

CONTRACT COURT REPORTER APPLICATION COVER SHEET

Instructions: Please complete this cover sheet and CAND CR-BPA Forms A through I (all forms in this application packet) and read the Statement of Work and BPA Terms and Conditions, then complete the certification below. Submit all forms with this cover sheet to procurement@cand.uscourts.gov.

GENERAL INFORMATION

| | |
|-------------------|------------------------------|
| | |
| Name: | Contact Name (if different): |
| | |
| Street Address: | Email: |
| | |
| City, State, Zip: | Phone: |

CERTIFICATION

I hereby certify that I have reviewed the following documents provided to the public in support of Blanket Purchase Agreement (BPA) Solicitation No. CANDCLERK24-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

_____ [BPA Terms and Conditions](#)

_____ [Court's maximum transcript rates](#)

Signature

Date

CONTRACT COURT REPORTER – SUPPLEMENTAL APPLICATION COVER SHEET

For each reporter to be listed on the BPA please complete this additional cover sheet indicating the locations you are willing to work at either in-person or remotely. Please take note, we are seeking in-person contract court reporters. For those reporters willing to work in-person, please also indicate willingness and rates for remote services in the event the circumstances lend themselves to the court needing this mode of reporting.

Name of Reporter:

Contact name (if different):

IN PERSON

Available to provide IN-PERSON services at the following courthouses (for location details, see cand.uscourts.gov/locations):

- San Francisco
- Oakland
- San Jose
- Eureka-McKinleyville

REMOTE _OPTIONAL

Available to provide REMOTE services at the following courthouses (for location details, see cand.uscourts.gov/locations):

- San Francisco
- Oakland
- San Jose
- Eureka-McKinleyville

CERTIFICATIONS

Reporter holds the following certifications:

- RPR
- CSR
- CCR
- RMR

Please attach certifications to application.

IMPORTANT NOTE: FOR USDC-CAND, COMPLETE BLOCKS 17 and 30 ONLY

| | | | | | | | | | | | |
|--|--|-------------------------------------|--------------------------------|-----------------------------|--|--|---|--|------------------|--|--------------|
| 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 CANDCLERK24-CtRptr-BPA | | 6. SOLICITATION ISSUE DATE March 27, 2024 | | | |
| 7. FOR INFORMATION CONTACT a. CONTRACTING OFFICER NAME Helene McVanner | | | | | b. E-MAIL ADDRESS Helene_Mcanner@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:</p> <ul style="list-style-type: none"> (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>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> | | | | | | | | | | | |
| Ordering Period Start Date: | | | | | | Ordering Period End Date: | | | | | |
| 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) NOT USED | | | 31c. DATE SIGNED | | |
| | | | | | | | | | | | |

COURT REPORTER BIOGRAPHICAL INFORMATION SHEET

(Complete one per Reporter)

NAME _____

CERTIFICATES

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

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

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: _____

Contact Email: _____

Best Daytime Phone: _____

May we contact this person?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Would you like to use this person as a reference?

Was work in a courtroom setting?

If No, where was the work performed? _____

Description of Duties: _____

EMPLOYER #2

Dates of Employment: _____

Business/Agency Name: _____

Address: _____

Contact Name: _____

Contact Email: _____

Best Daytime Phone: _____

May we contact this person?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Would you like to use this person as a reference?

Was work in a courtroom setting?

If No, where was the work performed? _____

Description of Duties: _____

EMPLOYER #3

Dates of Employment: _____

Business/Agency Name: _____

Address: _____

Contact Name: _____

Contact Email: _____

Best Daytime Phone: _____

May we contact this person?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Would you like to use this person as a reference?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Was work performed in a courtroom setting?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

If No, where was the work performed? _____

Description of Duties: _____

EMPLOYER #4

Dates of Employment: _____

Business/Agency Name: _____

Address: _____

Contact Name: _____

Contact Email: _____

Best Daytime Phone: _____

May we contact this person?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Would you like to use this person as a reference?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Was work performed in a courtroom setting?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

If No, where was the work performed? _____

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.

Signature

Date

COURT REPORTER REFERENCE INFORMATION

(Complete one per Reporter)

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 that may be contacted, please do not submit this form.**

REFERENCE #1

Dates of Contract: _____

Name: _____

Business/Agency Name: _____

Contact Email: _____

Best Daytime Phone: _____

Contract #: (if applicable) _____

Was work performed in a courtroom setting?

Yes

No

If No, where was the work performed? _____

Description of Work: _____

REFERENCE #2

Dates of Contract: _____

Name: _____

Business/Agency Name: _____

Contact Email: _____

Best Daytime Phone: _____

Contract #: (if applicable) _____

Was work performed in a courtroom setting?

Yes

No

Was work performed in a courtroom setting? _____

Description of Work: _____

REFERENCE #3

Dates of Contract: _____

Name: _____

Business/Agency Name: _____

Contact Email: _____

Best Daytime Phone: _____

Contract #: (if applicable) _____

Was work performed in a courtroom setting?

Yes

No

If No, where was the work performed? _____

Description of Work: _____

COURT REPORTING FIRM REFERENCE INFORMATION

(Complete one per Firm)

We require at least 3 references for whom you have supplied reports to 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 that may be contacted, please do not submit this form.**

REFERENCE #1

Date Range of Work: _____
Business/Agency Name: _____
Name: _____
Contact Email: _____
Best Daytime Phone: _____
Contract #: (if applicable) _____
Was work performed in a courtroom setting? Yes No
If No, where was the work performed? _____
Description of Work: _____

REFERENCE #2

Date Range of Work: _____
Business/Agency Name: _____
Name: _____
Contact Email: _____
Best Daytime Phone: _____
Contract #: (if applicable) _____
Was work performed in a courtroom setting? Yes No
If No, where was the work performed? _____
Description of Work: _____

REFERENCE #3

Date Range of Work: _____
Business/Agency Name: _____
Name: _____
Contact Email: _____
Best Daytime Phone: _____
Contract #: (if applicable) _____
Was work performed in a courtroom setting? Yes No
If No, where was the work performed? _____
Description of Work: _____

BPA PRICING SCHEDULE FOR APPEARANCES

| YEAR ONE PRICING | UNIT | UNIT PRICE | | |
|------------------------|------|-----------------------------|--------------------|--|
| Appearance Fees | | Standard Reporting Services | Realtime Certified | Realtime Non-Certified (to judge only) |
| IN-PERSON RATES | | | | |
| Daily | Each | \$ | \$ | \$ |
| Half-Day | Each | \$ | \$ | \$ |
| Overtime | Hour | \$ | \$ | \$ |
| REMOTE RATES | | | | |
| Daily | Each | \$ | \$ | \$ |
| Half-Day | Each | \$ | \$ | \$ |
| Overtime | Hour | \$ | \$ | \$ |

BPA PRICING SCHEDULE FOR TRANSCRIPTS

Pricing applicable PER PAGE for work performed during each contract period shall be as shown below.

| YEAR ONE PRICING | UNIT PRICE PER PAGE - ORIGINAL |
|---------------------------------|--------------------------------|
| Ordinary Transcript | \$4.00 |
| 14-Day Transcript | \$4.70 |
| 7-Day Expedited Transcript | \$5.35 |
| 3-Day Transcript | \$6.00 |
| Daily Transcript | \$6.70 |
| Hourly Transcript | \$8.00 |
| Realtime Transcript (1 Feed) | \$3.40 |
| Realtime Transcript (2-4 Feeds) | \$2.35 |
| Realtime Transcript (5+ Feeds) | \$1.65 |

See [Maximum Transcript Rates](#) for further description of terms used in this chart as well as copy rates.

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

Signature

Date

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 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

Signature

Date

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 TI