

**WHATCOM COUNTY
CONTRACT INFORMATION SHEET**

Whatcom County Contract Number:
202106012 – 2

Originating Department:	85 Health
Division/Program: (i.e. Dept. Division and Program)	8510 Administration / 851000 Administration
Contract or Grant Administrator:	Kathleen Roy
Contractor's / Agency Name:	The Language Exchange, Inc.

Is this a New Contract?	If not, is this an Amendment or Renewal to an Existing Contract?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #:	202106012	

Does contract require Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If No, include WCC:
Already approved? Council Approved Date:	(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)		

Is this a grant agreement?	If yes, grantor agency contract number(s):	CFDA#:	93.323 / 93.268
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Is this contract grant funded?	If yes, Whatcom County grant contract number(s):	202201016
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Is this contract the result of a RFP or Bid process?	WA State DES	600200 / 621200 /
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, RFP and Bid number(s): Contract #03514	Contract Cost Center: 627221 / 623420

Is this agreement excluded from E-Verify?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
---	---

If YES, indicate exclusion(s) below:

<input type="checkbox"/> Professional services agreement for certified/licensed professional.	<input type="checkbox"/> Contract for Commercial off the shelf items (COTS).
<input checked="" type="checkbox"/> Contract work is for less than \$100,000.	<input type="checkbox"/> Work related subcontract less than \$25,000.
<input type="checkbox"/> Contract work is for less than 120 days.	<input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.
<input type="checkbox"/> Interlocal Agreement (between Governments).	

Contract Amount:(sum of original contract amount and any prior amendments):	Council approval required for; all property leases, contracts or bid awards exceeding \$40,000 , and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: <ol style="list-style-type: none"> 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.
\$ 30,000	
This Amendment Amount:	
\$ 19,000	
Total Amended Amount:	
\$ 49,000	

Summary of Scope: This contract provides funding for language and translation services to Health Department staff, customers, patients, and community partners.

Term of Contract:	1 Year	Expiration Date:	06/30/2023
-------------------	--------	------------------	------------

Contract Routing:	1. Prepared by:	JT	Date:	03/11/2022
	2. Health Budget Approval	KR/JG	Date:	05/13/2022
	3. Attorney signoff:	RB	Date:	05/16/2022
	4. AS Finance reviewed:	M Caldwell	Date:	5/17/22
	5. IT reviewed (if IT related):		Date:	
	6. Contractor signed:		Date:	
	7. Executive Contract Review		Date:	
	8. Council approved (if necessary):	AB2022-307	Date:	
	9. Executive signed:		Date:	
	10. Original to Council:		Date:	

WHATCOM COUNTY CONTRACT AMENDMENT

PARTIES:

Whatcom County
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

AND CONTRACTOR:
The Language Exchange, Inc.
113 Cherry Street #65575
Seattle, WA 98105

CONTRACT PERIODS:

Original: 06/15/2021 – 12/31/2021
Amendment #1: 12/31/2021 – 06/14/2022
Amendment #2: 06/15/2022 – 06/30/2023

THE CONTRACT IDENTIFIED HEREIN, INCLUDING ANY PREVIOUS AMENDMENTS THERETO, IS HEREBY AMENDED AS SET FORTH IN THE DESCRIPTION OF THE AMENDMENT BELOW BY MUTUAL CONSENT OF ALL PARTIES HERETO

DESCRIPTION OF AMENDMENT:

1. Extend the duration and other terms of this contract through 06/30/2023.
2. Replace Exhibit B – Compensation, to update total funding and funding sources.
3. Funding for the extended contract period (06/15/2022 – 06/30/2023) is not to exceed \$19,000.
4. Funding for the total contract period (06/15/2021 – 06/30/2023) is not to exceed \$49,000.
5. All other terms and conditions remain unchanged.
6. The effective start date of the amendment is 06/15/2022.

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND ANY PREVIOUS AMENDMENTS THERETO REMAIN IN FULL FORCE AND EFFECT. ALL PARTIES IDENTIFIED AS AFFECTED BY THIS AMENDMENT HEREBY ACKNOWLEDGE AND ACCEPT THE TERMS AND CONDITIONS OF THIS AMENDMENT. Each signatory below to this Contract warrants that he/she is the authorized agent of the respective party; and that he/she has the authority to enter into the contract and bind the party thereto.

DEPARTMENT HEAD APPROVAL: _____
Erika Lautenbach, Health Department Director Date

APPROVAL AS TO FORM: _____
Royce Buckingham, Senior Civil Deputy Prosecutor Date

FOR THE CONTRACTOR:

Katie Deaton, Head of Finance & Administration		
Contractor Signature	Print Name and Title	Date

FOR WHATCOM COUNTY:

_____	_____
Satpal Singh Sidhu, County Executive	Date

CONTRACTOR INFORMATION:

The Language Exchange, Inc.
113 Cherry Street, #65575
Seattle, WA 98105
360-755-9910
katie@languageexchangeinc.com

EXHIBIT "B" – Amendment #2
(COMPENSATION)

- I. **Budget and Source of Funding:** Funding for this contract period (06/15/2022 – 06/30/2023) may not exceed \$19,000. Funding is provided by general funds and the COVID Epidemiology & Laboratory Capacity (CFDA 93.323) and COVID-19 Vaccine (CFDA 93.268) Grants passed through the Washington State Department of Health.

The Contractor shall bill the County according to the rates listed in Attachment A.

II. Invoicing

1. The Contractor shall submit itemized invoices on a monthly basis in a format approved by the County. Monthly invoices must be submitted by the 15th of the month following the month of service. Invoices submitted for payment must include the items identified in the table above.
2. The Contractor shall submit invoices to *(include contract #)* HL-BusinessOffice@co.whatcom.wa.us.
3. Payment by the County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from Contractor. The County may withhold payment of an invoice if the Contractor submits it more than 30 days after the expiration of this contract.
4. Invoices must include the following statement, with an authorized signature and date:

I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.

5. Duplication of Billed Costs or Payments for Service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.

ATTACHMENT A



Standard Rate Sheet (2022)

Translation and Interpreting in 200+ Languages

On-site Interpreting Rates- Consecutive

Consecutive Interpreting- On-Site		Legal/Mental Health	Unit	Minimum Charge
Tier 1 Language	\$62.50	\$68.00	Per Hour	1 Hour
Tier 2 Language	\$73.50	\$79.00	Per Hour	1 Hour
Tier 3 Language	\$84.50	\$90.00	Per Hour	2 Hours
American Sign Language (ASL)	\$125.00	\$125.00	Per Hour	2 Hours

On-Site Interpreting Rates- Simultaneous

Simultaneous and or Seminar/Group Interpreting- On-Site		Unit	Minimum Charge
Tier 1 Language	\$73.50	Per Hour	2 Hours
Tier 2 Language	\$84.50	Per Hour	2 Hours
Tier 3 Language	\$95.50	Per Hour	2 Hours
American Sign Language (ASL)	\$125.00	Per Hour	2 Hours

Court Interpreting Rates

Court Interpreting	OnSite and Telephonic	Depositions	Unit	Minimum Charge
Tier 1 Language	\$82.50	\$100.00	Per Hour	2 Hours
Tier 2 Language	\$132.00	\$148.50	Per Hour	2 Hours
Tier 3 Language	\$181.00	\$205.00	Per Hour	2 Hours

*Trials are 7 Hour Minimum, 8 Hour Minimum for Korean and Vietnamese

Over-the-Phone Interpreting (Call Center)

Over the Phone Interpreting		Unit	Minimum Charge
Spanish	\$1.75	Per Minute	15 Minutes
All Other Languages	\$2.25	Per Minute	15 Minutes

*Prescheduled calls are billed at 30-minute minimums

T: 360.755.9910 | www.languageexchangeinc.com
 Office Hours: 8am-5pm PST Monday-Friday
 Interpreting Requests: schedule@languageexchangeinc.com
 Translation Requests: translation@languageexchangeinc.com



Video-Remote Interpreting

Video Remote Interpreting - On Our Platform, On-Demand		Unit	Minimum Charge
Spanish	\$2.75	Per Minute	30 Minutes
All Other Languages	\$3.00	Per Minute	30 Minutes
American Sign Language	\$3.00	Per Minute	30 Minutes

Video Remote Interpreting - Pick your Platform- Scheduled		Unit	Minimum Charge
Tier 1 Language	\$62.50	Per Hour	1 Hour
Tier 2 Language	\$73.50	Per Hour	1 Hour
Tier 3 Language	\$84.50	Per Hour	1 Hour
American Sign Language (ASL)	\$125.00	Per Hour	1 Hour

Interpreting Equipment

Headset and Receivers (Minimum 20)	\$8	Per Unit
Transmitter	\$100	Per Unit

Document Translation

Translation (Translation, Edit, and Proof)		Unit	Project Minimum
Tier 1 Languages: Spanish	0.18	Per Word	\$100
Tier 2 Languages	0.26	Per Word	\$100
Tier 3 Languages	0.35	Per Word	\$100
Rush Fee	25%	Of Total Project Cost	

*Standard turn-around time for translation is within 5 business days (projects less than 7,000 words)

*Unit is Source word – the language in which the material is written when submitted for translation

Support and Multimedia Services:

Desktop Publishing/Formatting	\$65	Per Hour
Audio Transcription (Voice)	\$10	Per Minute
Multimedia File Format and Conversion	\$65	Per Hour

T: 360.755.9910 | www.languageexchangeinc.com
 Office Hours: 8am-5pm PST Monday-Friday
 Interpreting Requests: schedule@languageexchangeinc.com
 Translation Requests: translation@languageexchangeinc.com



Additional Terms:

**Rate for Short Notice Request, (less than 1 business day), After hours, Holiday and/or Weekend Appointment Times \$10 per hour additional.*

**1 hour minimum fee applies to onsite interpreting or time reserved, whichever is greater. Each hour after the minimum hours is billed at prorated hourly rate. Hourly charge will commence from interpreter's initial arrival to interpreter's final departure. Anytime thereafter will be billed in 15 minute increments.*

**For scheduled video remote calls late cancellation, 100% cancellation fee applicable for the time scheduled.*

**Rate Exceptions: Depending upon the availability of interpreter and languages of lesser diffusion, rates may need to be altered accordingly. Rates for On-site-interpreters in States other than California (including Central and Northern California) may vary. Every effort is made to keep within rates mentioned above. |*

**Additional Charges: Mileage may be billed at the current IRS set mileage reimbursement rate , round trip from interpreter's location to site. Parking fees, tolls, entrance fees to be reimbursed. Travel time is billed at hourly rate, in 15-minute increments. Every effort is made to find the closest qualified interpreter to avoid travel charges.*

**Cancellation and Patient/Provider No-Show Policy: 100% Cancellation Fee if appointment is cancelled less than 48 hours (two business days) before appointment for Court and Sign Language (5 business day for Trials) and 24 hours (one business day) for all other appointments. The interpreters are allocated time for your assignment alone, therefore cancellation notifications less than 48 hours (two business days) for Court and Sign Language (5 business days for Trials) and 24 hours (one business day) for all other appointments must be billed.*

DISCLAIMER: This price list is to be used as reference. The prices here are based on normal turnaround time and general content. The actual price might vary according to each job's requirements, location, content, availability of interpreters, and requested turnaround time.

T: 360.755.9910 | www.languageexchangeinc.com
Office Hours: 8am-5pm PST Monday-Friday
Interpreting Requests: schedule@languageexchangeinc.com
Translation Requests: translation@languageexchangeinc.com



Language List:

Tier 1 Languages:					
Spanish					
ASL Tier:					
American Sign Language					
Tier 2 Languages:					
Arabic (Egyptian)	Chinese Mandarin	Flemish	Hungarian	Romanian	Tagalog (Filipino)
Arabic (Iraqi)	Croatian	French	Italian	Russian	Taiwanese
Arabic (Modern Standard)	Czech	French Canadian	Latvian	Serbian	Ukrainian
Arabic (Moroccan)	Danish	French Creole	Lithuanian	Sicilian	
Arabic (Sudanese)	Dutch	Georgian	Macedonian	Slovak	
Arabic (Yemeni)	Estonian	German	Norwegian	Slovene	
Chinese Cantonese	Finnish	Greek	Polish	Swedish	
Tier 3 Languages:					
Acehnese	Chin (Falam)	Hmong	Kyrgyz	Pidgin (Cameroonian)	Tibetan
Acholi	Chin (Hakha)	Hokkien	Lao	Pidgin (Nigerian)	Tigrinya
Afghani	Chin (Lai)	Icelandic	Lautu	Ponapean/Pohnpeian	Toisanese
Afrikaans	Chin (Mizo)	Igbo	Lingala	Portuguese (Brazilian)	Tongan
Akan	Chin (Tedim)	Ilocano	Lorma	Portuguese (European)	Tosk
Akateco	Chin (Zo, Zomi)	Ilonggo	Luganda	Portuguese Creole	Trukese/Chuukese
Albanian	Chin (Zophei)	Indonesian	Luo	Pulaar	Turkish
Amharic	Choujo	Japanese	Maay-Maay	Punjabi	Twi
Anuak	Chuukese	Jarai	Malay	Q'anjob'al	Urdu
Armenian	Cotocoli (Tem)	Jiangsu	Malayalam	Rohingya	Uzbek
Ashanti	Dari	K'iche' (Quiché)	Mam	Samoan	Vietnamese
Assyrian	Dinka	Kannada	Mandinka	Sango	Visayan
Azeri	Dioula	Karen	Mara	Senthang	Wolof

T: 360.755.9910 | www.languageexchangeinc.com
 Office Hours: 8am-5pm PST Monday-Friday
 Interpreting Requests: schedule@languageexchangeinc.com
 Translation Requests: translation@languageexchangeinc.com

Tier 3 Languages: Continued					
Bahasa (Malaysian)	Edo	Karen (Pwo)	Marathi	Shanghainese	Xhosa
Bambara	Ewe	Karenni (Kayah)	Marshallese	Shona	Yiddish
Bashkir	Farsi	Kazakh	Matu	Sichuan	Yoruba
Basque	Foochow (Fuzhou)	Khmer	Mbay	Sinhalese	Yup'ik
Bassa	Fukienese	Kikongo	Mende	Siyin	Zulu
Belarusian	Fulani	Kikuyu	Mien	Somali	
Bengali	Fulde	Kinyamulenge	Mina	Somali Bantu	
Bosnian	Fuzhou	Kinyarwanda	Mixteco (Alto)	Soninke	
Bulgarian	Ga	Kirundi	Mixteco (Bajo)	Soninke (Sarahuli)	
Burmese	Garre	Kituba	Moldovan	Soninke (Sarakhole)	
Cambodian	Guarani	Kizigua (Kizigula)	Mongolian	Soranî (Kurdish)	
Cape Verde Creole	Gujarati	Korean	Montenegrin	Sousou	
Carolinian	Hainanese	Kosraean	More	Swahili	
Catalan	Haitian Creole	Krahn	Mushunguli	Sylheti	
Cebuano	Hakka (Chinese)	Krio	Navajo	Tajik	
Chaldean	Harar	Kunama	Nepali	Tamil	
Chamorro	Hassaniya	Kurdish	Nuer	Telugu	
Chao-Chow	Hausa	Kurdish (Bahdini)	Oromifa	Temne	
Cherokee	Hebrew	Kurdish (Kurmanji)	Pashto	Teochew	
Chin	Hindi	Kurdish (Sorani)	Patois (Jamaican)	Thai	

T: 360.755.9910 | www.languageexchangeinc.com
Office Hours: 8am-5pm PST Monday-Friday
Interpreting Requests: schedule@languageexchangeinc.com
Translation Requests: translation@languageexchangeinc.com