PROJECT APPLICATION **INDIVIDUAL**

**Language Access Program:** Community Language Service Providers

**Coverage Period:** January 1, 2024 – December 31, 2025

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: |  | | | | | | | | | |
| Preferred Name: |  | | | | | | | | | |
| Pronouns: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
| Phone: |  | | | | | | | | | |
| Email: |  | | | | | | | | | |
| Language(s): |  | | | | | | | | | |
| Applying For: (check all that apply) | Translator | □ | Community Reviewer | | | □ | Interpreter | | | □ |
| Are you currently under Work Order for Public Health Language Access? | | | | Yes | □ | | | No | □ | |
| Do you have Commercial General Insurance? | | | | Yes | □ | | | No | □ | |
| Do you have Professional Liability Insurance? | | | | Yes | □ | | | No | □ | |

Please answer the following series of questions. The answers to the questions will determine your eligibility to qualify for the program. Qualification in the program does not guarantee work or compensation. Please check all that apply.

**If you answered “Yes” that you are currently under Work Order for Public Health Language Access, you DO NOT need to complete Attachments B and C.**

**All Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Do you live in Washington State? |  |  |
| 2 | Are you a fluent speaker of a language(s)? |  |  |
| 3 | Do you have two or more years’ experience as a translator, community reviewer, or interpreter? |  |  |
| 4 | Do you have access to a computer, internet, and Microsoft Office applications? |  |  |

**Translation and Community Review Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Have you reviewed translated documents to check for cultural responsiveness and accuracy? |  |  |
| 2 | Did you fill out and attach the Microsoft Word Skills Assessment? |  |  |
| 3 | Did you fill out and attach the Translation Skills Assessment? |  |  |
|  | **The following are NOT required to qualify** |  |  |
| \* | Are you academically trained or certified in translation? |  |  |
| \* | Did you attach your certification or accreditation? |  |  |

**Interpretation Applicants**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Are you certified or credentialed as an interpreter? |  |  |
| 3 | Did you attach a copy of the DSHS or other accredited agency Interpreter Certification? |  |  |

Please answer the following questions to tell us more about your experience and your skills.

1. What translation tools and software are you familiar with and how do you use them to enhance your translation process?
2. How do you approach translating technical or specialized content in a specific industry? Could you provide an example of a challenging translation project you’ve worked on and how you handled it?
3. How do you ensure accuracy and maintain the integrity of the original content while translating?
4. How do you handle cultural nuances and ensure that your translations are culturally appropriate for the King County members of your community?
5. Can you describe your process for proofreading and editing translated documents?