PROJECT APPLICATION **Corporations**

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | | | | |
| 1st Contact Name: |  | | | | | | | | | |
| 2nd Contact Name: |  | | | | | | | | | |
| Corporate Address: |  | | | | | | | | | |
| Phone Number(s): |  | | | | | | | | | |
| Email(s): |  | | | | | | | | | |
| Language(s): submit as an attachment if you need more space |  | | | | | | | | | |
| Services Provided: (check all that apply) | Translator | □ | Community Reviewer | | | □ | Interpreter | | | □ |
| Are you currently under King County or Washington State Contract to provide Language Access services? | | | | Yes | □ | | | No | □ | |
| Do you require your contractors to carry General Commercial Liability Insurance? | | | | Yes | □ | | | No | □ | |
| Do you require your contractors to carry 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Do the majority (more than 50%) of your providers live in Washington State? |  |  |
| 2 | Do you have clear testing criteria for providers? |  |  |
| 3 | Do you require two or more years’ experience as a translator, community reviewer, or interpreter? |  |  |
| 4 | Do your contractors have access to a computer, internet, and Microsoft Office applications? |  |  |
| 5 | Do you require certification in translation? |  |  |
| 6 | Do you require certification in interpretation? |  |  |
| 7 | What percentage of the fees your company charges goes to the individual translator/reviewer/interpreter? |  |  |