

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

**ADDENDUM #1
NOTICE OF RENEWAL**

Date: October 7, 2024

Contract Name: Request for Application – Agency Interpreter and Transliterators Contractor

Contract Number: 30-DSDHH-951111-23

Contract Description: **Sign Language Interpreting and Transliterators Services Vendor List**

INSTRUCTIONS:

1. Revisions to the RFA posted October 1, 2023, are as follows:
 - a. The Term of this Addendum will **begin on November 1, 2024** (or any time after this date if you do not return this addendum in time to be reviewed and approved before this date). **The ending date for this addendum will be October 30, 2025.** These dates represent the first renewal year of the option to renew for two (2) additional years in one (1) year increments.
 - b. The following corrected rate matrix will replace the one found in Section VI Disbursement A.5 of the RFA released on October 1, 2023:

NC Interpreter License	Standard Rate	TASL Standard	Enhanced Rate	TASL Enhanced
Full	\$65.00	\$75.00	\$97.50	\$107.50
Provisional	\$54.00	\$64.00	\$81.00	\$91.00

- c. All other terms and conditions of the RFA remain the same.
2. To **RENEW** your contract, please provide the following information:

(The reminder of this page is left blank intentionally)

**DHHS Interpreter Services
Application to be Used by Agency Vendor**

Agency Name			
Federal Tax ID. No.			
Primary Contact			
Mailing Address	Street or PO Box		
	City, State, Zip		
Billing Address <input type="checkbox"/> Same as Above	Street or PO Box		
	City, State, Zip		
Primary Phone No.		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Video Phone	
Alternate Phone No.		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Video Phone	
Alternate Phone No.		<input type="checkbox"/> Home Phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Video Phone	
Fax Number		Email Address	

Interpreters Under Contract with Applicant

Interpreter's Name	NC Interpreter and Transliterator License Number	Check Appropriate Box
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
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		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor

[Attach as Many Additional Pages as Are Necessary to List All Interpreters Under Contract]

3. Return one properly executed copy of the addendum by completing the information below:

Execute Addendum	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 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 Addendum #1.

The contract shall begin on _____, and shall terminate on October 30, 2025

By: _____

Signature of Authorized Representative

Printed Name of Authorized Representative

Title of Authorized Representative