

**N.O.A.C.N.A.**



New Orleans Area Convention of Narcotics Anonymous

**REQUEST FOR HEAR IMPAIRED INTERPRETER  
PROPOSAL** (This form can also be downloaded at [NOACNA.COM](http://NOACNA.COM))

**Contact Information**

N.O.A.C.N.A.  
P.O.BOX 57263  
New Orleans, LA 70186  
ATTN: Programming

**Timetable.** The following timetable will govern all Proposals submitted.  
(To be completed by NOACNA Committee)

Event Date:	<u>JULY 24-27, 2025</u>
Deadline to Submit Proposal:	<u>JANUARY 31, 2025</u>
Deadline to Negotiate Contract:	<u>FEBRUARY 17, 2025</u>
Selection of Vendor(s):	<u>FEBRUARY 28, 2025</u>

## INTERPRETER PROPOSAL REQUEST FORM

If you are interested in submitting a proposal and bid for Sign Language Interpreter to provide sign language services for New Orleans Area Convention of Narcotics Anonymous, please complete the Proposal Request Form.

**Profile.** NOACNA is a non-profit corporation operating exclusively for charitable purposes. NOACNA is formed to manage and direct Conventions for recovery addicts as a subcommittee of the New Orleans Area Service Committee of Narcotics Anonymous.

**Purpose.** This Request for Proposal ("Proposal") is designed to obtain bids from vendors ("Vendors") to provide **entertainment services** for New Orleans Area Convention of Narcotics Anonymous ("NOACNA").

**The Event.** NOACNA is a subcommittee of the New Orleans Area of Narcotics Anonymous and is responsible for putting on Convention. The Convention consists of non-stop meetings and workshops geared toward the primary purpose of Narcotics Anonymous, which is to carry the message of recovery from addiction to the addicts who still suffer.

**Convention Dates.** The dates for the Convention are as follow:

	Start	End
Day		
Date		
Time		

**Acknowledgements.** This Proposal has been designed to include the specific terms upon which NOACNA is willing to negotiate. Acceptance of these terms, and the Vendor's ability to perform, is hereby acknowledged by the submission of a Proposal.

All Proposals must be submitted with the use of this form and all sections relevant to the vendor and the services being proposed must be filled out completely. All Proposals are binding by the terms proposed. If accepted, the terms of the Proposal (*or the terms negotiated therefrom*) shall establish the Contract between the Vendor and NOACNA. This Proposal will only become a valid Contract between the Vendor and NOACNA when agreed upon the whole Committee and signed by an authorized member of NOACNA's Committee.

As a condition to any Proposal being considered and selected, neither the Vendor, nor anyone working with the Vendor, will possess, consume or otherwise engage in any use of drugs (*including alcohol*) before or during performance. The Vendor further acknowledges that, if they remain at the Convention after services have been rendered that they will remain bound not to possess, consume or otherwise engage in any use of drugs (*including alcohol*).

**Indemnity.** All Vendors hereby agree to indemnify and hold NOACNA and the Convention Hotel harmless from any loss, liability, costs or damages arising from actual or threatened claims or causes of action associated with their equipment and/or personnel.

**Merchandise Sales Prohibited.** Vendor acknowledges that the sale of **any** merchandise including but not limited to CD's, tapes and other promotional items is prohibited while performing at the Convention.

**Multiple Bids.** If you would like to submit a bid for more than one event, you may submit one form that includes all bids.

**INTERPRETER PROPOSAL:**

- \*Services are usually required for (2-4) two to four hours.
- \*Interpreters services are used in the hotel's Banquet/Main Ballroom.
- \*Programming Chairperson will provide designated time according to activities.
- \*Days and times of an interpreter's services varies according to the Convention discription.

**Available Days**

Friday	Saturday	Sunday
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**Prices**

Per Hour	2 hours	4 hours	20 hours	40 hours

**VENDOR INFORMATION**

Company Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Special Requests, Accommodations, etc.**

\_\_\_\_\_

\_\_\_\_\_

**NOACNA Committee Use Only:**

Programming Chairperson is proposing to use an Interpreter services for the following events.

Date	Start Time	End Time	# hours	Cost
Friday Night Speaker (8pm)				
Saturday Main Speaker (8pm)				
Sunday Morning Speaker (8pm)				
Comedy Show				

**VENDOR:**

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

Duly Authorized

Printed Name

**NEW ORLEANS AREA CONVENTION of NARCOTICS ANONYMOUS**

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

NOACNA Chairperson on behalf of NOACNA

Printed Name