

APPROVED

180093

# AGREEMENT / CONTRACT REVIEW FORM

BOARD MEETING DATE:  
**SEPT**  
BOARD APPROVAL IS REQUIRED DO NOT PLACE ON AGENDA UNTIL REVIEW IS COMPLETED

Date Submitted: 7.10.17

Contact Name (Person Overseeing the Contract): **Terry D. Roth** Telephone Number: **904-529-4977**

School/Department Submitting Contract: **County Office/Exceptional Student Education**

Vendor Name: **Interpretek – American Sign Language Interpreting Services**

Contract Title: **Interpreters Services Contract – FY 2017-2018**

Contract Type: New  Renewal  Amendment  Extension

Date Original Contract Approved: **11/2016** Prior Year's Pricing: **58,000.00**

Contract Term: **July 1, 2017 - June 30, 2018** Renewal Option(s):

Contract Cost: **\$83,000** Payment Schedule (Are the payments made monthly, when task is finished, etc.): **Monthly**

Funding Source: **0100.5200.0310.9005.0000 \$58,000**  
**0100.5200.0310.9005.1901 \$25,000**

Strategic Plan Tie-in Explanation: Services are required under the Individuals with Disabilities Education Act (IDEA).

Background/Discussion/Research/Alternatives: Throughout the year, the district provides sign language interpreting services for ESE students and parents. This allows the district to provide the necessary communication mode on an as needed basis. This contract provides interpreting services to eligible ESE students, as determined by the Individual Education Plan (IEP) and to parents who require such a mode of communication.

RECEIVED  
 JUL 17 2017  
 PURCHASING

**CONTRACT REVIEW REQUIRED DOCUMENTS ATTACHED**

If more space is needed, please attach Word document.

- Completed Contract Review Form
- Original Contract and all Terms & Conditions that apply with the Contract
- SIGNED SBCC Addendum A \*  
\*This Statement MUST BE written on Original Contract: The terms and conditions included in Addendum A shall be incorporate into this agreement. If there are any conflicts in the language provided in the agreement and that of Addendum A, then the language provided in Addendum A shall prevail.)
- Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:  
COI must list the School Board of Clay County as Additional Insured and as Certificate Holder. Insurer must be rated as A- or better.  
 General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.  
 Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).  
 Workers' Compensation = \$100,000 Minimum (If exempt from Workers' Compensation Insurance they must sign a SBCC Release and Hold Harmless Form. If they are not exempt; they must provide Workers' Compensation COI.

**Approvals**

**Comments**

Approvals	Approved	Denied	Comments
Superintendent:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date:			
District Attorney:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 8/17			
Information & Technology:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 8/17			
Finance:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 8/16/17			
Insurance Certificate:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 8/16/17			
Purchasing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 8/16/17			Same as prior year

**INTERPRETERS SERVICES CONTRACT - FY 2017/2018**

**INTENT:** It is the intent of the School Board of Clay County, Florida (School Board) to contract with **CSI Northeast, D/B/A Interpretek** (Contractor), a qualified company to provide interpreter services under the terms and conditions as contained herein.

**PROOF OF QUALIFICATIONS:** Contractor providing services under this contract must be knowledgeable of the purpose of interpreter services in public school setting. Contractor shall provide only qualified interpreters. The term qualified interpreters is defined to mean “an interpreter who is able to interpret effectively, accurately and impartially both receptively, and expressively, using any necessary specialized vocabulary”. It is desired that the interpreter holds an Educational Interpreter Evaluation (EIE) Level Two, a Quality Assurance Screening (QA) Level 2, or an Educational Interpreter Performance Assessment (EIPA) 3.0 or greater.

Interpreter services provided by Contractor shall commence on **July 1, 2017** and continue for the **2017-2018** School Year unless and until qualified interpreters are employed by the School Board.

The School Board reserves the right to employ interpreters under employee contract and should this occur to decrease the number of interpreters utilized pursuant to this contract. The Contractor shall be given a minimum of 30 days notice should this occur. The School Board agrees not to solicit the Contractor interpreter to interpret independent of the Contractor.

It is recommended that you examine all contract requirements thoroughly. Any questions you have should be directed as follows:

Susan Heaps, Specialist  
Exceptional Student Education  
or  
Terry D. Roth, Director  
Exceptional Student Education  
and Student Services  
904-284-6509

## INTERPRETERS SERVICES CONTRACT

Firm's Individual Organization Forms - Contracts shall be considered only from individuals who are regularly engaged in the business of providing the services as described herein and have a good record of performance for a reasonable period of time. A description of the Contractor's experience shall be submitted on this form and shall, at a minimum, contain the following information:

- 1) Number of years of experience
- 2) Brief description of related work experience
- 3) A minimum of two references - references should be organizations similar to the School Board in size and type of operation

Contact Time With Children - Contact time shall facilitate communication between hearing and deaf consumers as authorized by the School Boards Director of Exceptional Student Education and Student Services or designee. Contractor shall deliver services during the assigned school's student attendance hours. Should a change in hours occur a letter of request along with an approval letter from the principal or designee should be sent to the Director of Exceptional Student Education or designee for final approval. This approved change shall then become an addendum to the contract.

Additional Time - Contractor (Interpreter) shall attend staffing, consultation, parent conferences, Individual Educational Plan (IEP) Reviews, etc., on an as needed basis and as authorized by the Director of Exceptional Student Education or designee. Interpreters shall work, under this contract, only on student attendance days. In-service Days are not working days. Any other additional time shall be preauthorized by the Director of Exceptional Student Education and Student Services or designee. School Board agrees to pay **\$38.00** or **\$40.00** per hour for intermittent/substitute service, portal to portal for interpreters traveling outside their county. Travel time is to be billed to closest quarter hour. Travel time will be capped at one hour per interpreter. The School Board agrees to notify Contractor at least twenty-four (24) hours in advance of cancellation (including student absence). The School Board agrees to pay a four (4) hour minimum for all events in which notice is provided less than twenty-four (24) hours in advance.

### Contractor's Responsibilities and Duties Include:

1. Performs' routine educational interpreter functions with the direction and supervision of the teacher to whom assigned, using technology-based instructional techniques as appropriated.
2. Follows classroom schedule and interprets for students as dictated by IEP's and as assigned by the teacher.
3. Uses sign language, voice interpreting and/or note taking, as needed, in the classroom for interpreting lectures, conversations, films, projects, assemblies and other activities
4. Relays with classroom teachers in order to better prepare for interpreting services.
5. Records class homework, class assignments and other information that shall assist the teacher in tutoring and teaching the mainstreamed student.
6. Ensures the student is recording daily class and homework assignments, test dates, special projects, etc.
7. Shall confirm the assignment as soon as the interpreter has been scheduled
8. Shall contact the School Board as soon as possible if there are no available interpreters.
9. Interpreters shall allow a waiting period of 15 minutes per hour scheduled in the event that the assigned student or another party to the assignment is late. The School Board agrees to pay a four (4) hour minimum for each interpreter as taken and approved by the Board.

### Location(s) of Delivery of Services

On campuses of Clay County District Schools as assigned by the Director of Exceptional Student Education and Student Services or designee.

## INTERPRETERS SERVICES CONTRACT

Notwithstanding any contrary contractual language, nothing in any agreement shall be construed or interpreted to increase the scope or dollar limit of the School's or School Board's liability beyond that which is set forth in 768.28 Fla. Stat. , or to otherwise waive School's or School Board's sovereign immunity, or to require School or School Board to indemnify the vendor or any other person, corporation or legal entity of any kind or nature whatsoever for injury or loss resulting from any acts other than the negligent acts of School or School Board or its agents or employees. Vendor shall, in addition to any other statutory or common law obligation to indemnify the School Board of Clay County, Florida, indemnify, defend and hold harmless the School Board of Clay County, Florida, its agents, officers, elected officials and employees against all claims, actions, liabilities, damages, losses, costs, fines punitive damages and expenses of any kind or nature whatsoever, including but not limited to attorney's fees and legal costs, brought against the School Board of Clay County, Florida, and/or its agents, officers, elected officials, employees and assigns, by any individual, corporation, consortium or any other legal person or entity, arising out of or caused by acts or omissions, negligence, recklessness, intentional wrongful misconduct, violations of laws, statutes, ordinances, government administration orders, rules or regulations of the contractor, contractor's employees, officers, agents, subcontractors, sub-subcontractors, material man or agents of any tier or their respective employees. This indemnification clause shall not be construed to require any indemnitor to indemnify the School Board of Clay County, Florida, for any negligence on the part of the School Board of Clay County, Florida, its agents or employees.

The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workers' compensation acts, disability benefit acts, other employee benefits acts or any statutory bar.

This indemnification/hold harmless provision shall survive the termination of any contract with the School Board of Clay County, Florida.

Contractor agrees to enroll in E-Verify. All new employees assigned by the contractor to perform work pursuant to this contract shall have their citizenship verified through E-Verify and shall be verified as employment eligible within 3 business days after the date of hire. Said verification shall be supplied to the School Board upon receipt.

Contractor shall ensure compliance with title VI of the Civil Rights Act of 1964.

Contractor shall provide services consistent with the highest degree of professional care in compliance with all requirements imposed by the Florida State Department of Education and any other applicable regulatory agency.

Contractor shall comply with all policies and procedures established by the School Board relevant to:

1. Priorities of service
2. Communication procedures
3. Referral, screening, evaluation, staffing, scheduling, and dismissals
4. Record keeping and reporting

## INTERPRETERS SERVICES CONTRACT

5. Confidentiality

6. Development, maintenance, review of the required Individual Educational Plan (IEP)

All services rendered by Contractor shall be preauthorized by the School Board's Director of Exceptional Student Education or his designee, in keeping with State and Federal Statutes. The terms and conditions contained in School Board's purchase order are incorporated herein by reference. This contract shall cover the period **July 1, 2017 – June 30, 2018** with the option to renew for additional periods by mutual agreement in writing. Contracts shall not be accepted from individuals presently under employee contract with the School Board.

The School Board may by written notice to the Contractor, terminate this Contract, if the Contractor has been found to have failed to perform the obligations under this contract in a manner satisfactory to the School Board as per requirements specified. The date of termination shall be stated in the notice. The School Board shall be sole judge of non-performance.

Failure by the Contractor to comply with this contract shall give the School Board the right to cancel this contract, but waiver of this right, in any instance, shall not prevent the subsequent exercise of this right by the School Board or prejudice its claims for damages resulting from such default or breach of contract.

All interpreters of the Contractor shall be considered to be at all times the employees of the Contractor under the sole direction of Contractor and not an employee or agent of the School Board. The Contractor shall supply competent and capable interpreters and the School Board reserves the right to require the Contractor to remove any interpreter it deems careless, incompetent, or otherwise objectionable and whose continued presence on School Board property is not in the best interest of the School Board. Each interpreter shall have proper identification. Each interpreter shall at no cost to the School Board undergo Level 2 fingerprinting and pass background screening as required by §1012.465 or 1012.467, Fla. Statue, prior to entering upon school grounds.

In accordance with the conditions and specifications contained herein the Contractor agrees to provide Interpreter services to the School Board as follows:

- a. Where an interpreter is assigned to work with an individual student, the rate shall be **\$38.00** per hour.
- b. Where an interpreter is assigned as a substitute, intermittent or on temporary basis, the rate shall be **\$40.00** per hour.

Contractor shall maintain a log, reporting the time spent in the performances of authorized services rendered. This log shall be signed by the principals(s) of the school(s) or their designee to whom the interpreter is assigned and shall be submitted to the Director of Exceptional Student Education and Student Services for payment each month. Monthly the Contractor shall invoice services noting the date and time of services provided. Services will be billed to the closest quarter hour. Payment of invoices shall be made in accordance with the payment terms set forth in the Local Government Prompt Payment Act, Fla, Statutes 218.70-218.80.

**INTERPRETERS SERVICES CONTRACT**

During the term of this Contract, Contractor shall procure and maintain with a carrier authorized to do business in Florida an acceptable to the School Board, public liability and malpractice insurance coverage in the following amounts: two hundred thousand dollars (\$200,000) per person, five hundred thousand dollars (\$500,000) per occurrence with one million dollars (\$1,000,000) umbrella coverage. The School Board shall be additionally names as the certificate holder as well as and additionally insured under the Contractor's Professional Liability Insurance Policy. In addition, the Contractor shall take out and maintain during the life of this Contract Worker's Compensation Insurance that fully complies with the Florida Workers Compensation law. In case any employee engaged in work under this contract is not protected under the Workers Compensation Statute, the Contractor shall provide adequate insurance for the protection of their employee not otherwise protected. As evidence of such coverage, Contractor shall furnish the School Board with a certificate of Insurance prior to commencing services under the Contract. Contractor shall provide for a minimum of thirty (30) days written notice of change or cancellation of said insurance to the School Board.

Contractor shall furnish the following documents prior to execution of this Contract.

- A. Proof of Certification (s)
- B. Contractor's Organization Form
- C. Mandated Forms (Pages 6-10)
- D. Certificate of Insurance

Check Below if Attached

Attachments:

- Current School Calendar

**CONTRACTOR:**

**SCHOOL BOARD OF CLAY COUNTY, FL.**

\_\_\_\_\_  
Authorized Signature                      Date

\_\_\_\_\_  
As directed by:    Date  
The School Board of Clay County  
900 Walnut Street  
Green Cove Springs, Florida 32043

**INTENTIONALLY LEFT BLANK**

**THE ATTACHED MANDATED FORMS MUST BE COMPLETED AND SIGNED BEFORE THIS BID WILL BE CONSIDERED FOR AWARD:**

REQUIRED FORMS (ATTACHED AND DESCRIBED BELOW) - PLEASE EXECUTE AND INCLUDE WITH PROPOSAL

- 1-CERTIFICATION REGARDING NON-DISCRIMINATING
- 2-CERTIFICATION REGARDING LOBBYING
- 3-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
- 4-DRUG-FREE WORKPLACE CERTIFICATION

PLEASE NOTE THE FOLLOWING PUBLIC ENTITY CRIME STATEMENT:

A PERSON OR AFFILIATE WHO HAS BEEN PLACED ON THE CONVICTED VENDOR LIST FOLLOWING A CONVICTION FOR A PUBLIC ENTITY CRIME MAY NOT SUBMIT A PROPOSAL ON A CONTRACT TO PROVIDE ANY GOODS OR SERVICES TO A PUBLIC ENTITY, MAY NOT SUBMIT A PROPOSAL ON A CONTRACT WITH A PUBLIC ENTITY FOR THE CONSTRUCTION OR REPAIR OF A PUBLIC BUILDING OR PUBLIC WORK, MAY NOT SUBMIT PROPOSALS ON LEASES OF REAL PROPERTY TO A PUBLIC ENTITY, MAY NOT BE AWARDED OR PERFORM WORK AS A CONTRACTOR, SUPPLIER, SUBCONTRACTOR, OR CONSULTANT UNDER A CONTRACT WITH A PUBLIC ENTITY, AND MAY NOT TRANSACT BUSINESS WITH ANY PUBLIC ENTITY IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FOR CATEGORY TWO FOR A PERIOD OF 36 MONTHS FROM THE DATE OF BEING PLACED ON THE CONVICTED VENDOR LIST.

DISCRIMINATION: AN ENTITY OR AFFILIATE WHO HAS BEEN PLACED ON THE DISCRIMINATORY VENDOR LIST MAY NOT SUBMIT A BID ON A CONTRACT TO PROVIDE GOODS OR SERVICES TO A PUBLIC ENTITY, MAY NOT SUBMIT A BID ON A CONTRACT WITH A PUBLIC ENTITY FOR THE CONSTRUCTION OR REPAIR OF A PUBLIC BUILDING OR PUBLIC WORK, MAY NOT SUBMIT BIDS ON LEASES OF REAL PROPERTY TO A PUBLIC ENTITY, MAY NOT AWARD OR PERFORM WORK AS A CONTRACTOR, SUPPLIER, SUBCONTRACTOR, OR CONSULTANT UNDER CONTRACT WITH ANY PUBLIC ENTITY, AND MAY NOT TRANSACT BUSINESS WITH ANY PUBLIC ENTITY.

IF APPLICABLE, IT SHOULD BE NOTED THAT THE PROGRAM/PROJECT REQUIRING THE SOLICITATION OF THIS BID IS BEING FUNDED BY THE PERCENTAGE OF FEDERAL FUNDS LISTED BELOW:

\_\_\_\_\_ %

**CERTIFICATION REGARDING NON-DISCRIMINATING**

THE UNDERSIGNED ASSURES THAT IT WILL COMPLY WITH:

- A. TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED, 42 U.S.C. 2000d ET SEQ., WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, COLOR, OR NATIONAL ORIGIN.
- B. SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED, 20 U.S.C. 794, WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF HANDICAP.
- C. TITLE IV OF THE EDUCATION AMENDMENTS OF 1972, AS AMENDED, 20 U.S.C. 1681 ET SEQ., WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF SEX.
- D. THE AGE DISCRIMINATION ACT OF 1975, AS AMENDED, 42 U.S.C. 6101 ET SEQ., WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF AGE.
- E. SECTION 654 OF THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981, AS AMENDED, 42 U.S.C. 9849, WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, POLITICAL AFFILIATION OR BELIEFS.
- F. THE AMERICANS WITH DISABILITIES ACT OF 1990, P.L. 101-336, WHICH PROHIBITS DISCRIMINATION ON THE BASIS OF DISABILITY AND REQUIRES REASONABLE ACCOMMODATION FOR PERSON WITH DISABILITIES.
- G. ALL REGULATIONS, GUIDELINES, AND STANDARDS AS ARE NOW OR MAY BE LAWFULLY ADOPTED UNDER THE ABOVE STATUTES.

THE VENDOR AGREES THAT COMPLIANCE WITH THIS ASSURANCE CONSTITUTES A CONDITION OF RECEIVING PAYMENTS UNDER THIS CONTRACT/PURCHASE ORDER AND THAT IT IS BINDING UPON THE VENDOR FOR THE PERIOD DURING WHICH SERVICES/PRODUCTS ARE PROVIDED.

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**AUTHORIZED SIGNATURE OF VENDOR**

**DATE**



**CERTIFICATION REGARDING LOBBYING**

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

THE UNDERSIGNED CERTIFIES, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THAT:

1. NO FEDERAL APPROPRIATED FUNDS HAVE BEEN PAID OR WILL BE PAID BY OR ON BEHALF OF THE UNDERSIGNED, TO ANY PERSON FOR INFLUENCING OR ATTEMPTING TO INFLUENCE AN OFFICER OR EMPLOYEE OF ANY AGENCY, A MEMBER OF CONGRESS, AN OFFICER OR EMPLOYEE OF CONGRESS, OR AN EMPLOYEE OF A MEMBER OF CONGRESS IN CONNECTION WITH THE AWARDED OF ANY FEDERAL CONTRACT, THE MAKING OF ANY FEDERAL GRANT, THE MAKING OF ANY FEDERAL LOAN, THE ENTERING INTO OF ANY COOPERATIVE AGREEMENT, AND THE EXTENSION, CONTINUATION, RENEWAL, AMENDMENT, OR MODIFICATION OF ANY FEDERAL CONTRACT, GRANT, LOAN OR COOPERATIVE AGREEMENT.

2. IF ANY FUNDS OTHER THAN FEDERAL APPROPRIATED FUNDS HAVE BEEN PAID OR WILL BE PAID TO ANY PERSON FOR INFLUENCING OR ATTEMPTING TO INFLUENCE AN OFFICER OR EMPLOYEE OF ANY AGENCY, A MEMBER OF CONGRESS, AN OFFICER OR EMPLOYEE OF CONGRESS, OR AN EMPLOYEE OF A MEMBER OF CONGRESS IN CONNECTION WITH THIS FEDERAL CONTRACT, GRANT, LOAN, OR COOPERATIVE AGREEMENT, THE UNDERSIGNED SHALL COMPLETE AND SUBMIT STANDARD FORM-LLL, "DISCLOSURE FORM TO REPORT LOBBYING," IN ACCORDANCE WITH ITS INSTRUCTIONS.

3. THE UNDERSIGNED SHALL REQUIRE THAT THE LANGUAGE OF THIS CERTIFICATION BE INCLUDED IN THE AWARD DOCUMENTS FOR ALL SUB-AWARDS AT ALL TIERS (INCLUDING SUBCONTRACTS, SUB-GRANTS AND CONTRACT UNDER GRANTS, LOANS, AND COOPERATIVE AGREEMENTS) AND THAT ALL SUB-RECIPIENTS SHALL CERTIFY AND DISCLOSE ACCORDINGLY.

THIS CERTIFICATION IS MATERIAL REPRESENTATION OF FACT UPON WHICH RELIANCE WAS PLACED WHEN THIS TRANSACTION WAS MADE OR ENTERED INTO. SUBMISSION OF THIS CERTIFICATION IS A PREREQUISITE FOR MAKING OR ENTERING INTO THIS TRANSACTION IMPOSED BY SECTION 1352, TITLE 31, and U. S. CODE. ANY PERSON WHO FAILS TO FILE THE REQUIRED CERTIFICATION SHALL BE SUBJECT TO CIVIL PENALTY OF NOT LESS THAN \$10,000 AND NOT MORE THAN \$100,000 FOR EACH SUCH FAILURE.

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AUTHORIZED SIGNATURE OF VENDOR

DATE

**DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

AS REQUIRED BY EXECUTIVE ORDER 12549, DEBARMENT AND SUSPENSION, AND IMPLEMENTED AT 34 CFR PART 85, FOR PROSPECTIVE PARTICIPANTS IN PRIMARY COVERED TRANSACTIONS, AS DEFINED AT 34 CFT PART 85, SECTION 95.105 AND 85.110.

1. THE BIDDER (CONTRACTOR) CERTIFIES THAT IT AND ITS PRINCIPALS:

A. ARE NOT PRESENTLY DEBARRED, SUSPENDED, PROPOSED FOR DEBARMENT, DECLARED INELIGIBLE, OR VOLUNTARILY EXCLUDED FROM COVERED TRANSACTIONS BY ANY FEDERAL DEPARTMENT OR AGENCY;

B. HAVE NOT WITHIN A THREE YEAR PERIOD PRECEDING THIS INVITATION TO BID BEEN CONVICTED OF OR HAD CIVIL JUDGMENT RENDERED AGAINST THEM FOR COMMISSION OF FRAUD OR A CRIMINAL OFFENSE IN CONNECTION WITH OBTAINING OR ATTEMPTING TO OBTAIN, OR PERFORMING A PUBLIC (FEDERAL, STATE OR LOCAL) TRANSACTION OR CONTRACT UNDER A PUBLIC TRANSACTION: VIOLATION OF FEDERAL OR STATE ANTITRUST STATUTES OR COMMISSION OF EMBEZZLEMENT, THEFT, FORGERY, BRIBERY, FALSIFICATION OR DESTRUCTION OF RECORDS, MAKING FALSE STATEMENTS, OR RECEIVING STOLEN PROPERTY;

C. ARE NOT PRESENTLY INDICATED FOR OR OTHERWISE CRIMINALLY OR CIVILLY CHARGED BY A GOVERNMENT ENTITY (FEDERAL, STATE OR LOCAL) WITH COMMISSION OF PAYING FEDERAL FUNDS OR WILL PAY FEDERAL FUNDS BY OR ON BEHALF OF THE UNDERSIGNED TO ANY PERSON FOR INFLUENCING OR ATTEMPTING TO INFLUENCE AN OFFICER OR EMPLOYEE OF ANY AGENCY, A MEMBER OF CONGRESS, AN OFFICER OR EMPLOYEE OF CONGRESS OR AN EMPLOYEE OF A MEMBER OF CONGRESS IN CONNECTION WITH THE MAKING OF ANY FEDERAL GRANT, THE ENTERING INTO ANY COOPERATIVE AGREEMENT, AND THE EXTENSION, CONTINUATION, RENEWAL, AMENDMENT OR MODIFICATION OF ANY FEDERAL GRANT OR COOPERATIVE AGREEMENT.

D. HAVE NOT WITHIN A THREE YEAR PERIOD PRECEDING THIS INVITATION TO BID HAD ONE OR MORE PUBLIC TRANSACTION (FEDERAL, STATE OR LOCAL) TERMINATED FOR CAUSE OR DEFAULT; AND

2. WHERE THE BIDDER IS UNABLE TO CERTIFY TO ANY OF THE STATEMENT IN THIS CERTIFICATION, HE OR SHE SHALL ATTACH AN EXPLANATION TO THIS BID PACKAGE.

AS DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY OR INDIVIDUAL SUBMITTING THE BID PROPOSAL, I HEREBY CERTIFY THAT THE COMPANY OR INDIVIDUAL DOES COMPLY WITH THE ABOVE CERTIFICATION.

NAME OF BIDDER \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DRUG-FREE WORKPLACE CERTIFICATION**

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.07, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** – Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedure for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employee for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

COMPANY NAME \_\_\_\_\_

VENDOR'S SIGNATURE \_\_\_\_\_



American Sign Language Interpreting Services

## Interpretek Jacksonville Personnel

<u>LastName</u>	<u>FirstName</u>	<u>RID</u>	<u>Status</u>
Abenchuchan	Isaiah	Associate	Independent Sub-contractor
Batten	Jeremy	Certified	Independent Sub-contractor
Barkman	Terry	Associate	Staff Interpreter
Belt	Lester H.	Certified	Independent Sub-contractor
Bernkrant	Pamela E.	Certified	Independent Sub-contractor
Crosby	Melani G.	Certified	Independent Sub-contractor
Cubas	Heather	Certified	Independent Sub-contractor
Dufresne	Cynthia L.	Certified	Independent Sub-contractor
Fillman	Christian	Associate	Staff Interpreter
Jordan	Ken	Associate	Staff Interpreter
McDowell	Mel	Associate	Staff Interpreter
McDowell	Sonny	Associate	Staff Interpreter
Miley	Elizabeth	Associate	Independent Sub-contractor
Neely	Johanna J.	Certified	Independent Sub-contractor
Nichols	Denise M.	Associate	Independent Sub-contractor
Nicole M.	Vegara	Associate	Independent Sub-contractor
Norris	Shawn	Certified	Staff Interpreter
Olson	Patricia L.	Certified	Independent Sub-contractor
Robinson	Jeffrey A.	Certified	Independent Sub-contractor
Shook	Amanda	Certified	Independent Sub-contractor
Thiel	Cynthia L.	Associate	Independent Sub-contractor
Thompson	Stephen	Associate	Independent Sub-contractor
Torres	Vaness	Certified	Independent Sub-contractor
Velez	Gilberto	Associate	Independent Sub-contractor
Williams	Alexander	Associate	Independent Sub-contractor
Williams	Donavan O.	Associate	Independent Sub-contractor

WWW.INTERPRETEK.COM  
 Jax.office@interpretek.com  
 904-615-1807 (office)  
 904-615-1816 (fax)  
 386-366-1884 (cell)



# CERTIFICATE OF LIABILITY INSURANCE

COMMU-8

OP ID: CT

DATE (MM/DD/YYYY)  
07/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> C. H. Insurance Brokerage Services Co., Inc. 100 S. Salina St., Suite 370 Syracuse, NY 13202 Gary Meyer	<b>CONTACT NAME:</b> Gary Meyer <b>PHONE (A/C, No, Ext):</b> 315-234-7500 <b>E-MAIL ADDRESS:</b> gmeyer@dhhinsurance.com <b>FAX (A/C, No):</b> 315-234-7508																
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Ind Ins Co</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"><b>AH</b></td> <td>18058</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Philadelphia Ind Ins Co	<b>AH</b>	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :																	
INSURER F :																	
<b>INSURED</b> Communication Serv Inc/Jomiza Corp dba Interpretak/CSI Southeast Inc/CSI Midwest Inc/CSI Northeast Inc dba Sign Language Specialists 75 Highpower Rd. Rochester, NY 14623																	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		PHPK1550575	10/01/2016	10/01/2017	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
A	Employee Benefits			PHPK1550575	10/01/2016	10/01/2017	MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
A	AUTOMOBILE LIABILITY			PHPK1550575	10/01/2016	10/01/2017	GENERAL AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG	\$ 3,000,000
A	UMBRELLA LIAB			PHUB556186	10/01/2016	10/01/2017	Emp Ben.	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per accident)	\$
A	Professional Liab			PHPK1550575	10/01/2016	10/01/2017	PROPERTY DAMAGE (PER ACCIDENT)	\$
							EACH OCCURRENCE	\$ 4,000,000
A							AGGREGATE	\$ 4,000,000
							WC STATUTORY LIMITS	OTHER
A							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
A							E.L. DISEASE - POLICY LIMIT	\$
							Ea. Claim	1,000,000
							Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The School Board of Clay County is named as an Additional Insured with respect to General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

SCHCLAY School Board of Clay County 23 S Green St Green Cove Springs, FL 32043	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Joseph Conventino</i>
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**NOTEPAD:**

HOLDER CODE **SCHCLAY**  
INSURED'S NAME **Communication Serv Inc/Jomiza**

**COMMU-8**  
**OP ID: CT**

**PAGE 2**  
Date **07/13/2017**

This certificate also applies to: CSIMidAtlantic, Inc. dba SLIS



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/9/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Kuhn & Pedulla Agency, Inc. 859 Ridge Rd  Webster NY 14580	<b>CONTACT NAME:</b> Kuhn Pedulla Agy Inc <b>PHONE (A/C, No, Ext):</b> (585) 787-9100 <b>FAX (A/C, No):</b> (585) 787-9101 <b>E-MAIL ADDRESS:</b> kpinsur@frontiernet.net  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Hartford Insurance Group</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Insurance Group		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
<b>INSURED</b> CSI SE DBA Interpretrek Communication Services Inc 75 Highpower Road  Rochester PA 14623															

**COVERAGES**    **CERTIFICATE NUMBER:** CL16102700100    **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED                      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT    \$                      100,000 E.L. DISEASE - EA EMPLOYEE    \$                      100,000 E.L. DISEASE - POLICY LIMIT    \$                      500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**    **CANCELLATION**

School Board of Clay County 23 South Green St. Green Cove Springs, FL 32043	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Kathleen Pedulla/KP
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