

## TRANSCRIBER FORMS

**Instructions:** Please complete all forms in this application packet and read the Statement of Work and Terms and Conditions, then complete the certification below. Submit all 5 pages of this packet to [sandy\\_nunes@cand.uscourts.gov](mailto:sandy_nunes@cand.uscourts.gov).

### **My Information:**

Name:	Contact name (if different):
Street address:	Email:
City, state, zip:	Phone:
<p>I hold the following certifications: <input type="checkbox"/> RPR <input type="checkbox"/> CSR <input type="checkbox"/> CCR <input type="checkbox"/> RMR.</p> <p>For NCRA/NVRA Certificate, provide Title, Registration Number &amp; Date Received:</p> <p>For Other Certification provide name of grantor and city, state, for which conferred:</p>  	

### **Certification:**

I hereby certify that I have reviewed the following documents provided to the public in support of this solicitation.

By initialing each item and signing below, I certify that I understand and accept the terms and conditions of work set forth in these documents:

Initial each item:

- \_\_\_\_\_ Statement of Work, including minimum qualifications
- \_\_\_\_\_ Terms and Conditions
- \_\_\_\_\_ Court's maximum transcript rates ([cand.uscourts.gov/transcriptrates](http://cand.uscourts.gov/transcriptrates))

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

## **TRANSCRIBER REFERENCES**

We require at least 3 professional references for whom you performed, within the past 3 years, transcription services similar to those described in the Statement of Work.

### **REFERENCE #1:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date range of work: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

\_\_\_\_\_

### **REFERENCE #2:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date range of work: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

\_\_\_\_\_

### **REFERENCE #3:**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Date range of work: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

\_\_\_\_\_

## **TRANSCRIBER BUSINESS INFORMATION**

If you are not registered in the System for Award Management ([www.sam.gov](http://www.sam.gov)), you must complete and return this form.

### **Taxpayer Identification Number (TIN)<sup>1</sup>**

"Taxpayer Identification (TIN)" means the number you will use in reporting income tax and other returns to the Internal Revenue Service (IRS). The TIN may be either a social security number or an employer identification number.

- ☐ My TIN is: \_\_\_\_\_
- ☐ I have applied for a TIN and will provide it as soon as I receive it.

### **Type of Organization\***

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Corporate entity (not tax-exempt)
- ☐ Other [specify]

### **Contractor Representations**

I represent as part of my application that my business is ☐ is not ☐ 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group(s) below:

- ☐ Women Owned Business
- ☐ Minority Owned Business (if selected, then one sub-type is required)
  - ☐ Black American
  - ☐ Hispanic American
  - ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians)
  - ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)
  - ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal)
- ☐ Individual/concern, other than one of the preceding (specify):

By signing below, I certify that the above information is complete and correct, and I understand that the provision of incorrect or incomplete information can be grounds for revocation of any contract that might result from my application.

NAME: \_\_\_\_\_

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

<sup>1</sup> The TIN and type of organization information to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041, 6041A, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements, your failure or refusal to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of your relationship with the government (31 U.S.C. § 7701(c)(3)). If the resulting contract is subject to payment recording requirements, the TIN provided hereunder may be matched with IRS records to verify the accuracy of your TIN.

## TRANSCRIPT PRICING SCHEDULE

Pricing applicable to work performed during the contract period shall be as shown below.

<b>TRANSCRIPT PRICING</b>	<b>UNIT</b>	<b>UNIT PRICE</b>
Ordinary Transcript	Page	\$3.65
14-Day Transcript	Page	\$4.25
Expedited (7-day) Transcript	Page	\$4.85
3-day Transcript	Page	\$5.45
Daily Transcript	Page	\$6.05
Hourly Transcript	Page	\$7.25

See <https://www.cand.uscourts.gov/transcriptrates> for further description of terms used in this chart.

I have reviewed the above pricing schedule and I offer to perform services for the United States District Court, Northern District of California on those terms if my response to the solicitation is approved.

NAME: \_\_\_\_\_

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

## **REQUEST FOR PROPOSAL – TRANSCRIPTION SERVICES**

Issued **2/6/2020** by United States District Court for the Northern District of California  
Proposals must be received by email to [sandy\\_nunes@cand.uscourts.gov](mailto:sandy_nunes@cand.uscourts.gov) by **2:00 p.m. on 2/24/2020**. Contract Period is for 3/01/2020-2/28/2021. For information, contact Sandy Nunes (415-522-3639, [sandy\\_nunes@cand.uscourts.gov](mailto:sandy_nunes@cand.uscourts.gov)).

### **OFFER**

The offeror agrees to perform the work required at the prices specified herein in strict accordance with the terms of this solicitation, if the proposal is accepted by the Government in writing within 120 calendar days after the date that proposals are due.

TIN No.: \_\_\_\_\_

DUNS No.: \_\_\_\_\_

NAME: \_\_\_\_\_

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

### **AWARD**

This revocable, non-exclusive contract is between the United States District Court (the “Court”), located at 450 Golden Gate Avenue, Rm. 16-1120, San Francisco, as administered by Susan Y. Soong (“Clerk”) and “Contractor.” This writing, including all attachments, constitutes the entire agreement and supersedes any and all prior communications and/or agreements, oral or written, between the parties, concerning the subject matter of this License. This Contract can be amended only by a written instrument executed by both parties. Contract period is for March 1, 2020 through February 28, 2021.

*FOR THE UNITED STATES OF AMERICA*

Name of Contracting Officer: Helene McVanner

AWARD DATE: \_\_\_\_\_

SIGNATURE OF

CONTRACTING OFFICER: \_\_\_\_\_