

**Statement of Qualification for RFQ 99SWC-S359- Translation and Interpretation Related Services**

Complete and return all required parts of this Statement of Qualification along with any further requested documentation listed below:

**Attachment A: Application Checklist**

- ☒ Attachment B: Vendor Information Sheet
- ☒ Attachment C: Pricing Schedule (Complete one for each service provided.)
- ☒ Attachment D: Certification Regarding Lobbying
- ☐ Attachment E: State of Nevada Vendor Registration Form (Please complete if your organization has not recently done business with the State. Please visit the following link to download this form: [http://controller.nv.gov/VendorServices/Forms/KTLVEN-01\\_Registration\\_Substitute\\_IRS\\_Form-W-9.pdf](http://controller.nv.gov/VendorServices/Forms/KTLVEN-01_Registration_Substitute_IRS_Form-W-9.pdf) )
- ☐ Attachment I: Minimum Qualifications for Sign Language and CART Services (Attached separately from this packet. Only required if your organization will provide these services.)
- ☒ State Professional Certification/ License and any applicable license for the RFQ (Please list all below and attach documentation as proof of certification/licensure.)
- a. Certification #973643 Social services Interpreter 9/26/97
- b. Certification # 973674 Medical Interpreter 9/26/97
- c. Certification # 973643 Social Services interpreter 10/12/99
- d. Certification # 973674 Medical Interpreter 10/12/99
- e. HIPPA Certification 4/15/2005
- f. \_\_\_\_\_
- ☒ Insurance Requirements (Attach insurance documents listed on Insurance Schedule.)
- ☒ Nevada Secretary of State Business License (Attach most recent and valid copy.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*By signing this application, you are acknowledging that the you have read the attached Contract Form and Insurance Schedule, and that both forms are non-negotiable and must be accepted as written in order to be granted a contract with the State of Nevada. By signing this application, you also agree to complete this application in its entirety and that failure to do so may disqualify you or your organization from consideration under this RFQ.*



Attachment B: Vendor Information Sheet

Contact Person: Marco Varela

Email: cantatenor@hotmail.com

Phone Number: 702.443.2992

Company Name: Marco Varela

Street Address: 1930 Del Font Court

City, State, Zip: Las Vegas NV 89117

Name and Title of Individual Authorized to Bind the Organization: Owner

Locations of Service (Check all that apply.):

☒ Southern Nevada (Clark Co.) ☐ Northern Nevada (Washoe Co./Carson City)

☐ Rural Southern Nevada ☐ Rural Northern Nevada

Services to be Provided (Per Section 2.3 of RFQ 99SWC-S331):

Medical and social language interpreting and translation services both in Person and over the phone.

The languages to be interpreted/translated will be between  
English and Spanish.

Nevada State Business License (Per NRS 80.010): NV20141286195

Legal Entity Name (Provide Documentation for DBAs, if applicable): Marco Varela

Ownership (Sole Proprietor, Partnership Corporation, etc): Sole Proprietor

Has the vendor ever previously been engaged under a contract with the State of Nevada?

☒ Yes ☐ No

Has the vendor now or previously (within the last two years) been an employee of the State of Nevada?

☐ Yes ☒ No

Has the vendor experienced any prior or ongoing contract failures, breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada?

☐ Yes ☒ No

If yes, please provide the following information:

Date of alleged contract failure or breach:

Parties involved:  
Description of contract failure or breach:  
Amount in controversy:

### Attachment C: Pricing Schedule

***\*\*Complete one sheet for each service provided.\*\****

Vendor Name: Marco Varela

Normal Business Hours  
(8:00 A.M. to 5:00 P.M., M-F)

Not to Exceed \$60.00/Hour

After Hours (5:01 P.M. to 7:59 A.M., M-F)

Not to Exceed \$60.00/Hour

Weekend/Holiday Hours

Not to Exceed \$60.00/Hour

Other miscellaneous labor costs, note type and rate per hour (if applicable).

- a. 1.5 hour minimum after hours
- b. 1.5 hour minimum on Weekend and holidays
- c. 1.5 hour minimum, plus travel and hotel expenses on jobs outside Las Vegas
- d. If interpretation goes over previously scheduled time, an additional hour will be billed
- e. If client is a no show, the time scheduled will be billed
- f. Phone interpretations will be billed at the same rate
- g. Written translations will be billed at a rate of \$60.00 per page, even if the material is less than a page long.

Emergency Response Time: +/- 30 minutes depending on traffic conditions and distance

Non-Emergency Response Time: +/- 30 minutes depending on traffic conditions and distance



### Attachment D: Certification Regarding Lobbying

#### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: MARCO VARELA



Signature of Official Authorized to Sign Application

11/6/2018

Date

For: Marco Varela

Vendor Name

Project Title



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/04/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc 520 Madison Avenue 32nd Floor New York, NY 10022	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX (A/C, No):</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b> <b>NAIC #</b> 10200
<b>INSURED</b> Marco Varela 1930 Del Font Ct Las Vegas NV 89117	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Professional Liability			UDC-4010439-EO-18	12/04/2018	12/04/2019	Each Claim: \$ 1,000,000 Aggregate: \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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12/04/2018

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<b>PRODUCER</b> Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> (888) 202-3007 <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Marco Varela 1930 Del Font Ct Las Vegas NV 89117		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10200	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			UDC-4010439-CGL-18	12/04/2018	12/04/2019	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg.	
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



**Department of Administration**  
**RISK MANAGEMENT**  
**AFFIDAVIT of REJECTION of COVERAGE**  
**UNDER NRS 616B.627 and NRS 617.210**

STATE OF NEVADA )

) ss.

Clark

COUNTY )

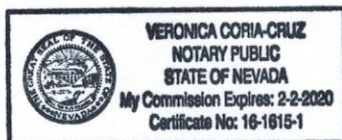
\*Marco Antonio Varela-Henning\* being first duly sworn, deposes and states:

1. I make the following assertions pursuant to NRS 616B.627 and NRS 617.210.
2. I am a sole proprietor who will not use the services of any employees in the performance of this Contract with the State of Nevada.
3. In accordance with the provisions of NRS 616B.659, I have not elected to be included within the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS, relating to.
4. I am otherwise in compliance with the terms, conditions and provisions of chapters 616A to 616D, inclusive, of NRS.
5. In accordance with the provisions of NRS 617.225, I have not elected to be included within the terms, conditions and provisions of chapter 617 of NRS.
6. I am otherwise in compliance with the terms, conditions and provisions of chapter 617 of NRS.
7. I acknowledge that the State of Nevada will not be considered to be my employer or the employer of my employees, if any; and that the State of Nevada is not liable as a principal contractor to me or my employees, if any, for any compensation or other damages as a result of an industrial injury or occupational disease incurred in the performance of this Contract.
8. Further affiant sayeth not.

I, \*Marco Antonio Varela-Henning\* do hereby swear under penalty of perjury that the assertions of this affidavit are true.

NAME \*Marco Antonio Varela-Henning\*

SIGNED and SWORN to before me this 5 day of November, 2018,  
by \*Marco Antonio Varela-Henning\*



[Signature]  
NOTARY PUBLIC



# INSYNC INTERPRETERS

*presents*

## Certificate of Completion

to

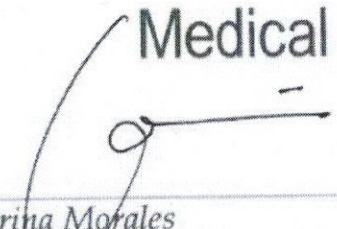
*Marco Varela*

for

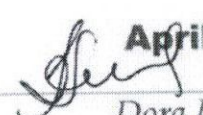
Bridging the Gap & HIPPA

40 Hour

Medical Interpreting Training

  
Sabrina Morales  
Director of Multicultural Development  
InSync Interpreters

April 15<sup>th</sup>, 2005

  
Dora Morales  
Interpreter Manager  
InSync Interpreters





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Office of Language Interpreter Services & Translations

*Professional Language Certificate*

*Marco Varela*

HAS SATISFIED DSHS LANGUAGE EXAMINATION REQUIREMENTS,  
AND IS THEREBY DESIGNATED AS A CERTIFIED MEDICAL INTERPRETER

in  
Spanish

Certificate No: 973674

Issue Date: September 26, 1997

*Philip A. Warnick*

Director, Administrative Services

Alteration Renders This Certificate Null and Void

DSHS 18-156 (02/93)





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Office of Language Interpreter Services & Translations  
*Professional Language Certificate*

*Marco Varela*

HAS SATISFIED DSHS LANGUAGE EXAMINATION REQUIREMENTS,  
AND IS THEREBY DESIGNATED AS A CERTIFIED MEDICAL INTERPRETER  
in  
Spanish

Certificate No: 973674

Issue Date: 10/12/99

*Philip A. Wernick*  
Director, Administrative Services

DSHS 18-150 (02/93)

Alteration Renders This Certificate Null and Void



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  
MEDICAL ASSISTANCE ADMINISTRATION  
INTERPRETER SERVICE PROGRAM  
**PERFORMING PROVIDER NUMBER (PPN) CERTIFICATE**

**MARCO VARELA**

PPN: 8222556

PPN EFFECTIVE DATE: 03/09/98

SELECTED CONTRACTING AGENCY:

CENTER FOR MULTICULTURAL HEALTH



*N. Guzman-Dyneth*  
Program Manager, Interpreter Services





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Office of Language Interpreter Services & Translations

*Professional Language Certificate*

**Marco Varela**

HAS SATISFIED DSHS LANGUAGE EXAMINATION REQUIREMENTS,  
AND IS THEREBY DESIGNATED AS A CERTIFIED SOCIAL SERVICES INTERPRETER  
in  
Spanish

Certificate No: 973643

Issue Date: September 26, 1997

*Philip A. Wernick*  
Director, Administrative Services

Alteration Renders This Certificate Null and Void

DSHS 16-159 (02/93)





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Office of Language Interpreter Services & Translations

*Professional Language Certificate*

**Marco Varela**

HAS SATISFIED DSHS LANGUAGE EXAMINATION REQUIREMENTS,  
AND IS THEREBY DESIGNATED AS A CERTIFIED SOCIAL SERVICES INTERPRETER  
in  
Spanish

Certificate No: 973643

Issue Date: October 12, 1999

*Philip A. Wernick*  
Director, Administrative Services

DSHS 16-156 (02/93)

Alteration Renders This Certificate Null and Void



**BARBARA K. CEGAVSKE**

*Secretary of State*

**KIMBERLEY PERONDI**

*Deputy Secretary  
for Commercial Recordings*

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

**Commercial Recording Division**

202 N. Carson Street  
Carson City, NV 89701-4069  
Telephone (775) 684-5708  
Fax (775) 684-7138

**NOTICE OF EXEMPTION**  
**NEVADA STATE BUSINESS LICENSE**

**Sole Proprietor**

You have filed a notice citing a statutory exemption "003" pursuant to Nevada Revised Statutes and therefore are not required to maintain a Nevada State Business License.

If your exemption changes or your business is no longer exempt, you must file an amendment reflecting your current business status.

**Nevada Business Identification:** NV20141286195

**Name:** Marco Varela

**Expiration Date:** 4/30/2019

**Exemption Code:** 003 A home-based business whose net earnings are not more than 66 2/3 percent of the Nevada average annual wage

Issued this 2nd day of March, 2018.

*Please Post in a Conspicuous Location*