



**QSP 2023-8019  
Translation and Interpreter Services**

**Attachment B: Contractor’s Fee Submission Form**

The fees shall be a firm fixed price inclusive of all elements required to deliver the services, including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. Please note that such cost is inclusive of all elements required to provide these services as specified herein and each fee proposed shall be fully “burdened” with profit and overhead costs.

Description	Firm Fixed Price	Languages
Cost per word for translation service	\$ _____/word	
Hourly cost for language interpreter service	\$ _____/hour	
Hourly cost for sign language/interpreter service remotely via Zoom, Microsoft Teams or phone	\$ _____/hour	
Hourly cost for sign language interpreter service by in person	\$ _____/hour	

**Additional Services**

Provide a firm fixed hourly rate for related services

Description	Firm Fixed Hourly Rate
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Notes and Exclusions:



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**DISCOUNT OFFERED FOR EARLY PAYMENT:** \_\_\_\_\_ % if invoice paid within \_\_\_\_\_ days of properly submitted invoice as stated in the QSP.

**PROPOSER'S STATEMENT**

**The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Pursuant to all QSP Documents including attachments, this Fee Submission Form, and pursuant to all Documents submitted, the undersigned proposes to supply the Authority with the services and/or products described herein for the fee(s) submitted pertaining to this QSP.**

Date: \_\_\_\_\_, 2023

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Offerer)

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Fed Tax ID: \_\_\_\_\_