

BID RESPONSE PACKET
710-25-040

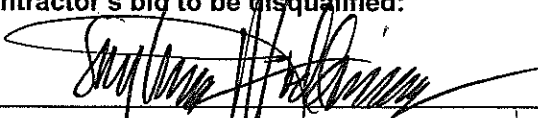
BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Marshallese Translation + Interpretation Services, LLC				
Address:	1603 W. Walnut St. 0104				
City:	ROGERS	State:	AR	Zip Code:	72756
Business Designation:	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		<input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Service-Disabled Veteran		
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input checked="" type="checkbox"/> Women-Owned		
	<input type="checkbox"/> Asian American	<input checked="" type="checkbox"/> Pacific Islander American			
	AR Certification #: _____		* See Minority and Women-Owned Business Policy		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
Provide contact information to be used for bid solicitation related matters.					
Contact Person:	SOSYLWA K. MADDISON		Title:	BUSINESS OWNER / CEO	
Phone:	479.517-3242		Alternate Phone:		
Email:	KABSMARSHALLESETRANSLATIONS@gmail.com				
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.					
<p style="font-size: small;">Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</p>					
COMBINED CERTIFICATIONS FORM					
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.					

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: CEO/BUSINESS OWNER

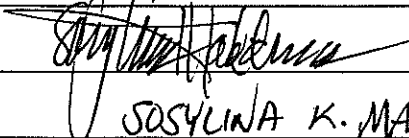
Printed/Typed Name: SOSYLWA K. MADDISON Date: 12/02/24

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

n/a

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

Vendor Name:	SOSYLINA K. MADDISON Marshallese Translations + Interpretation	Date:	12-02-24
Signature:		Title:	CEO/BUSINESS OWNER
Printed Name:	SOSYLINA K. MADDISON		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

MINIMUM QUALIFICATIONS

- 2.3.C provide the name(s) of the qualified interpreter and translator that may provide services under any resulting contract from this IFB:

Name	Name
SOSYLINA K. MADDISON	

- 2.3.D Provide the telephone number to access all services: 479.517.3242

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

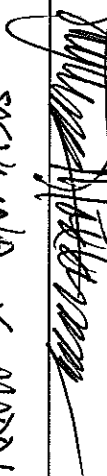
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature  Title CEO/BUSINESS OWNER Date 12/02/2024
Vendor Contact Person SYLVIA R. MADDISON Title CEO/BUSINESS OWNER Phone No. 479-577-3842

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____
Contact Phone No. _____ Contract or Grant No. _____

Equal Opportunity Statement:

KABS Marshallese Translation and Interpretation Services, LLC is dedicated to promoting diversity and inclusion in all aspects of our work. We are an equal opportunity employer and do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age, disability, or any other status protected by law. We encourage applications from qualified individuals of all backgrounds for our translator and interpreter positions, ensuring that our services reflect the rich diversity of the communities we serve.

Contract Number _____
 Attachment Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____ SUBCONTRACTOR NAME: _____
 Yes No

TAXPAYER ID NAME: SOSYUNDA K ADDISON IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: MADDISON FIRST NAME: SOSYUNDA M.I.: K

ADDRESS: 1602 W. Walnut St D104 STATE: AR ZIP CODE: 72756 COUNTRY: USA

CITY: ROGERS

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee		✓		<u>01/22/09/24</u>		<u>SOSYUNDA K. MADDISON</u>	<u>SELF</u>

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies



COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: _____

Agency Name: _____

Vendor Number: _____ Vendor Name: SOSYLINA K. MADISON

Vendor Signature

Date

12/02/24



CERTIFICATE OF ATTENDANCE

To

Sosylina K. Maddison

Professional Development Registry (PDR) Course # 49821
Early Childhood Key Knowledge Area Addressed:
♦ Family and Community



Arkansas Department of Education Session Code: ADE-ABICE-Jan23-2052062200000

UNIVERSITY OF
ARKANSAS
COLLEGE OF EDUCATION
& HEALTH PROFESSIONS

Total Participation Hours: 40

Arkansas Bilingual Interpreter Credential in Education (ABICE) Virtual Training Course

**WELCOME THE CHILDREN DIRECTOR
BRENDA REYNOLDS, MS
PDR #6273**

January 20 - February 3, 2023

**Lead Training Facilitator
ANA SOLER, BSW, MPH
FOUNDER AND CEO, SESO, INC.
PDR #91165**



DIVISION OF ELEMENTARY
& SECONDARY EDUCATION

Brenda Reynolds

Ana Soler

FUNDING FOR WELCOME THE CHILDREN, A PROJECT OF PARTNERS FOR INCLUSIVE COMMUNITIES - UNIVERSITY OF ARKANSAS AT FAYETTEVILLE, IS PROVIDED BY THE DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILD CARE AND EARLY CHILDHOOD EDUCATION AND BY THE DEPARTMENT OF EDUCATION - DIVISION OF ELEMENTARY AND SECONDARY EDUCATION.



Certificate of Completion

is hereby granted to

Sosylina K. Maddison

**Marshallese Healthcare Interpreter Training
Medical Genetics & Genetic Counseling**
16 contact hours

November 15-16, 2024

Chicago, IL

Lori Williamson

Lori Williamson, MS, CGC
Co-Director, HRGN

Lynda A. Riklon

Lynda Allen Riklon
CHW II, Marshallese Liaison, HRGN

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- ~~• Active registration from the Arkansas Secretary of State's Office, or other state approved documentation~~
- ~~• Resume of each interpreter and translator~~
- ~~• Official Bid Price Sheet~~
- ~~• All documents provided in the Bid Response Packet~~
- ~~• Copy of Vendor's Equal Opportunity Policy~~
 - Signed Addenda, if applicable
 - ~~• EO 98-04 Disclosure Form (Attachment A)~~
 - ~~• Combined Certifications (Attachment B)~~

STATE OF ARKANSAS



John Thurston

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Certificate of Organization

of

MARSHALLESE TRANSLATION & INTERPRETATION SERVICES LLC

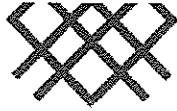
filed in this office
February 05, 2024

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 5th day of February 2024.


John Thurston
Secretary of State

Online Certificate Authorization Code: 72212165cba75623270
To verify the Authorization Code, visit sos.arkansas.gov





201 SPRING STREET
SPRINGDALE, AR 72764
479-750-8118

*** BUSINESS LICENSE ***

Business name: KABS MARSHALLESE TRANSLATION & CONTROL Nbr: 0012042
Location addr: 109 SPRING ST STE 1 WASH TRADES/SERVICES
Lic Nbr/Class 24-00013616
Total Paid: 80.00 Issue Date: October 07, 2024
Expiration Date: March 31, 2025

OWNER:SOSYLINA K MADDISON

KABS MARSHALLESE TRANSLATION &
INTERPRETATION SERVS LLC
1603 W WALNUT ST 0-104
ROGERS AR 72756



OFFICIAL BID PRICE SHEET

710-25-040 Marshallese Interpreter and Translation Services

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed official bid price sheet with bid submission.

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

Award will be made to the lowest responsible, responsive (up to 3) bidder(s) based on the *Annual Grand Total* in *Table 1*. Items in the *Fixed Fees* section will not be considered in the low cost determination.

Awarded Contractors will be listed by the lowest-priced Contractor. The lowest priced Contractor shall be listed as the first contact. DHS may contact Contractors in ascending order from lowest price to highest price based on availability and ability to meet turn around times and the requirements of this IFB. See Section 1.17 of the *Bid Solicitation* for more information on the award process.

Table 1

Instructions: Enter the unit price, in U.S. dollars and cents, for each line item. Consideration will only be given to those that bid all line items. The extended amounts and grand total will automatically calculate.

ITEM	DESCRIPTION	ESTIMATED ANNUAL QUANTITY	UNIT OF MEASURE	UNIT PRICE	EXTENDED AMOUNT
1	Interpreter Services	124,800	Minutes	\$1.00	\$124,800.00
2	Written Marshallese Translation Services	40000	Words	\$0.40	\$16,000.00
3	Quality Assurance of Translated Materials	40000	Words	\$0.25	\$10,000.00
ANNUAL GRAND TOTAL					\$150,800.00

Fixed Fees

These items are situational and will not be considered as part of the low cost determination.

Enter the set fee for **expedited services** as described in Section 2.4.G.4 of the solicitation: _____ **\$120**

Enter the fixed **cancellation fee** as described in Section 2.4.G.5 of the solicitation: _____ **\$80**

AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: _____ Sosylina K Maddison _____

Date: _____ **12/02/2024** _____

Signature: _____  _____

Title: _____ **Business Owner/CEO** _____

Printed Name: _____ **Sosylina K Maddison** _____

Sosylina K Maddison
1603 W. Walnut St. O-104
Rogers, Arkansas 72756
479-517-3242
smaddz24@gmail.com

Objective

Detail-oriented and proficient English to Marshallese translator and interpreter with over five (5) years of experience in providing high-quality translation services across various domains, including legal, government entities, medical, business, education, non-profit organizations, churches, etc. Adept at maintaining accuracy and cultural nuances to deliver clear and effective communication. Seeking to contribute my expertise to the Department of Human Services/Division of County Operations as a translator and an interpreter.

Skills

- **Languages:** Fluent in Marshallese, English, conversational in both.
- **Translation Tools:** Proficient in Google docs, Words, Marshallese Dictionary Book, etc.
- **Specializations:** education, medical, legal, technical, literary, government
- **Research Skills:** Strong ability to conduct thorough research for accurate terminology
- **Attention to Detail:** Committed to delivering error-free translations
- **Time Management:** Proven ability to meet deadlines while maintaining quality

Professional Experience

Translator and Interpreter/ Marshallese Liaison
Rogers School District – Rogers, Arkansas
April 2022 – July 2024

- Translate documents, reports, and multimedia content from English to Marshallese and vice versa, ensuring cultural and contextual accuracy.
- Maintain terminology databases and glossaries to ensure consistency across projects.
- Proofread and edit translations to enhance clarity and coherence, resulting in a 100% in client satisfaction.
- Interpret for school events, conferences, for parents meetings, etc.

Freelance Translator (remotely) & Interpreter (Cyracom International)

Remote– Rogers, Arkansas

July 2021 – Present

- Translate public policy documents, company handbooks/safety rules & regulations, Finding Aids, etc. for Arkansas Advocates For Children and Families (AACF), Anchor Packaging, University of Arkansas Libraries, etc..
- Interpret on site (if needed) and over the phone for hospitals, agencies, organizations, legal, etc.

Education

High School Diploma

Honolulu Hawaii

June 1991

Liberal Arts

University of Colorado at Denver

Denver, Colorado

January 1995 to May 1996

Liberal Arts

Ozarks Tech Community College

Springfield, Missouri

May 2005- December 2006

Certifications

- **Arkansas Bilingual Interpreter Credentials in Education (ABICE)** – University of Arkansas, February 2023
- **Heartland Regional Genetics Network** – Marshallese Healthcare Interpreter Training Medical Genetics & Genetic Counseling November 16, 2024 Chicago, IL

Professional Affiliations

- Board Member of Arkansas Coalition of Marshallese (ACOM), Springdale Arkansas
- Advisory Board for the University of Arkansas for Medical Sciences DPP Program/Project for the Marshallese communities

- Owner of KABS Marshallese Translation & Interpretation Services, LLC