**PROVIDE AMERICAN SIGN LANGUAGE INTERPRETATION/TRANSLITERATION, CAPTION AND/OR COMPUTER-ASSISTED TRANSCRIPTION SERVICES**

**ATTACHMENT D**
**PROPOSER'S FEE, IDENTIFICATION OF LIAISON, AND RELATED DOCUMENTATION**

**I. PROPOSER'S FEE**

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II. **LIAISON TO COORDINATE SERVICE DELIVERY (PER SECTION VI. F)**

_____(**DOCUMENTATION ATTACHED)**

**III. DESCRIPTION OF HOW FOLLOW-UP, MONITORING, AND EVALUATION OF SERVICES WILL BE PROVIDED BY THE PROPOSER , PER SECTION IV (DOCUMENTATION ATTACHED)**

**IV. NAMES AND DOCUMENTATION OF A MINIMUM OF 16 FULL-TIME STAFF ASSOCIATES, AND CERTIFICATION THAT REFERENCES HAVE BEEN CHECKED RELATING TO INTERPRETING EXPERIENCES.**

**V. PROPOSER INFORMATION**

**LEGAL NAME OF AGENCY OR CONTRACTOR SUBMITTING PROPOSAL:** _____

**AUTHORIZED SIGNATURE:** _____

**NAME TYPED:** _____

**TITLE:** _____

**DATE:** _____