



TELEPHONE BASED INTERPRETER SERVICES

NASPO ValuePoint leverages the buying power of all 50 states to offer exceptional pricing for participating states and their political subdivisions. Alaska is an active member of NASPO ValuePoint. In order to use a contract, the state must sign a Participating Addendum (PA).

NASPO ValuePoint has the following non-mandatory contracts for 365-days a year/7-days a week/24-hours a day telephone based interpreter services for languages/dialects for Limited English Proficiency clients needing immediate interpreter assistance. Contract does not include in-person interpreting, sign language interpreting or document translation services.

CONTRACTOR	CONTACT	PRICING	PRICE AGREEMENT NUMBER
CTS LANGUAGE LINK, INC.	Sarah Gamble 360/433-0441	\$0.62/min	2015INT0001
Linguistica International	Rene Gomez 801/262-4550	\$0.57/min	2015INT0002
Voiance Language Services	Jodie Hansen 800/713-4950 x1659	\$0.75/min	2015INT0003

Contract Term: Expires March 4, 2017

NOTE: In order to obtain telephone based interpreter services, all customers must register with the vendor(s) to obtain an account number before ordering interpreter services.

The list of available languages, original solicitation and contract terms and conditions for this contract can be found at the NASPO ValuePoint [website](#).

If you have questions regarding Alaska's participation in this contract, please contact:

Victor Leamer - Contracting Officer
State of Alaska
465-5678
victor.leamer@alaska.gov



WSCA Account Application

Please go to wsca.ctslanguagelink.com to submit your account application on-line

Company Name: _____

Company Contact: _____

E-mail Address: _____

Phone Number: _____

Fax Number: _____

Address: _____

City: _____ State: _____ ZIP: _____

Billing Contact Name: _____

Billing Contact E-mail: _____

Billing Contact Phone: _____

Billing Contact Fax: _____

Billing Address (if different): _____

City: _____ State: _____ ZIP: _____

ACCOUNT SET-UP AGREEMENT

Please list top languages serviced: _____

Hours and days of Operation: _____

Type of Business (i.e. medical, social, legal): _____

Additional data collection:

Please check here if you do not require any additional data collection (otherwise indicate below): _____

Numeric data field 1: _____

Numeric data field 2: _____



PAYMENT AGREEMENT

I _____ authorize CTS LanguageLink to bill (Company Name) _____
_____ for the charges generated by on demand telephonic interpretation services at \$0.62 cents per minute. Each call has a one minute minimum billed in six second increments. Setup of the account includes toll-free number, access code, additional data collection (if applicable), and web portal access to retrieve electronic invoices.

I _____ in the name of (Company Name) _____
_____ agree to pay in full and within thirty (30) calendar days of the billing date the amount generated for the interpretation services.

Terms & Conditions

CTS LanguageLink will bill for charges generated for telephonic interpreting per Master Pricing Agreement #50-000-14-00002 AA and your State PA.

Additional services not covered in the Master Pricing Agreement such as Translation, Localization, Transcription, Video Remote Interpreting, 3rd party international calls, hard copy invoicing and reporting, and pre-scheduled Telephonic are gladly offered under separate agreements or quotes. Please feel free to contact our sales department if you are interested in adding any of these services.

Please fax the completed application to: 1-360-433-0447 or email to Susan.Bowles@ctslanguagelink.com

Attention: Susan Bowles

Authorized Signature _____

Date _____

Account Managers: Susan Bowles and Kimila Johnson - WSCA

Institution/Company: WSCA –NASPO Cooperative Purchasing Organization		
Contract No: 50-000-14-00002	Contract Status: Active	Expiration Date: March 4, 2017 (2020)
Service Description: Over the Phone Interpretation Service		Spanish Rate: \$0.54 per minute Other Language: \$0.57 per minute



The WSCA – NASPO cooperative contract allows all participant units of government to use the Contract for over the phone interpreting services. In order to activate your account for service, please fill out all sections in this form and e-mail to back to your account manager: wilson@linguisticainternational.com or Complete this for on-line by visiting our website www.linguisticainternational.com.

Section I – Billing and Account Information

State Agency Name: _____

State Agency Billing Representative Name: _____

Main Address for billing purposes: _____

E-mail: _____

Telephone: _____ Fax: _____

In case Billing Representative is not available alternative.

Billing Representative Name: _____ Telephone: _____

E-mail: _____ Fax: _____

Section II – Expected Volume

- Please select the best option that describes your expected volume for Over the Phone (OTP) interpreting usage.

- | | |
|------------------------------------|--------------------------|
| 1. 0 to 500 minutes per week | <input type="checkbox"/> |
| 2. 500 to 1,000 minutes per week | <input type="checkbox"/> |
| 3. 1,000 to 3,000 minutes per week | <input type="checkbox"/> |
| 4. 3,000 to 5,000 minutes per week | <input type="checkbox"/> |

- 5. over 5,000 minutes per week
- 6. other: _____ minutes per week

- Linguistica International provides interpreting services in over 250 different languages. However, we would like to have a better idea of your top Languages. Please provide **IF POSSIBLE** a list of your top 10 languages starting with #1 as the most frequently used language.

1	6
2	7
3	8
4	9
5	10

Section III – How to Request Services

- Over the Phone (OTP)



Telephonic Interpreter Access Instructions:

1. Call **(866) 908-5744**

If you need a Spanish interpreter you will be connected immediately by pressing “2” when prompted.

If you need any other language press “3” or stay on the line.
2. Hold as our operator connects you to your interpreter.
3. Conference in the non-English speaker (if you don’t have conferencing capability tell our coordinator and he or she will conference you with all parties).
4. Begin conversation.

www.linguisticainternational.com Toll Free (866) 908-5744

Section IV – Financial Responsibility

* Your signature below acknowledges your institution’s responsibility for charges incurred with Linguistica International, Inc. It is the responsibility of your institution to ensure correct billing and contact information has been provided in this form and signed by the appropriate authority. Your signature acknowledges that interpreting services will be provided under the current WSCA- NASPO Cooperative Purchasing Organization - contract No **50-000-14-00002** for over the phone interpreting services.

Date: _____

Print Name of Authorizing Agent

Signature



Client Set-up Form (CSF)

Organization Information

Name of Organization:	
Address (street, city, state, zip):	
Main Contact Name:	
Main Contact Title:	
Main Contact Phone:	
Main Contact Fax:	
Main Contact E-mail:	

Billing Information

Bill-to Organization Name:	
Sales Tax Exempt:	Yes No
*Sales Tax Exemption #:	
<i>*If exempt, client should email Tax Exemption Certificate to sales person/account manager, or fax to Voiance Finance Department at (520) 745-9022.</i>	
Address (street, city, state, zip):	
Billing Contact:	
Billing Contact Title:	
Billing Contact Phone:	
Billing Contact E-mail:	

Other Information

Invoice Type:	Online Standard
<i>*Note: Client will not receive mailed paper copy if online invoicing is selected.</i>	
Online Invoicing Contact Name:	
Online Invoicing Email:	