

Quote Request

2016 Transcription Services Rebid

Quotes due February 9 @ 11:00 a.m.

Fax to Debbie Norkevicius at (412) 456-5007

SCOPE OF WORK

The selected offeror will be responsible for transcription services for recorded and/or live meetings, hearings and depositions.

Transcription services for recorded and/or live meetings, hearing and depositions, including, but not limited to, Board of Directors minutes; Public Housing and Section 8 grievance hearings; Resident Advisory Board Meetings; President Meetings; Annual Resident Leadership Institute Meetings relating to relocation, modernization, development and safety; informational meetings with tenants; and meetings involving tenant election disputes.

As directed by HACP, convert recordings provided by HACP either on CD or through electronic transfer, of meetings and/or hearings into printed document format and also provide an electronic copy in word format to HACP. If requested take live stenographic transcription of meetings and hearings as directed by HACP and convert into printed document format and also provide an electronic copy in Word format to HACP.

In the case of recorded meetings, hearings and/or depositions to be transcribed, an electronic copy of transcriptions must be provided to HACP via e-mail within five (5) business days of HACP providing the recordings.

In the case of live stenographic transcription of meetings, hearings and/or depositions, printed copy and electronic copy of transcription must be provided to HACP within three (3) business days of meeting and/or hearing.

Billing is on a per-hour/per-page basis. Hourly fees include all necessary staffing, supplies and equipment. Set-up and/or tear-down time for equipment, travel expenses to meetings and/or hearings within the City of Pittsburgh, and parking are not billable.

Please contact Debbie Norkevicius at 412.456.5000 Ext. 8505 or Debbie.Norkevicius@HACP.org with any questions about the above scope.

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Quotes due 2/9/16 @ 11:00 a.m.

	Price	Estimated	Monthly	TOTAL
Per Hour - Transcription Services	/HR	7 Hrs	36	
Per Page (Original Copy)	/Page	47 Pages	36	
			Grand Total*	

*Add Total Column to get Grand Total.

Total \$ _____
(Grand Total)

Total Cost _____
(Grand Total In words)

Contract award will be based on lowest total bid amount

(Please print clearly)

Company Name: _____

Address: _____
(of company)

Signature: _____

Print Name: _____
(of person signing)

Phone Number: _____ Fax: _____

Email: _____