

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

**ADDENDUM #5
CHANGES TO CONTRACT**

Date: October 10, 2022

Contract Name: Request for Application – Agency Interpreter and Transliterators 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 Transliterators license issued pursuant to Chapter 90D of the North Carolina General Statutes.
- 4) Addendum #3 was released on or about April 5, 2022, to include changes in COVID language; changes in mileage rates; and change in Contract Administrator
- 5) Addendum #4 was released on or about July 27, 2022, to change mileage rates.

REVISIONS:

- 1) Amendment #3, specifically Attachment A, is hereby removed from this contract and no longer applicable. No COVID-19 restrictions are an integral part of this contract effective November 1, 2022, **EXCEPT** for State Operated Health Care Facilities (see number 2) below for details.
- 2) Per the Division of State Operated Healthcare Facilities (DSOHF) policy 182-AL, effective April 1, 2017, all DSOHF employees and others who work in DSOHF facilities must be immune (unless there is an approved religion or medical exemption based on a medical contra-indication, as described by the US Center for Disease Control, Advisory Committee on Immunization Practices [CDC/ACIP]) to the following:
 1. Measles
 2. Mumps
 3. Rubella (German measles)
 4. Varicella (Chickenpox)

5. Pertussis (Whooping cough)
6. An annual influenza vaccination will also continue to be required to work within a DSOHF facility. The influenza vaccine is due by 11/1 of each year and evidence to support having this vaccine must be dated prior to this date (Unless an individual is applying for a contract after 11/1. In that case, the evidence to support the influenza vaccine must have a recent date).
7. COVID-19 initial series of vaccinations. For purposes of this contract, the initial series includes two doses of Moderna, Pfizer, and Novavax and one dose of the J & J vaccine.

*If you choose to provide proof of immunization and work in a DSOHF facility, you may be required to be tested for Tuberculosis (TB).

RENEWAL

This Amendment #5 extends this contract from November 1, 2022, through and including October 31, 2023, thus exercising the second and final optional year of renewal.

INSTRUCTIONS:

Submit a current copy of the letter of renewal/verification that each interpreter working for the Applicant possesses a valid North Carolina Interpreter and Transliterator license issued pursuant to Chapter 90D of the North Carolina General Statutes

Submit a copy of all current interpreting or transliterating certifications held by each interpreter working for the Applicant, e.g., NIC, RID, NAD, NCICS, EIPA, etc.

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 #5	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 5 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 #5.		
By: _____	_____	_____
Signature of Authorized Representative	Printed Name of Authorized Representative	Title of Authorized Representative