

**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 8, 2024

Contract Name: Request for Application – Individual Interpreter or Transliterators Contractor

Contract Number: 30-DSDHH-95110-23

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. Section V Scope of Services, A. 6 is being replaced with the following:  
If the interpreter provides consultation as a subject matter expert to the Department, or mentorship and skill development sessions for other interpreters, including ISVL interpreters and the Department's staff interpreters, at the request of a DHHS entity, those services will also be invoiced at rates established in **Section VII. Disbursement**, in accordance with his/her licensing credentials.
  - c. The following has been added to Section VII Disbursement:  
A.9. For certain high profile, high visibility assignments that require the most highly qualified interpreters, increased rates may be negotiated if deemed appropriate. Examples include: press conferences, large public events including government officials or being televised, and recordings that will be made available to the general public. Those increased rates should not exceed 1.5 times the applicable rate for the assigned interpreter. For additional guidance on what would constitute such high-profile work, based on interpreting industry norms, DHHS entities should contact the ISVL Contract Administrator for consultation at [DSDHH.ISVL@dhhs.nc.gov](mailto:DSDHH.ISVL@dhhs.nc.gov).
  - d. A revised invoice labeled "Attachment A" is attached that should be used beginning November 1, 2024. A live version of this Excel document will be emailed to contracted agencies.
  - e. All other terms and conditions of the RFA remain the same.
2. To **RENEW** your contract, please provide the following information:

Your most current telephone number	
Your most current mailing address	
Your current email address	

Any changes in your credentialing since October 2023? If yes, please list changes:

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3. Return a copy of the letter of renewal/verification that the applicant possesses a valid North Carolina Interpreter and Transliterater license issued pursuant to Chapter 90D of the North Carolina General Statutes.
4. Return a copy of all current interpreting or transliterating certifications held, e.g. NIC, RID, NAD, NCICS, EIPA, etc. to include documents to support and verify any interpreting degrees held.
5. 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

## ATTACHMENT A

DHHS ISVL Invoice for Agency Contractor					
Agency Name			INVOICE #		
Address 1					
Address 2			First Submission Date		
City			Correction Submission Date		
State NC Zip			Past Due Invoice Submission Date		
BILL TO:					
DHHS Division or Office Name			<p>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 919-218-0299 or DSDHH.ISVL@dhhs.nc.gov</p> <p>Questions regarding the invoice and/or the assignment should be referred to the requestor.</p>		
Attention					
Address					
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					
<input type="checkbox"/> Interpreting <input type="checkbox"/> TASL <input type="checkbox"/> ND8EDP					
			Total Hours	Rate Per Hour	Services Total
Standard Rate:					\$0.00
Enhanced Rate:					\$0.00
TASL Standard Rate:					\$0.00
TASL Enhanced Rate:					\$0.00
Approved Prep Time:					\$0.00
Travel and Other Expenses				Services Total:	\$0.00
Start Location	Remote	Work Location	Number of Miles	Rate Per Mile	Mileage Total
	<input type="checkbox"/>			0.670	\$0.00
Additional Mileage Rates			Number of Hours	Standard Rate	Mileage Total
Starting at 50 miles one way, add an additional 1 hour standard time for each direction driven. For each additional 25 miles over 50 miles one way add another 0.25 hour standard time each way. Trips under 50 miles one way will have no additional charges aside from mileage.			0.00	\$0.00	\$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):					\$0.00
Notes			TRAVEL TOTAL:		\$0.00
			GRAND TOTAL		
			Total Services Provided:		\$0.00
			Total Mileage & Other Expenses:		\$0.00
			TOTAL INVOICED:		\$0.00
For DHHS Agency Use Only					
Reviewed By:			Approved by:		
Title:			Title:		
Date:			Date:		
Budget Codes:					
			Version 9/18/2024		