes       | \$66               | \$70                                      | \$90           |
| more than 105 minute | \$77               | \$82                                      | \$105          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$33               | \$35                                      | \$42           |
| \$55               | \$58                                      | \$70           |
| \$70               | \$75                                      | \$90           |
| \$82               | \$87                                      | \$105          |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$308              | \$328                                     | \$400          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$308              | \$328                                     | \$400          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$62               | \$66                                      | \$80           |
| 76-90 minutes        | \$102              | \$109                                     | \$133          |
| 91-105 minutes       | \$132              | \$141                                     | \$171          |
| more than 105 minute | \$154              | \$164                                     | \$200          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$62               | \$66                                      | \$80           |
| \$102              | \$109                                     | \$133          |
| \$132              | \$141                                     | \$171          |
| \$154              | \$164                                     | \$200          |

**IN-PERSON RATE**

| C-Print  |   |   | CART               |   |   |                |
|--|---|---|--------------------|---|---|----------------|
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$190              | \$190                                     | \$230                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>REMOTE RATE</b>   |   |   |                    |   |   |                |
| C-Print  |   |   | CART               |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$95               | \$95                                      | \$115                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>VRI</b>   |   |   |                    |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                    |   |   |                |
| \$95   | \$95                                      | \$95                                      |                    |   |   |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |

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**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 6

Supplier: Absolute Quality Interpreting (AQI) Services, LLC

Authorized Signature:

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                | Legal Sign Language |   |                |
|---------------------|---|----------------|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$154               | \$164                                     | \$210          | \$174               | \$184                                     | \$210          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|--------------------|---|----------------|
| 61-75 minutes        | \$31               | \$33                                      | \$42           | \$35               | \$37                                      | \$42           |
| 76-90 minutes        | \$51               | \$55                                      | \$70           | \$58               | \$61                                      | \$70           |
| 91-105 minutes       | \$66               | \$70                                      | \$90           | \$77               | \$79                                      | \$90           |
| more than 105 minute | \$77               | \$82                                      | \$105          | \$87               | \$92                                      | \$105          |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$154                 | \$164                                     | \$210          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$164                       | \$174                                     | \$210          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|--------------------|---|----------------|
| 61-75 minutes        | \$31               | \$33                                      | \$42           | \$33               | \$35                                      | \$42           |
| 76-90 minutes        | \$51               | \$55                                      | \$70           | \$55               | \$58                                      | \$70           |
| 91-105 minutes       | \$66               | \$70                                      | \$90           | \$70               | \$75                                      | \$90           |
| more than 105 minute | \$77               | \$82                                      | \$105          | \$82               | \$87                                      | \$105          |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$308              | \$328                                     | \$400          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$308              | \$328                                     | \$400          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|--------------------|---|----------------|
| 61-75 minutes        | \$62               | \$66                                      | \$80           | \$62               | \$66                                      | \$80           |
| 76-90 minutes        | \$102              | \$109                                     | \$133          | \$102              | \$109                                     | \$133          |
| 91-105 minutes       | \$132              | \$141                                     | \$171          | \$132              | \$141                                     | \$171          |
| more than 105 minute | \$154              | \$164                                     | \$200          | \$154              | \$164                                     | \$200          |

**IN-PERSON RATE**

| C-Print  |   |   | CART               |   |   |                |
|--|---|---|--------------------|---|---|----------------|
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$190              | \$190                                     | \$230                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>REMOTE RATE</b>   |   |   |                    |   |   |                |
| C-Print  |   |   | CART               |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$95               | \$95                                      | \$115                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>VRI</b>   |   |   |                    |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                    |   |   |                |
| \$95   | \$95                                      | \$95                                      |                    |   |   |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services  
RFP No. 99999-SPD000083  
SIGN LANGUAGE & HEARING IMPAIRED SERVICES  
COST PROPOSAL**

**REGION 7**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:**



The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$174               | \$184                                     | \$230          |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194               | \$204                                     | \$230          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:      | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|-----------------------|--------------------|---|----------------|
| 61-75 minutes         | \$35               | \$37                                      | \$46           |
| 76-90 minutes         | \$58               | \$61                                      | \$77           |
| 91-105 minutes        | \$75               | \$79                                      | \$99           |
| more than 105 minutes | \$87               | \$92                                      | \$115          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$39               | \$41                                      | \$46           |
| \$65               | \$68                                      | \$77           |
| \$83               | \$87                                      | \$99           |
| \$97               | \$102                                     | \$115          |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$174                 | \$184                                     | \$230          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$184                       | \$194                                     | \$230          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:      | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|-----------------------|--------------------|---|----------------|
| 61-75 minutes         | \$35               | \$37                                      | \$46           |
| 76-90 minutes         | \$58               | \$61                                      | \$77           |
| 91-105 minutes        | \$75               | \$79                                      | \$99           |
| more than 105 minutes | \$87               | \$92                                      | \$115          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$37               | \$39                                      | \$46           |
| \$61               | \$65                                      | \$77           |
| \$79               | \$83                                      | \$99           |
| \$92               | \$97                                      | \$115          |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$328              | \$348                                     | \$420          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$328              | \$348                                     | \$420          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:      | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|-----------------------|--------------------|---|----------------|
| 61-75 minutes         | \$66               | \$70                                      | \$84           |
| 76-90 minutes         | \$109              | \$116                                     | \$140          |
| 91-105 minutes        | \$141              | \$149                                     | \$180          |
| more than 105 minutes | \$164              | \$174                                     | \$210          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$66               | \$70                                      | \$84           |
| \$109              | \$116                                     | \$140          |
| \$141              | \$149                                     | \$180          |
| \$164              | \$174                                     | \$210          |

**IN-PERSON RATE**

| C-Print  |                                     |                                     | CART               |                                     |                                     |                |
|--|-------------------------------------|-------------------------------------|--------------------|-------------------------------------|-------------------------------------|----------------|
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
| <b>REMOTE RATE</b>   |                                     |                                     |                    |                                     |                                     |                |
| C-Print  |                                     |                                     | CART               |                                     |                                     |                |
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                |
| N/A  | N/A                                 | N/A                                 | \$95               | \$95                                | \$115                               |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
| <b>VRI</b>   |                                     |                                     |                    |                                     |                                     |                |
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                    |                                     |                                     |                |
| \$95   | \$95                                | \$95                                |                    |                                     |                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 8**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:**

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$174               | \$184                                     | \$230          |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194               | \$204                                     | \$230          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$35               | \$37                                      | \$46           |
| 76-90 minutes        | \$58               | \$61                                      | \$77           |
| 91-105 minutes       | \$75               | \$79                                      | \$99           |
| more than 105 minute | \$87               | \$92                                      | \$115          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$39               | \$41                                      | \$46           |
| \$65               | \$68                                      | \$77           |
| \$83               | \$87                                      | \$99           |
| \$97               | \$102                                     | \$115          |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$174                 | \$184                                     | \$230          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$184                       | \$194                                     | \$230          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$35               | \$37                                      | \$46           |
| 76-90 minutes        | \$58               | \$61                                      | \$77           |
| 91-105 minutes       | \$75               | \$79                                      | \$99           |
| more than 105 minute | \$87               | \$92                                      | \$115          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$37               | \$39                                      | \$46           |
| \$61               | \$65                                      | \$77           |
| \$79               | \$83                                      | \$99           |
| \$92               | \$97                                      | \$115          |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$328              | \$348                                     | \$420          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$328              | \$348                                     | \$420          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$66               | \$70                                      | \$84           |
| 76-90 minutes        | \$109              | \$116                                     | \$140          |
| 91-105 minutes       | \$141              | \$149                                     | \$180          |
| more than 105 minute | \$164              | \$174                                     | \$210          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$66               | \$70                                      | \$84           |
| \$109              | \$116                                     | \$140          |
| \$141              | \$149                                     | \$180          |
| \$164              | \$174                                     | \$210          |

**IN-PERSON RATE**

| C-Print  |   |   | CART               |   |   |                |
|--|---|---|--------------------|---|---|----------------|
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>REMOTE RATE</b>   |   |   |                    |   |   |                |
| C-Print  |   |   | CART               |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$95               | \$95                                      | \$115                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>VRI</b>   |   |   |                    |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                    |   |   |                |
| \$95   | \$95                                      | \$95                                      |                    |   |   |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |

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**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 9**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:**

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$194              | \$204                                     | \$250          |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$214              | \$224                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$43               | \$45                                      | \$50           |
| \$71               | \$75                                      | \$83           |
| \$92               | \$96                                      | \$107          |
| \$107              | \$112                                     | \$125          |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$194              | \$204                                     | \$250          |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$204              | \$214                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$41               | \$43                                      | \$50           |
| \$68               | \$71                                      | \$83           |
| \$87               | \$92                                      | \$107          |
| \$102              | \$107                                     | \$125          |

**CDI**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$348              | \$368                                     | \$440          |

**Deaf/Blind**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$348              | \$368                                     | \$440          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$70               | \$74                                      | \$88           |
| 76-90 minutes        | \$116              | \$123                                     | \$147          |
| 91-105 minutes       | \$149              | \$158                                     | \$189          |
| more than 105 minute | \$174              | \$184                                     | \$220          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$70               | \$74                                      | \$88           |
| \$116              | \$123                                     | \$147          |
| \$149              | \$158                                     | \$189          |
| \$174              | \$184                                     | \$220          |

**IN-PERSON RATE**

| C-Print  |   |   | CART               |   |   |                |
|--|---|---|--------------------|---|---|----------------|
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>REMOTE RATE</b>   |   |   |                    |   |   |                |
| C-Print  |   |   | CART               |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$95               | \$95                                      | \$115                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>VRI</b>   |   |   |                    |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                    |   |   |                |
| \$95   | \$95                                      | \$95                                      |                    |   |   |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 10**

**Supplier:** Absolute Quality Interpreting (AQI) Services, LLC

**Authorized Signature:** *[Signature]*

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                | Legal Sign Language |   |                |
|---------------------|---|----------------|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194               | \$204                                     | \$250          | \$214               | \$224                                     | \$250          |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |  |                    |   |                |
|---|--------------------|---|----------------|--|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 61-75 minutes   | \$39               | \$41                                      | \$50           |  | \$43               | \$45                                      | \$50           |
| 76-90 minutes   | \$65               | \$68                                      | \$83           |  | \$71               | \$75                                      | \$83           |
| 91-105 minutes  | \$83               | \$87                                      | \$107          |  | \$92               | \$96                                      | \$107          |
| more than 105 minute  | \$97               | \$102                                     | \$125          |  | \$107              | \$112                                     | \$125          |

| Medical Sign Language |   |                | Mental Health Sign Language |   |                |
|-----------------------|---|----------------|-----------------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194                 | \$204                                     | \$250          | \$204                       | \$214                                     | \$250          |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |  |                    |   |                |
|---|--------------------|---|----------------|--|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 61-75 minutes   | \$39               | \$41                                      | \$50           |  | \$41               | \$43                                      | \$50           |
| 76-90 minutes   | \$65               | \$68                                      | \$83           |  | \$68               | \$71                                      | \$83           |
| 91-105 minutes  | \$83               | \$87                                      | \$107          |  | \$87               | \$92                                      | \$107          |
| more than 105 minute  | \$97               | \$102                                     | \$125          |  | \$102              | \$107                                     | \$125          |

| CDI                |   |                | Deaf/Blind         |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$348              | \$368                                     | \$440          | \$348              | \$368                                     | \$440          |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |  |                    |   |                |
|---|--------------------|---|----------------|--|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 61-75 minutes   | \$70               | \$74                                      | \$88           |  | \$70               | \$74                                      | \$88           |
| 76-90 minutes   | \$116              | \$123                                     | \$147          |  | \$116              | \$123                                     | \$147          |
| 91-105 minutes  | \$149              | \$158                                     | \$189          |  | \$149              | \$158                                     | \$189          |
| more than 105 minute  | \$174              | \$184                                     | \$220          |  | \$174              | \$184                                     | \$220          |

**IN-PERSON RATE**

| C-Print  |                                     |                                     | CART               |                                     |                                     |                |
|--|-------------------------------------|-------------------------------------|--------------------|-------------------------------------|-------------------------------------|----------------|
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
| <b>REMOTE RATE</b>   |                                     |                                     |                    |                                     |                                     |                |
| C-Print  |                                     |                                     | CART               |                                     |                                     |                |
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                |
| N/A  | N/A                                 | N/A                                 | \$95               | \$95                                | \$115                               |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
| <b>VRI</b>   |                                     |                                     |                    |                                     |                                     |                |
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                    |                                     |                                     |                |
| \$95   | \$95                                | \$95                                |                    |                                     |                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>



**Georgia Department of Administrative Services  
RFP No. 99999-SPD0000083  
SIGN LANGUAGE & HEARING IMPAIRED SERVICES  
COST PROPOSAL**

REGION 11

Supplier: Absolute Quality Interpreting (AQI) Services, LLC

Authorized Signature:

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$194              | \$204                                     | \$250          |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$214              | \$224                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$43               | \$45                                      | \$50           |
| \$71               | \$75                                      | \$83           |
| \$92               | \$96                                      | \$107          |
| \$107              | \$112                                     | \$125          |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$194              | \$204                                     | \$250          |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$204              | \$214                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$41               | \$43                                      | \$50           |
| \$68               | \$71                                      | \$83           |
| \$87               | \$92                                      | \$107          |
| \$102              | \$107                                     | \$125          |

**CDI**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$348              | \$368                                     | \$440          |

**Deaf/Blind**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$348              | \$368                                     | \$440          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$70               | \$74                                      | \$88           |
| 76-90 minutes        | \$116              | \$123                                     | \$147          |
| 91-105 minutes       | \$149              | \$158                                     | \$189          |
| more than 105 minute | \$174              | \$184                                     | \$220          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$70               | \$74                                      | \$88           |
| \$116              | \$123                                     | \$147          |
| \$149              | \$158                                     | \$189          |
| \$174              | \$184                                     | \$220          |

**IN-PERSON RATE**

| C-Print  |   |   | CART               |   |   |                |
|--|---|---|--------------------|---|---|----------------|
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>REMOTE RATE</b>   |   |   |                    |   |   |                |
| C-Print  |   |   | CART               |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                |
| N/A  | N/A                                       | N/A                                       | \$95               | \$95                                      | \$115                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |
| <b>VRI</b>   |   |   |                    |   |   |                |
| Business Hrs. Rate   | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate                            |                    |   |   |                |
| \$95   | \$95                                      | \$95                                      |                    |   |   |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |   |   |                    |   |   |                |
| Increment Level:   | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate     | Business Hrs. Rate                        | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| N/A  | N/A                                       | N/A                                       | N/A                | N/A                                       | N/A                                       | N/A            |
|  |   |   |                    |   |   |                |
|  |   |   |                    |   |   |                |

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**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 12

Supplier: **Absolute Quality Interpreting (AQI) Services, LLC**

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

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194               | \$204                                     | \$250          |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$214               | \$224                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$43               | \$45                                      | \$50           |
| \$71               | \$75                                      | \$83           |
| \$92               | \$96                                      | \$107          |
| \$107              | \$112                                     | \$125          |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$194                 | \$204                                     | \$250          |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$204                       | \$214                                     | \$250          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$39               | \$41                                      | \$50           |
| 76-90 minutes        | \$65               | \$68                                      | \$83           |
| 91-105 minutes       | \$83               | \$87                                      | \$107          |
| more than 105 minute | \$97               | \$102                                     | \$125          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$41               | \$43                                      | \$50           |
| \$68               | \$71                                      | \$83           |
| \$87               | \$92                                      | \$107          |
| \$102              | \$107                                     | \$125          |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$348              | \$368                                     | \$440          |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| \$348              | \$368                                     | \$440          |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level:     | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|----------------------|--------------------|---|----------------|
| 61-75 minutes        | \$70               | \$74                                      | \$88           |
| 76-90 minutes        | \$116              | \$123                                     | \$147          |
| 91-105 minutes       | \$149              | \$158                                     | \$189          |
| more than 105 minute | \$174              | \$184                                     | \$220          |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| \$70               | \$74                                      | \$88           |
| \$116              | \$123                                     | \$147          |
| \$149              | \$158                                     | \$189          |
| \$174              | \$184                                     | \$220          |

**IN-PERSON RATE**

| C-Print  |                                     |                                     | CART               |                                     |                                     |                |
|--|-------------------------------------|-------------------------------------|--------------------|-------------------------------------|-------------------------------------|----------------|
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
| <b>REMOTE RATE</b>   |                                     |                                     |                    |                                     |                                     |                |
| C-Print  |                                     |                                     | CART               |                                     |                                     |                |
| Business Hrs. Rate   | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate                      |                |
| N/A  | N/A                                 | N/A                                 | \$95               | \$95                                | \$115                               |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
| <b>VRI</b>   |                                     |                                     |                    |                                     |                                     |                |
| Business Hrs. Rate   | After Weekend Holidays              | Emergency Rate                      |                    |                                     |                                     |                |
| \$95   | \$95                                | \$95                                |                    |                                     |                                     |                |
| <b>DISCOUNTS: Amount to be deducted from base rate for service</b> |                                     |                                     |                    |                                     |                                     |                |
| Increment Level:   | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate     | Business Hrs. Rate                  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| N/A  | N/A                                 | N/A                                 | N/A                | N/A                                 | N/A                                 | N/A            |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |
|  |                                     |                                     |                    |                                     |                                     |                |

All per hour basis discounts are on a per appointment basis and not on a total usage basis for on site interpreting.

At no additional cost to the State is the use of the same device(s) set up for video remote interpreting (VRI) to access video relay services (VRS). This allows Deaf and Hard of Hearing consumers equal access to make outgoing telephone calls from State office through the use of a VRS interpreter.

communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the CA flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information on VRS: <http://www.fcc.gov/guides/video-relay-services>

# Pricing for LATN



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 1**

**Supplier:** Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

**Authorized Signature:**

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 205.00             | 215.00                                    | 215.00         |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 395.00             | 405.00                                    | 400.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 145.00             | 145.00                                    | 145.00         |
| 2.01 hours +     | 145.00             | 145.00                                    | 145.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 305.00             | 305.00                                    | 305.00         |
| 305.00             | 305.00                                    | 305.00         |
|                    |   |                |
|                    |   |                |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 210.00             | 220.00                                    | 220.00         |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 220.00             | 230.00                                    | 230.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 145.00             | 145.00                                    | 145.00         |
| 2.01 hours +     | 145.00             | 145.00                                    | 145.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 145.00             | 145.00                                    | 145.00         |
| 145.00             | 145.00                                    | 145.00         |
|                    |   |                |
|                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 1**

**Supplier:** Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

**Authorized Signature:** 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

| CDI                |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| 540.00             | 550.00                              | 550.00         |

| Deaf/Blind         |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| 220.00             | 230.00                              | 230.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|------------------|--------------------|-------------------------------------|----------------|
| 1.01 - 2.00      | 460.00             | 460.00                              | 460.00         |
| 2.01 hours +     | 460.00             | 460.00                              | 460.00         |
|                  |                    |                                     |                |
|                  |                    |                                     |                |

| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|--------------------|-------------------------------------|----------------|
| 145.00             | 145.00                              | 145.00         |
| 145.00             | 145.00                              | 145.00         |
|                    |                                     |                |
|                    |                                     |                |

**IN-PERSON RATE**

| C-Print            |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|                    |                                     |                |

| CART               |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|                    |                                     |                |

| Increment Level: | Business Hrs. Rate |
|------------------|--------------------|
|                  |                    |
|                  |                    |
|                  |                    |
|                  |                    |

| Emergency Rate |
|----------------|
|                |
|                |
|                |
|                |

**These services are not available through LATN.**

**REMOTE RATE**

| C-Print            |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|                    |                                     |                |

| CART               |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|                    |                                     |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|------------------|--------------------|-------------------------------------|----------------|
|                  |                    |                                     |                |
|                  |                    |                                     |                |
|                  |                    |                                     |                |
|                  |                    |                                     |                |

| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|--------------------|-------------------------------------|----------------|
|                    |                                     |                |
|                    |                                     |                |
|                    |                                     |                |
|                    |                                     |                |



**Georgia Department of Administrative Services  
RFP No. 99999-SPD0000083  
SIGN LANGUAGE & HEARING IMPAIRED SERVICES  
COST PROPOSAL**

REGION 1

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

| VRI           |                          |                |
|---------------|--------------------------|----------------|
| Business Hrs. | After Hrs./<br>Weekends/ | Emergency Rate |

| Increment Level: | Business Hrs. Rate | These services are not available through LATN. |  | Emergency Rate |
|------------------|--------------------|--|--|----------------|
|                  |                    |  |  |                |
|                  |                    |  |  |                |
|                  |                    |  |  |                |
|                  |                    |  |  |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 2**

**Supplier:** Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

**Authorized Signature:** 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 385.00              | 395.00                                    | 395.00         |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 520.00              | 530.00                                    | 530.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 315.00             | 315.00                                    | 315.00         |
| 2.01 hours +     | 315.00             | 315.00                                    | 315.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 430.00             | 430.00                                    | 430.00         |
| 430.00             | 430.00                                    | 430.00         |
|                    |   |                |
|                    |   |                |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 390.00                | 400.00                                    | 400.00         |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 400.00                      | 410.00                                    | 410.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 315.00             | 315.00                                    | 315.00         |
| 2.01 hours +     | 315.00             | 315.00                                    | 315.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 315.00             | 315.00                                    | 315.00         |
| 315.00             | 315.00                                    | 315.00         |
|                    |   |                |
|                    |   |                |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 395.00             | 405.00                                    | 405.00         |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 400.00             | 410.00                                    | 410.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 315.00             | 315.00                                    | 315.00         |
| 2.01 hours +     | 315.00             | 315.00                                    | 315.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 315.00             | 315.00                                    | 315.00         |
| 315.00             | 315.00                                    | 315.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs.<br>Weekend<br>Holidays R | Emergency Rate |
|                    |                                     |                |

**These services are not available through LATN.**

| Increment Level: | Business Hrs. |  |  |
|------------------|---------------|--|--|
|                  |               |  |  |
|                  |               |  |  |
|                  |               |  |  |

| Business Hrs. Rate | Emergency Rate |
|--------------------|----------------|
|                    |                |
|                    |                |
|                    |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |



**Georgia Department of Administrative Services  
RFP No. 99999-SPD0000083  
SIGN LANGUAGE & HEARING IMPAIRED SERVICES  
COST PROPOSAL**

**REGION 3**

**Supplier:** Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

**Authorized Signature:**

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 190.00             | 200.00                                    | 200.00         |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 345.00             | 355.00                                    | 355.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 130.00             | 130.00                                    | 130.00         |
| 2.01 hours +     | 130.00             | 130.00                                    | 130.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 255.00             | 255.00                                    | 255.00         |
| 255.00             | 255.00                                    | 255.00         |
|                    |   |                |
|                    |   |                |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 195.00             | 205.00                                    | 205.00         |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 205.00             | 215.00                                    | 215.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 130.00             | 130.00                                    | 130.00         |
| 2.01 hours +     | 130.00             | 130.00                                    | 130.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 130.00             | 130.00                                    | 130.00         |
| 130.00             | 130.00                                    | 130.00         |
|                    |   |                |
|                    |   |                |

**CDI**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 285.00             | 295.00                                    | 295.00         |

**Deaf/Blind**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 205.00             | 215.00                                    | 215.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 205.00             | 205.00                                    | 205.00         |
| 2.01 hours +     | 205.00             | 205.00                                    | 205.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 130.00             | 130.00                                    | 130.00         |
| 130.00             | 130.00                                    | 1,300.00       |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**





**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 4

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 315.00              | 325.00                                    | 325.00         |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 470.00              | 480.00                                    | 480.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 255.00             | 255.00                                    | 255.00         |
| 2.01 hours +     | 255.00             | 255.00                                    | 255.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 380.00             | 380.00                                    | 380.00         |
| 380.00             | 380.00                                    | 380.00         |
|                    |   |                |
|                    |   |                |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 320.00                | 330.00                                    | 330.00         |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 330.00                      | 340.00                                    | 340.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 255.00             | 255.00                                    | 255.00         |
| 2.01 hours +     | 255.00             | 255.00                                    | 255.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 255.00             | 255.00                                    | 255.00         |
| 255.00             | 255.00                                    | 255.00         |
|                    |   |                |
|                    |   |                |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 430.00             | 440.00                                    | 440.00         |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 330.00             | 340.00                                    | 340.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 350.00             | 350.00                                    | 350.00         |
| 2.01 hours +     | 350.00             | 350.00                                    | 350.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 255.00             | 255.00                                    | 255.00         |
| 255.00             | 255.00                                    | 255.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**





**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 5**

**Supplier:** Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

**Authorized Signature:** 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 285.00              | 295.00                                    | 295.00         |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 500.00              | 510.00                                    | 510.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 225.00             | 225.00                                    | 225.00         |
| 2.01 hours +     | 225.00             | 225.00                                    | 225.00         |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 410.00             | 410.00                                    | 410.00         |
| 410.00             | 410.00                                    | 410.00         |
|                    |   |                |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 290.00                | 300.00                                    | 300.00         |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 300.00                      | 310.00                                    | 310.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 225.00             | 225.00                                    | 225.00         |
| 2.01 hours +     | 225.00             | 225.00                                    | 225.00         |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 225.00             | 225.00                                    | 225.00         |
| 225.00             | 225.00                                    | 225.00         |
|                    |   |                |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 395.00             | 405.00                                    | 405.00         |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 300.00             | 310.00                                    | 310.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 315.00             | 315.00                                    | 315.00         |
| 2.01 hours +     | 315.00             | 315.00                                    | 315.00         |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 225.00             | 225.00                                    | 225.00         |
| 225.00             | 225.00                                    | 225.00         |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                | CART               |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |

**REMOTE RATE**

| C-Print            |   |                | CART               |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

**These services are not available through LATN.**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|--------------------|---|----------------|
|                  |                    |   |                |                    |   |                |
|                  |                    |   |                |                    |   |                |
|                  |                    |   |                |                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 6

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

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

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 220.00             | 230.00                                    | 230.00         |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 540.00             | 550.00                                    | 550.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 155.00             | 155.00                                    | 155.00         |
| 2.01 hours +     | 155.00             | 155.00                                    | 155.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 450.00             | 450.00                                    | 450.00         |
| 450.00             | 450.00                                    | 450.00         |
|                    |   |                |
|                    |   |                |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 225.00             | 235.00                                    | 235.00         |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 235.00             | 245.00                                    | 245.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 155.00             | 155.00                                    | 155.00         |
| 2.01 hours +     | 155.00             | 155.00                                    | 155.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 155.00             | 155.00                                    | 155.00         |
| 155.00             | 155.00                                    | 155.00         |
|                    |   |                |
|                    |   |                |

**CDI**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 735.00             | 745.00                                    | 745.00         |

**Deaf/Blind**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 235.00             | 245.00                                    | 245.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 655.00             | 655.00                                    | 655.00         |
| 2.01 hours +     | 655.00             | 655.00                                    | 655.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 155.00             | 155.00                                    | 155.00         |
| 155.00             | 155.00                                    | 155.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print   |   |                |
|---|---|----------------|
| Business Hrs. Rate                                    | After Hrs./<br>Weekends/<br>Holidays Ra | Emergency Rate |
| <b>These services are not available through LATN.</b> |   |                |

| Increment Level: | Business Hrs. R | Emergency Rate |
|------------------|-----------------|----------------|
|                  |                 |                |
|                  |                 |                |
|                  |                 |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 7

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 215.00              | 225.00                                    | 225.00         |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 380.00              | 390.00                                    | 390.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 155.00             | 155.00                                    | 155.00         |
| 2.01 hours +     | 155.00             | 155.00                                    | 155.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 290.00             | 290.00                                    | 290.00         |
| 290.00             | 290.00                                    | 290.00         |
|                    |   |                |
|                    |   |                |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 220.00                | 230.00                                    | 230.00         |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 230.00                      | 240.00                                    | 240.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 155.00             | 155.00                                    | 155.00         |
| 2.01 hours +     | 155.00             | 155.00                                    | 155.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 155.00             | 155.00                                    | 155.00         |
| 155.00             | 155.00                                    | 155.00         |
|                    |   |                |
|                    |   |                |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 845.00             | 855.00                                    | 855.00         |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 230.00             | 240.00                                    | 240.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 765.00             | 765.00                                    | 765.00         |
| 2.01 hours +     | 765.00             | 765.00                                    | 765.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 155.00             | 155.00                                    | 155.00         |
| 155.00             | 155.00                                    | 155.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                | CART               |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |

| REMOTE RATE        |   |                |                    |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| C-Print            |   |                |                    |   |                |
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

These services are not available through LATN.

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|--------------------|---|----------------|
|                  |                    |   |                |                    |   |                |
|                  |                    |   |                |                    |   |                |
|                  |                    |   |                |                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 8

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |                                     |                | Legal Sign Language |                                     |                |
|---------------------|-------------------------------------|----------------|---------------------|-------------------------------------|----------------|
| Business Hrs. Rate  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate  | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| 205.00              | 215.00                              | 215.00         | 300.00              | 310.00                              | 310.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|------------------|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| 1.01 - 2.00      | 145.00             | 145.00                              | 145.00         | 210.00             | 210.00                              | 210.00         |
| 2.01 hours +     | 145.00             | 145.00                              | 145.00         | 210.00             | 210.00                              | 210.00         |

| Medical Sign Language |                                     |                |
|-----------------------|-------------------------------------|----------------|
| Business Hrs. Rate    | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| 210.00                | 220.00                              | 220.00         |

| Mental Health Sign Language |                                     |                |
|-----------------------------|-------------------------------------|----------------|
| Business Hrs. Rate          | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| 220.00                      | 230.00                              | 230.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|------------------|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| 1.01 - 2.00      | 145.00             | 145.00                              | 145.00         | 145.00             | 145.00                              | 145.00         |
| 2.01 hours +     | 145.00             | 145.00                              | 145.00         | 145.00             | 145.00                              | 145.00         |

| CDI                |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| \$765              | 775.00                              | 775.00         |

| Deaf/Blind         |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
| 220.00             | 230.00                              | 230.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./ Weekends/ Holidays Rate | Emergency Rate |
|------------------|--------------------|-------------------------------------|----------------|--------------------|-------------------------------------|----------------|
| 1.01 - 2.00      | 685.00             | 685.00                              | 685.00         | 145.00             | 145.00                              | 145.00         |
| 2.01 hours +     | 685.00             | 685.00                              | 685.00         | 145.00             | 145.00                              | 145.00         |

**IN-PERSON RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |                                     |                |
|--------------------|-------------------------------------|----------------|
| Business Hrs. Rate | After Hrs.<br>Weekend<br>Holidays R | Emergency Rate |
|                    |                                     |                |

These services are not available through LATN.

| Increment Level: | Business Hrs. | Emergency Rate |
|------------------|---------------|----------------|
|                  |               |                |
|                  |               |                |
|                  |               |                |

| VRI                   |   |                |
|-----------------------|---|----------------|
| Business Hrs.<br>Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                       |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 9

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 360.00             | 370.00                                    | 370.00         |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 768.00             | 778.00                                    | 778.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 300.00             | 300.00                                    | 300.00         |
| 2.01 hours +     | 300.00             | 300.00                                    | 300.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 673.00             | 673.00                                    | 673.00         |
| 673.00             | 673.00                                    | 673.00         |
|                    |   |                |
|                    |   |                |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 365.00             | 375.00                                    | 375.00         |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 375.00             | 385.00                                    | 385.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 300.00             | 300.00                                    | 300.00         |
| 2.01 hours +     | 300.00             | 300.00                                    | 300.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 300.00             | 300.00                                    | 300.00         |
| 300.00             | 300.00                                    | 300.00         |
|                    |   |                |
|                    |   |                |

**CDI**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 1,575.00           | 1,585.00                                  | 1,585.00       |

**Deaf/Blind**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 375.00             | 385.00                                    | 385.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 1,495.00           | 1,495.00                                  | 1,495.00       |
| 2.01 hours +     | 1,495.00           | 1,495.00                                  | 1,495.00       |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 300.00             | 300.00                                    | 300.00         |
| 300.00             | 300.00                                    | 300.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**These services are not available through LATN.**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 10

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                | Legal Sign Language |   |                |
|---------------------|---|----------------|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 599.00              | 609.00                                    | 609.00         | 790.00              | 800.00                                    | 800.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|--------------------|---|----------------|
| 1.01 - 2.00      | 529.00             | 529.00                                    | 529.00         | 695.00             | 695.00                                    | 695.00         |
| 2.01 hours +     | 529.00             | 529.00                                    | 529.00         | 695.00             | 695.00                                    | 695.00         |

| Medical Sign Language |   |                | Mental Health Sign Language |   |                |
|-----------------------|---|----------------|-----------------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 604.00                | 614.00                                    | 614.00         | 614.00                      | 624.00                                    | 624.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|--------------------|---|----------------|
| 1.01 - 2.00      | 529.00             | 529.00                                    | 529.00         | 529.00             | 529.00                                    | 529.00         |
| 2.01 hours +     | 529.00             | 529.00                                    | 529.00         | 529.00             | 529.00                                    | 529.00         |

| CDI                |   |                | Deaf/Blind         |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 1,215.00           | 1,225.00                                  | 1,225.00       | 614.00             | 624.00                                    | 624.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|--------------------|---|----------------|
| 1.01 - 2.00      | 1,135.00           | 1,135.00                                  | 1,135.00       | 529.00             | 529.00                                    | 529.00         |
| 2.01 hours +     | 1,135.00           | 1,135.00                                  | 1,135.00       | 529.00             | 529.00                                    | 529.00         |

**IN-PERSON RATE**

| C-Print            |   |                | CART               |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |

| REMOTE RATE        |   |                |                    |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| C-Print            |   |                | CART               |   |                |
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

These services are not available through LATN.

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|--------------------|---|----------------|
|                  |                    |   |                |                    |   |                |
|                  |                    |   |                |                    |   |                |
|                  |                    |   |                |                    |   |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

**REGION 11**

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

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

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

**Basic Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 385.00             | 395.00                                    | 395.00         |

**Legal Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 770.00             | 780.00                                    | 780.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 315.00             | 315.00                                    | 315.00         |
| 2.01 hours +     | 315.00             | 315.00                                    | 315.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 675.00             | 675.00                                    | 675.00         |
| 675.00             | 675.00                                    | 675.00         |
|                    |   |                |
|                    |   |                |

**Medical Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 390.00             | 400.00                                    | 400.00         |

**Mental Health Sign Language**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 400.00             | 410.00                                    | 410.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 315.00             | 315.00                                    | 315.00         |
| 2.01 hours +     | 315.00             | 315.00                                    | 315.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 315.00             | 315.00                                    | 315.00         |
| 315.00             | 315.00                                    | 315.00         |
|                    |   |                |
|                    |   |                |

**CDI**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 1,585.00           | 1,595.00                                  | 1,595.00       |

**Deaf/Blind**

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 400.00             | 410.00                                    | 410.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 1,505.00           | 1,505.00                                  | 1,505.00       |
| 2.01 hours +     | 1,505.00           | 1,505.00                                  | 1,505.00       |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 315.00             | 315.00                                    | 315.00         |
| 315.00             | 315.00                                    | 315.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| CART               |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |

**REMOTE RATE**

| C-Print            |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**These services are not available through LATN.**

| Increment Level: | Business Hrs. Rate | Emergency Rate |
|------------------|--------------------|----------------|
|                  |                    |                |
|                  |                    |                |
|                  |                    |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
|                  |                    |   |                |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
|                    |   |                |
|                    |   |                |
|                    |   |                |



**Georgia Department of Administrative Services**  
**RFP No. 99999-SPD0000083**  
**SIGN LANGUAGE & HEARING IMPAIRED SERVICES**  
**COST PROPOSAL**

REGION 12

Supplier: Latin American Translators Network, (LATN) Inc. in collaboration with Don Clark and Associates, Inc.

Authorized Signature: 

The hourly rate quoted includes all expenses related to fulfilling assignments within the Region (service, travel, mileage, parking and tolls). The Discounts referenced herein apply to the identified Region for the duration of the contract period. Add additional lines as needed for any additional discounts. All discounts must apply to either Business Hours, After Hours/Weekends/Holidays Rate, and Emergency Rate, only. Reimbursement will only be provided as detailed in the eRFP and attachments. Instructions on the completion of this worksheet are found in the first tab of the Workbook. A Sample is provided in the second tab of the Workbook. Suppliers should review this information to ensure they bid correctly.

**CORE CATEGORIES**

| Basic Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 240.00              | 250.00                                    | 250.00         |

| Legal Sign Language |   |                |
|---------------------|---|----------------|
| Business Hrs. Rate  | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 420.00              | 430.00                                    | 430.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 180.00             | 180.00                                    | 180.00         |
| 2.01 hours +     | 180.00             | 180.00                                    | 180.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 330.00             | 330.00                                    | 330.00         |
| 330.00             | 330.00                                    | 330.00         |
|                    |   |                |
|                    |   |                |

| Medical Sign Language |   |                |
|-----------------------|---|----------------|
| Business Hrs. Rate    | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 245.00                | 255.00                                    | 255.00         |

| Mental Health Sign Language |   |                |
|-----------------------------|---|----------------|
| Business Hrs. Rate          | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 255.00                      | 265.00                                    | 265.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 180.00             | 180.00                                    | 180.00         |
| 2.01 hours +     | 180.00             | 180.00                                    | 180.00         |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 180.00             | 180.00                                    | 180.00         |
| 180.00             | 180.00                                    | 180.00         |
|                    |   |                |
|                    |   |                |

| CDI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 1,380.00           | 1,390.00                                  | 1,390.00       |

| Deaf/Blind         |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
| 255.00             | 265.00                                    | 265.00         |

**DISCOUNTS: Amount to be deducted from base rate for service**

| Increment Level: | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|------------------|--------------------|---|----------------|
| 1.01 - 2.00      | 1,300.00           | 1,300.00                                  | 1,300.00       |
| 2.01 hours +     | 1,300.00           | 1,300.00                                  | 1,300.00       |
|                  |                    |   |                |
|                  |                    |   |                |

| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|--------------------|---|----------------|
| 180.00             | 180.00                                    | 180.00         |
| 180.00             | 180.00                                    | 180.00         |
|                    |   |                |
|                    |   |                |

**IN-PERSON RATE**

| C-Print            |   |                | CART               |   |                |
|--------------------|---|----------------|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |

| REMOTE RATE        |   |  |  |  |                |
|--------------------|---|--|--|--|----------------|
| C-Print            |   |  |  |  |                |
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate |  |  |  | Emergency Rate |
|                    |   |  |  |  |                |

These services are not available through LATN.

| Increment Level: | Business Hrs. Rate |  |  |  | Emergency Rate |
|------------------|--------------------|--|--|--|----------------|
|                  |                    |  |  |  |                |
|                  |                    |  |  |  |                |
|                  |                    |  |  |  |                |

| VRI                |   |                |
|--------------------|---|----------------|
| Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|                    |   |                |

| DISCOUNTS: Amount to be deducted from base rate for service |                    |   |                |                    |   |                |
|---|--------------------|---|----------------|--------------------|---|----------------|
| Increment Level:  | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate | Business Hrs. Rate | After Hrs./<br>Weekends/<br>Holidays Rate | Emergency Rate |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |
|   |                    |   |                |                    |   |                |



## **Changes/Renewals/Extensions**

**7/1/12 – Contract Initiated, First Renewal is due 6/30/2013**

7/1/13 - First Renewal Executed, Effective July 1, 2013 through June 30, 2014



## **DOAS Contact Information**

**Name: Matt Taylor**

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**Note: For product and ordering information see Supplier Information Sheet**