

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

**AMENDMENT #1**

**Date:** December 14, 2022  
**Contract Name:** Request for Application – Captioning Services  
**Contract Number:** #30-DSDHH-95092-22  
**Contract Description:** Contract Renewal

**RENEWAL:** This Amendment #1 exercises optional year one (1) effectively extending the contract beginning January 3, 2023, through January 2, 2024.

**REVISIONS:** A revised Invoice is attached and marked Attachment A.

All other terms and conditions of the RFA released on December 14, 2021, remain the same.

**INSTRUCTIONS:**

Return one properly executed copy of the amendment by completing the information below:

Execute Amendment	
<b>Contractor</b>	
<b>Authorized Signature</b>	
<b>Name Typed or Printed</b>	
<b>Date</b>	

Mail by USPS or email one (1) copy of all documents to:

**DHHS/DSDHH**  
**Dianne Shearer, Assistant Director - [dianne.shearer@dhhs.nc.gov](mailto:dianne.shearer@dhhs.nc.gov)**  
**820 S. Boylan Avenue – 2301 MSC - Raleigh, NC 27699-2301**

**Amendment # 1 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 Amendment #1.

By:

_____ Signature of Authorized Representative	_____ Jan Withers Printed Name of Authorized Representative
_____ Director Title of Authorized Representative	_____ Date

DHHS Captioning Invoice for Agency/Individual Contractor				
Agency Name Captionist Name Address City State _____ Zip _____	INVOICE # _____  DATE SUBMITTED: First Submission <input checked="" type="checkbox"/> Re-Submission <input type="checkbox"/> Past Due or Late <input type="checkbox"/>			
<b>BILL TO:</b> DHHS Division or Office Name: DSDHH Attention: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____		Questions pertaining to the Captioning RFA and any resulting addendums should be referred to the Hard of Hearing Services Coordinator at the Division of Services for the Deaf and the Hard of Hearing at 919.351.2206 (VP) or tony.davis@dhhs.nc.gov  Questions regarding the Invoice and/or the assignment should be referred to the requestor.		
ASSIGNMENT INFORMATION				
Date of Assignment:	Requestor			
Consumer Name:				
Description of Assignment:				
Original Hours Scheduled:	Start Time:	End Time:		
Hours Billed:	Start Time:	End Time:		
Services Provided (Select from drop down box)				
Remote CART \$100 hr Standard/\$105 hr Enhanced				
	Total Hours	Rate Per Hour		Services Total
Standard Rate (M-F 7am to 5pm)	0	0	\$	-
Enhanced Rate (Evenings, Weekends, Holidays):		0		\$0.00
Flat Rate				\$0.00
			<b>SERVICES TOTAL:</b>	<b>\$0.00</b>
Travel and Other Expenses		Number of Miles	Rate Per Mile	Mileage Total
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip				
From:			0.625	
To:				\$0.00
Meals		Breakfast	Lunch	Dinner
Meals will be reimbursed based on state rates. For any service taking place in North Carolina, the rate is Breakfast (8.40), Lunch (11), Dinner (18.90). For any service out of North Carolina, the rate is Breakfast (8.40), Lunch (11), Dinner (21.60)				
				\$0.00
				\$0.00
Other Expenses (e.g., Hotel, Parking), please attach receipt.				\$0.00
			<b>TRAVEL TOTAL:</b>	<b>\$0.00</b>
<b>GRAND TOTAL</b>				
			Total Services Provided:	\$0.00
			Total Mileage & Other Expenses:	\$0.00
			<b>TOTAL INVOICED:</b>	<b>\$0.00</b>
For DHHS Agency Use Only				
Reviewed By:				
Title:				
Date:				
Approved By:				
Title:				
Date:				
Budget Code:	2601 1261 1836 21 532199035			
Ver 12/13/2022				