

PRO TEM COURT REPORTER APPLICATION COVER SHEET

Instructions: Please complete this cover sheet and CAND CR-BPA Forms A through E (all forms in this application packet) and read the Statement of Work and BPA Terms and Conditions (available at cand.uscourts.gov/transcripts/pro-tem-info), then complete the certification below. Submit all forms with this cover sheet to hr@cand.uscourts.gov.

My Information:

| | |
|---|---|
| Name: | Contact name (if different): |
| Street address: | Email: |
| City, state, zip: | Phone: |
| <p>I am available to provide service at the following courthouses (for location details, see cand.uscourts.gov/locations):</p> <p><input type="checkbox"/> San Francisco</p> <p><input type="checkbox"/> Oakland</p> <p><input type="checkbox"/> San Jose</p> <p><input type="checkbox"/> Eureka-McKinleyville</p> | <p>I hold the following certifications:</p> <p><input type="checkbox"/> RPR</p> <p><input type="checkbox"/> CSR</p> <p><input type="checkbox"/> CCR</p> <p><input type="checkbox"/> RMR</p> |

Certification:

I hereby certify that I have reviewed the following documents provided to the public in support of Blanket Purchase Agreement (BPA) Solicitation No. CANDCLERK17-CtRpt-BPA.

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 (cand.uscourts.gov/transcripts/pro-tem-info)

_____ BPA Terms and Conditions (cand.uscourts.gov/transcripts/pro-tem-info)

_____ Court's maximum transcript rates (cand.uscourts.gov/transcriptrates)

DATE:

SIGNATURE:

| | | | | | |
|--|--|--|--|---|-----------------------------------|
| SOLICITATION FOR COURT REPORTER SERVICES BPA | | | | | 1. REQUISITION NUMBER NOT USED |
| 2. CONTRACT NO. NOT USED | 3. AWARD/EFFECTIVE DATE NOT USED | 4. ORDER NUMBER NOT USED | 5. SOLICITATION NUMBER CANDCLERK17- CtRptr-BPA | 6. SOLICITATION ISSUE DATE 5/26/2017 | |
| 7. FOR INFORMATION CONTACT Helene McVanner | | a. CONTRACTING OFFICER NAME | b. E-MAIL ADDRESS Helene_mcvanner@ cand.uscourts.gov | 8. OFFER DUE DATE/LOCAL TIME Ongoing | |
| 9. ISSUED BY US District Court 450 Golden Gate Ave Rm 16-1120 San Francisco, CA 94102 | | | 10. NOT USED | | |
| 11. DELIVERY FOB Destination | | 12. DISCOUNT TERMS NOT USED | 13. NOT USED | 14. METHOD OF SOLICITATION RFQ | |
| 15. DELIVER TO See 1.A.1) of attached SOW | | | 16. ADMINISTERED BY (if other than Block 9) NOT USED | | |
| 17a. CONTRACTOR (Type or print information) | TIN or DUNS: | 18a. PAYMENT WILL BE MADE BY NOT USED | | | |
| Name: | POC Name: | Address: | Email: | City: | Phone: |
| State: | Zip: | | | | |
| 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK IS CHECKED | | | | |
| 19. NOT USED | 20. DESCRIPTION OF SERVICES | 21. NOT USED | 22. NOT USED | 23. NOT USED | 24. NOT USED |
| <p>This is a solicitation for proposals to provide court reporting services under a Blanket Purchase Agreement (BPA). This solicitation consists of the cover letter, and its attachments: (1) this signature page; (2) Statement of Work; (3) BPA Terms and Conditions (with appendices); (4) Solicitation Provisions; (5) Pricing Schedule; (6) Court Reporter Biographical Information Sheet; and (7) Court Reporter Reference Information Sheet.</p> <p>The court expects to award one BPA for the ordering period stated below, but reserves the right to award no BPAs or more than one BPA and to adjust the ordering period at the time of BPA award.</p> <p>Ordering Period Start Date: _____ Ordering Period End Date: _____</p> | | | | | |
| 25. NOT USED | 26. NOT USED | | | | |
| 27. Applicable terms and conditions are as stated in the continuation pages. | | | | | |
| 28. NOT USED | 29. NOT USED | | | | |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR | | | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) | | |
| | | | NOT USED | | |
| 30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) | | 30c. DATE SIGNED | 31a. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) | | 31c. DATE SIGNED |
| | | | NOT USED | | |

COURT REPORTER PROFESSIONAL EXPERIENCE INFORMATION

NAME:

CERTIFICATE(S):

For NCRA/NVRA Certificate, provide Title, Registration Number & Date Received:

For Other Certification provide name of grantor and city, state, for which conferred:

Please be prepared to provide us with a copy of your certificate(s) if called for an interview.

EXPERIENCE:

Instructions: *Begin with most recent experience and go back 3 years. List all positions related to performance of court reporting duties. Include all experience in a courtroom setting. Experience in a courtroom setting and dates of that service must be clearly identified. Include average number of hours worked per week for each position. Include periods of self-employment. Submit multiple pages if needed.*

EMPLOYER #1

Dates of Employment:

Business/agency name

Address

Contact name

May we contact this person? Yes ___ No ___

Would you like to use this person as a reference? Yes ___ No ___

Contact email

Best daytime phone

Description of Duties:

EMPLOYER #2

Dates of Employment:

Business/agency name

Address

Contact name

May we contact this person? Yes ___ No ___

Would you like to use this person as a reference? Yes ___ No ___

Contact email

Best daytime phone

Description of Duties:

EMPLOYER #3

Dates of Employment:

Business/agency name

Address

Contact name

May we contact this person? Yes ___ No ___

Would you like to use this person as a reference? Yes ___ No ___

Contact email

Best daytime phone

Description of Duties:

EMPLOYER #4

Dates of Employment:

Business/agency name

Address

Contact name

May we contact this person? Yes ___ No ___

Would you like to use this person as a reference? Yes ___ No ___

Contact email

Best daytime phone

Description of Duties:

By signing below, I certify that the above information is complete and correct, and that I intend to provide services under any contract resulting from my application.

DATE:

SIGNATURE:

COURT REPORTING REFERENCES

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

Instructions: If you **have not** identified at least 3 references in your employment history, please provide additional references on this *form*. If you **have** identified 3 or more references in your employment history, please do not submit this form.

NAME:

Reference #1 Date range of work:

Reference name (Firm, company, court or individual)

Reference contact information

Name

Email

Telephone #

Contract # (if applicable)

Work setting: Was work performed in a courtroom setting? Yes ___ No ___
If not, where was work performed?

Description of work:

Reference #2 Date range of work:

Reference name: (Firm, company, court or individual)

Reference contact information:

Name

Email

Telephone #

Contract #: (if applicable)

Work setting: Was work performed in a courtroom setting? Yes ___ No ___
If not, where was work performed?

Description of work:

NAME:

Reference #3

Date range of work:

Reference name: (Firm, company, court or individual)

Reference contact information:

Name

Email

Telephone #

Contract #: (if applicable)

Work setting: Was work performed in a courtroom setting? Yes ___ No ___

If not, where was work performed?

Description of work:

APPLICANT BUSINESS INFORMATION

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

Taxpayer Identification Number (TIN)¹

"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:

¹¹¹ 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.

APPLICANT ACCEPTANCE OF BPA PRICING SCHEDULE

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

| PRICING | UNIT | UNIT PRICE | | |
|------------------------------|------|---|--------------------|--|
| Appearance Fees | | Standard Reporting Services | Realtime Certified | Realtime Non-Certified (to judge only) |
| Daily Rate | Each | \$400.00 | \$440.00 | \$420.00 |
| Half-Day Rate | Each | \$200.00 | \$220.00 | \$210.00 |
| Overtime Rate | Hour | \$ 50.00 | \$ 55.00 | \$ 52.00 |
| Transcripts | | | | |
| 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 | | |
| Realtime Transcript | Page | 1 feed \$3.05/page 2-4 feeds \$2.10/page 5+ feeds \$1.50/page | | |

See cand.uscourts.gov/transcriptrates for further description of terms used in this chart.

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

NAME:

DATE:

SIGNATURE: