

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT  
CITY COLLEGE OF SAN FRANCISCO

REQUEST FOR Qualifications  
RFQ 2024-044

5 HDOWLPH & DSWLRQLQJ & \$57 6HUYLFHV

\$6/ , QWHUSUHHUV

Proposals 4mn7 287.1ls ' H D6IH U Y L F H V

[Deafserv@ccsf.edu](mailto:Deafserv@ccsf.edu)

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Application is completed by submitting the attached questionnaire to [deafserv@ccsf.edu](mailto:deafserv@ccsf.edu). Resumes, certifications, and additional documents identified therein must be submitted as well. Please indicate CAPTIONER or INTERPRETER in the subject line.







'R \RX KIDYSHULFHDSFMLRQLYQH FODVV #PRHPWLQJV RQ

<HV 1R

'R \RX KDQVGHFHVM DXLSRPHWOPH FDSLQVFDOLVJURRP  
3OHDVHWGRWHVWULFW GRHV QRWTSUBPHGM SBBIRQVHSDVCHLOW F

<HV 1R

3OHDVHERBWHVXRGRRIIMFLDQSWZRSURIHVVLHQBDDQDFWH  
VKHBDQG BBUWLILF BWLRQVWRZLW KVKMHLB\$37,21(I5Q WKH  
VEMHFW OLQH



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3 O H D V H F R P K S L O V H W W L R Q P O X V S U R Y D G F R S I R X W H V X R Q R I I L F L D O  
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: K D W L V I X R Q O U P H I L U V W D Q G O D V W "

, I D S S O L E Z K E D O W K Q D P H \ R X E X V L Q H V V "

: K D W W V E K N S W R Q X P E W U H D V R K D W

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+ R Z P D Q \ \ H D U \ S H U L H Q F K D G Y H A R X L S G L L Q W H U S U D F W D O W L H R J H L Q  
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' R \ R X K D Y H D G H J U H H L Q \$ 6 / , Q W H U S U H W L Q W I S O R P D V G S E R U Y H G  
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' D \ F O D V V H V D U H V F K H G X O H G E H W Z H H Q W K H K R U X U G D R H Q L D R W R S P  
F O D V V H V D U H V F K H G X O H G E S P W Z H S P Q O R Q G D \ W K U R X J K ) U L G D \ : H H N H Q  
F O D V V H V P D \ E H E W F K Z H O H G S P R Q 6 D W X U G D \ R U 6 X Q G D \

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