State of North Carolina
Department of Health and Human Services
Division of Services for the Deaf and Hard of Hearing

ADDENDUM #3
CHANGES TO CONTRACT

Date: April 5, 2022
Contract Name: Request for Application – Agency Interpreter and Transliterator Contractor
Contract Number: 30-DSDHH-95058-20
Contract Description: **Agency Sign Language Interpreting and Transliterators Services**

TERM:

This Contract ending date remains October 31, 2022.

PRIOR TRANSACTIONS:

1) Request for Applications (RFA) #30-DSDHH-95058-20 was released on or about October 1, 2020, with a November 1, 2020, beginning date and an expiration date of October 30, 2021.
2) Addendum #1 was released on or about September 2, 2021, to address COVID-19 for Contractors that desired to continue working in State Operated Health Care Facilities (DSOHF) regarding providing vaccination immunization evidence.
3) Addendum #2 was released on or about September 30, 2021, to extend the contract from November 1, 2021, with an expiration date of October 31, 2022; and,
    a. Agreeing to having Contractors that are assigned to DSOHF immunized for a variety of diseases.
    b. To change the disbursement rate.
    c. To change mileage rates.
    d. To address COVID-19 vaccination/testing requirements when working in DHHS facilities other than DSOHF.
    e. To submit a renewal/verification that each working for the Agency possess a valid North Carolina Interpreter and Transliterator license issued pursuant to Chapter 90D of the North Carolina General Statues.

REVISIONS:

1) All references to COVID-19 listed in Amendment #1 and Amendment #2 are deleted in their entirety, and replaced with Attachment A, attached to this Amendment #3. It is necessary for the Contractor to complete Attachment A in its entirety and return with this Amendment #3.
2) The mileage rate is changed to $.585 per mile for all miles traveled.
3) The Contract Administrator for this contract is changed to Dianne Shearer, Assistant Director for the Division of Services for the Deaf and Hard of Hearing. Dianne's contact information is:

    Address: 820 South Boylan Avenue
    2301 Mail Service Center
    Raleigh, NC 27699-2301
    Office Phone Voice – 919-527-6930
    Videophone – 919-410-7901
    Fax – 919-855-6873
    Email – Dianne.shearer@dhhs.nc.gov

Email one (1) copy of the properly executed addendum to dianne.shearer@dhhs.nc.gov **or**

Mail one (1) properly executed copy of the executed addendum to:

DHHS/DSDHH
Dianne Shearer, Assistant Director
820 S. Boylan Avenue
2301 MSC
Raleigh, NC 27699-2301

Email questions to: Dianne.shearer@dhhs.nc.gov

Execute Addendum #3	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 3 Acceptance (For DHHS use only)

By my undersigned signature, as an authorized representative of the Division of Services for the Deaf and Hard of Hearing, I hereby accept this executed Addendum #3.

By: _____
Signature of Authorized Representative Printed Name of Authorized Representative Title of Authorized Representative

ATTACHMENT A : Acknowledgment of COVID-19 Vaccination and Testing Policy

Solicitation #: 30-DSDHH-95058-20

Vendor Name: _____

Executive Order 224, signed by Governor Cooper on July 30, 2021, requires all state employees and contractors who may enter facilities at Cabinet Agencies or other participating State Agencies to provide proof of full vaccination or a negative Covid test result within the last seven (7) days. Contractors must follow the requirements of this policy to ensure that their employees are: (1) fully vaccinated or tested within seven (7) days of entering a State facility, and (2) wearing face coverings where required at State facilities.

New State contracts must ensure that Vendor's employees are complying with these requirements. If a Vendor's employee operates off-site and is never expected to enter State facilities, that employee may be exempted from this requirement.

Vendors must verify that these requirements are being met by their employees. By signing this acknowledgment, Vendor agrees that it will verify that these requirements are met for its employees who may enter any State facilities subject to this policy.

COVID-19 Vaccination

In order to show that an employee is fully vaccinated, the employee may submit any of the following:

1. An original or copy of a COVID-19 Vaccination Record Card issued on the form provided by the U.S. Centers for Disease Control and Prevention ("CDC").
2. A note or receipt signed by a licensed nurse, physician pharmacist, physician's assistant, or other representative of the place where the vaccine was administered. This note or receipt must show at least: (a) the worker's name (b) the name of the healthcare provider administering the vaccine (c) date(s) of vaccination (d) place of vaccination and vaccine product name (i.e., Moderna, Pfizer, or Johnson & Johnson)
3. A printout made by the worker of the worker's record from North Carolina's COVID-19 Vaccine Management System ("CVMS"). For information about accessing CVMS and to register, workers may visit NCDHHS COVID-19 Vaccine Management System Web Portal. SPECIAL NOTE: A worker's vaccine information may not be available in CVMS. Other vaccine management systems (for example, the systems used in other states, or the systems used by pharmacies or other health care providers) may also contain vaccination information.

COVID-19 Testing

For unvaccinated workers subject to the testing requirement, a negative COVID-19 test dated within the last seven (7) days must be provided prior to entering State facilities. Accepted diagnostic testing includes an antigen or molecular test (nucleic acid amplification test [NAAT] or RT-PCR) authorized by the Food and Drug Administration (FDA). Results must come from a Clinical Laboratory Improvement Amendments (CLIA) certified setting appropriate for the test type (i.e., high, moderate, or waived laboratory). The test result should include name, date of birth, date of specimen collection, date of result, and diagnostic test result. Tests that are taken at home, without being submitted through a laboratory, are not acceptable. COVID-19 antibody tests are not acceptable.

For more information regarding North Carolina's Vaccination and Testing Policy, see COVID-19 Vaccination or Testing FAQs | NC Office of Human Resources.

The undersigned hereby certifies that he or she has read this certification, that he or she will comply with the requirements set forth above and that he or she is an officer, member, partner, owner, or other such managing employee of the Vendor (the "Authorized Representative") that is authorized to execute this certification and to bind the Vendor to the certifications, statements, and agreements herein.

Signature

Date

Name of Authorized Representative

Title

(See next page for revised Invoice)

Excel formatted copy will be sent to vendor for use after acceptance of amendment

ATTACHMENT B

DHHS ISVL Invoice for Agency Contractor

Agency Name		**INVOICE #**	
Address 1			
Address 2		**DATE SUBMITTED:**	
City		First Submission	
State	Zip	Re-Submission	
		Past Due or Late	

BILL TO:		
DHHS Division or Office Name		*Questions pertaining to the ISVL should be referred to the Communication Access Manager at the Division of Services for the Deaf and the Hard of Hearing at 919.527.6930 or dianne.shearer@dhhs.nc.gov*
Attention		
Address		*Questions regarding the invoice and/or the assignment should be referred to the requestor.*
City		
State	Zip	
Phone		
Email		

ASSIGNMENT INFORMATION

Date of Assignment:		Requestor	
Interpreter Name:			
Consumer Name:			
Description of Assignment:			
Original Hours Scheduled:	Start Time:	End Time:	
Hours Billed;	Start Time:	End Time:	

Services Provided

☐ Interpreting ☐ Mentoring ☐ Training ☐ NDBEDP ☐ Haptics ☐ Other (specify_____)

	Total Hours	Rate Per Hour	Services Total
Standard Rate:			$0.00
Enhanced Rate (Evenings, Weekends, Holidays):			$0.00
Flat Rate:			
		SERVICES TOTAL:	**$0.00**

Travel and Other Expenses	**Number of Miles**	**Rate Per Mile**	**Mileage Total**
☐ One Way ☐ Roundtrip From:_____ To:_____		0.585	$0.00

Additional Mileage Rates	**Number of Hours**	**Rate Per Hour**	**Mileage Total**
Additional Mileage Rates Add 1.5 hours (regular rate) for travel 75 miles or more each way Add 2 hours (regular rate) for travel 125 miles or more each way	0.00		$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):			$0.00
TRAVEL TOTAL:			**$0.00**

GRAND TOTAL	
Total Services Provided:	**$0.00**
Total Mileage & Other Expenses:	**$0.00**
TOTAL INVOICED:	**$0.00**

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For DHHS Agency Use Only

Reviewed By:		
Title:		
Date:		
Approved By:		
Title:		
Date:		
Budget Code:		