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*Superintendent of Schools*  
Jeffrey S. Blank

## NOTIFICATION OF BID

**BID #SPED24-252 Interpreter Services for Students who are Deaf and Hard of Hearing**

**Contract for the 2024-2025 School Year**

**Extended School Year Services June 10, 2024 – July 25, 2025**

**School Year Services August 26, 2024 - June 5, 2025\***

**(\*Note that the schedule may be adjusted for snow days)**

**(\*\*Subject to renewal at ACPS discretion for one academic year)**

**ALLEGANY COUNTY PUBLIC SCHOOLS IS ACCEPTING SEALED BIDS FOR INTERPRETER SERVICES FOR DEAF AND HEARING IMPAIRED STUDENTS FOR THE 2024-2025 SCHOOL YEAR AT THE ALLEGANY COUNTY BOARD OF EDUCATION OFFICE, 108 WASHINGTON STREET, P.O. BOX 1724, CUMBERLAND, MARYLAND 21501 ON OR BEFORE WEDNESDAY, MAY 15, 2024. TWO COPIES OF EACH BID SUBMITTED SHOULD BE INCLUDED IN THE BID PACKET.**

**BIDS WILL BE OPENED ON THURSDAY, MAY 15, 2024 AT 1 PM. AT THE BOARD OF EDUCATION OFFICE, 108 WASHINGTON STREET IN THE LINCOLN CONFERENCE ROOM. BIDS MAY BE HAND CARRIED TO THE OPENING OR MAILED TO THE ATTENTION OF DEBRA METHENY, DIRECTOR, SPECIAL EDUCATION PRIOR TO MAY 15<sup>th</sup> .**

**THE EXPECTED AWARD DATE IS JUNE 11, 2024. ALLEGANY COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS RECEIVED IF COMPONENTS OF THE BID ARE NOT PROVIDED.**

**PLEASE BE SURE TO VIEW THE FAQs @ <https://www.acpsmd.org/Page/3911>  
WE WILL RESPOND TO ANY QUESTIONS YOU MAY HAVE ABOUT THE BID PROCESS IF YOU EMAIL [BIDS@ACPSMD.ORG](mailto:BIDS@ACPSMD.ORG)**

## BID OVERVIEW

### BID #SPED24-252 Interpreter Services for Students who are Deaf and Hard of Hearing.

- ITEMS: Interpreter Contract for the 2024-2025 School Year
- TYPE OF CONTRACT: Firm hourly price for:  
Interpreters for the Deaf and Hearing Impaired
- CONTRACT PERIOD: August 26, 2024 until June 5, 2025\*  
Extended School Year Services June 10, 2024 – July 25, 2025  
School Year Services August 26, 2024 - June 5, 2025\*  
(\*Note that the schedule may be adjusted for snow days)  
**(\*\*Subject to renewal at ACPS discretion for one academic year)**
- DEADLINE FOR WRITTEN : **Wednesday, April 24, 2024 at 8:00 AM**  
QUESTIONS SUBMISSION **Refer to our FAQs before your submission**  
**Any additional questions, please submit to [bids@acpsmd.org](mailto:bids@acpsmd.org)**
- BID OPENING: Thursday, May 15, 2024 at 1:00 PM
- BID DELIVERY: Hand deliver or mail **two** copies to:  
  
Debra Metheny  
Director, Student Services and Special Education  
108 Washington Street  
P.O. Box 1724  
Cumberland, MD 21502
- CONTACT: If you have any questions concerning this bid, please contact:  
  
Debra Metheny  
Director, Student Services and Special Education  
Allegany County Public Schools  
301-759-2064
- LABEL: Label your envelope:  
Allegany County Schools BID # SPED24-252  
Interpreter Services for Students who are Deaf and Hard of Hearing

# LEGAL BACKGROUND, SCOPE OF WORK AND EXPECTATIONS

## Legal Background

Allegany County provides interpreting services to students who are deaf and hard of hearing in accordance with IDEA, COMAR, the Americans with Disabilities Act and Section 504.

## Scope of Work

The ACPS Special Education Department (SPED) provides an interpreter for less than five students who are deaf or hearing impaired. Services are provided for the entire length of the student's school day.

These numbers are fluid and will vary during the term of the contract.

Services can be provided in all Allegany County Schools which includes 14 elementary schools, 4 middle schools, 3 high schools plus CTE.

## Expectations

The following are expectations for the vendor of this contract:

1. Provide interpreting services to deaf and hearing impaired students as required.

## BID PROPOSAL

### BID # SPED24-252 Interpreter Services for Students who are Deaf and Hard of Hearing.

Board of Education of Allegany County  
108 Washington Street  
P.O Box 1724  
Cumberland, Maryland 21502

Project: **Interpreter Services for Students who are Deaf and Hard of Hearing.**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Company Submitting the Proposal: \_\_\_\_\_

Contact: \_\_\_\_\_

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

## Review

The bid proposal review committee will be assessing each bid component in order to determine if the vendor's bid proposal will enable the vendor to provide each component required for the contract. Recommendations to the Superintendent and members of the board of education will be based on the summation of the committee's review of these components.

Failure to properly and completely fill in all blanks may be cause for rejection of this proposal.

### **Debarment Certificate**

In accordance with 24 CFR 24.100 through 24.714, \_\_\_\_\_,  
(Name of authorized agent)

hereby certifies that neither \_\_\_\_\_, nor any of its principal  
(Name of company)

employees has been debarred, suspended or voluntarily excluded by any Governmental agency from

receiving Federal financial assistance and nonfinancial assistance and benefits. By signing this

certificate, the organization expressly understands and acknowledges that any person or entity that

has been debarred or suspended is not eligible to receive Federal financial and non-financial

assistance and benefits under Federal programs and activities.

### **Miscellaneous Provisions:**

The parties mutually agree that the Allegany County Board of education and the company represented below, should said company be award a contract from this bid proposal, would be entering into a relationship that would be described as that of an employer and independent contractor. The company is not an employee of the Board of Education (BOE) and is therefore not entitled to benefits provided by said BOE to any or all of its employees, including but not limited to group insurance payments, life insurance plans, health insurance, pension plans , unemployment insurance benefits etc. It is mutually agreed that the company shall be responsible for payment of all federal, state and local taxes as well as Unemployment and Worker's Compensation premiums.

It is mutually agreed that the company will provide these services with fluent interpreters for deaf and hearing-impaired students who are appropriately trained and supervised. The company shall maintain appropriate insurance, which names ACPS as an additional insured. A Certificate of Liability Insurance must be submitted to the BOE prior to a contract being awarded. The company shall also maintain compliance with the guidelines of agencies involved in funding. All employees will have a background check maintained by the company and made available to the BOE. It is further agreed that these services shall be provided in compliance with IDEA, MSDE and other federal, state and local guidelines as identified in the legal background section of the documents provided.

The signature below indicates that the company agent is in agreement with all of the assurances as outlined above.

Dated: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Printed Name if Agent: \_\_\_\_\_

## BID COMPONENTS

### COMPONENT 1 - Fees

**Payment for these services shall be in according to the following scale\*:**

Interpreter for Deaf and Hard of Hearing Students \_\_\_\_\_ / hour

\* Allegany County Public Schools will pay 100% of the charges for direct services provided to a student.

Schedule and length of the day will be set for the benefit of students and county personnel served. Service pattern shall be designed to preserve the lowest possible billing to the county while providing quality services to all students.. An invoice must be received by the BOE on the 15<sup>th</sup> of each month for the prior month of services. Billing backup will need to be provided in order that BOE staff can confirm the charged amounts on the billing. ACPS will conduct quarterly audits of billing. Additional back up will be requested from the contractor to complete these audits.

Do you currently employ all of the FTE's needed in this proposal?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If no, how many FTE's will you need to hire?

## **COMPONENT 2 – Continuing Education**

Have the employees you would be assigning to this contract had continuing education training to enhance their skills for working with children with disabilities in the following age ranges:

Infants (0-3)                     Yes                     No

Pre-school (3-5)                 Yes                     No

School age (5-21)                Yes                     No

**If yes please provide information about the continuing education training individual employees have completed in a separate attachment.**

## **COMPONENT 3 – Previous Contract Experiences**

Have you previously had or do you currently have contracts with other school systems in Maryland?

Yes                     No

If yes, identify those school systems for the purpose of providing a reference:

Have you previously had or do you currently have contracts with other school systems in other states?

Yes                     No

If yes, identify those school systems for the purpose of providing a reference:

## **COMPONENT 4 – Acknowledgments**

I am the \_\_\_\_\_ and the duly authorized representative of the  
(Title)

company titled \_\_\_\_\_  
(Name of Company)

and whose address is \_\_\_\_\_  
(Complete Address)

and I possess the legal authority to make this bid proposal to the Allegany County Board of

Education on behalf of myself and the company for which I am acting.

I acknowledge that if any representations set forth in this bid proposal are not true and correct, the Allegany County Board of Education may terminate any contract awarded and take any other action as it deems appropriate. I also acknowledge that if my company fails to provide the services as outlined in the attached documents, after being awarded this contract, the Allegany County Board of Education shall interpret this failure to be a breach of contract and will be within their rights to take any legal action that the BOE feels is appropriate. Should a breach of contract occur thus placing the BOE in a position to owe compensatory services to a student(s), the cost for those compensatory services are the responsibility of the company.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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