

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

AMENDMENT #2

THIS AMENDMENT MUST BE SIGNED AND RETURNED

Issue Date: June 20, 2017

RFA Name: **REQUEST FOR APPLICATIONS (RFA)
National Deaf-Blind Equipment Distribution Program (NDBEDP) Trainer Vendor List**

RFA Number: 2601608DSDHH-NT

Initial RFA Posted Date: August 15, 2016

Sign and return this amendment by or before 5:00 pm (ET) June 28, 2017

INSTRUCTIONS:

1. Revisions to the Request For Applications (RFA) with Posted Date of August 15, 2016:

A. Cover page – the following information is changed **From:**

E-mail Applications and Questions to	Jeff Mobley NDBEDP Manager / Administrator	Email	Jeff.Mobley@dhhs.nc.gov
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To:

E-mail Applications and Questions to	Becky Rosenthal NDBEDP Manager / Administrator	Email	Becky.rosenthal@dhhs.nc.gov
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B. Section 11) **INVOICING**, is changed **From:**

Division of Services for the Deaf and Hard of Hearing
Attention: Carolyn Cowan
2301 Mail Service Center
Raleigh, NC 27699-2301
Email: Carolyn.cowan@dhhs.nc.gov

To:

Division of Services for the Deaf and Hard of Hearing
Attention: Janetta Hall
820 S. Boylan Avenue
2301 Mail Service Center
Raleigh, NC 27699-2301
Email: Janetta.Hall@dhhs.nc.gov

- C. "Attachment E" of the RFA released on August 15, 2016 is deleted in its entirety and replaced with a revised "Attachment E" with a revised date of 7/1/2017, and attached to this Amendment #2.
- D. Hereafter, the RFA released on August 15, 2016, Amendment #1 issued December 21, 2016, and Amendment #2 shall become the RFA for Equipment and Technology Training specific to use of Assistive Technology for Deaf-Blind and shall remain the final RFA until amended or replaced.

By completing the information below, an individual contracted for training services understands and agrees that the RFA released on August 15, 2016, Amendment #1 issued on December 21, 2016, and Amendment #2 are unified and are the documents that represent the most recent RFA and resulting contracts for the training services.

Execute Amendment #2:

CONTRACTOR _____

ADDRESS (CITY & STATE): _____

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME and TITLE (Print): _____

ATTACHMENT E
Consumer Evaluation
NDBEDP Trainer Service
Equipment Training
(TO BE COMPLETED BY THE CONSUMER)

Name of Trainer: _____

Name of Consumer: _____

Date(s) of Training: _____

Scheduled Times for Training: Start Time _____ End Time _____

1. Please check how satisfied you were, overall, with the training:

- Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Not Satisfied
- Somewhat Not Satisfied
- Not Satisfied

2. Please check how well you understood the training:

- Understood
- Somewhat Understood
- Neither Understood Nor Did Not Understand
- Somewhat Did Not Understand
- Did Not Understand

3. Please check how satisfied you were with the length of the training:

- Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Not Satisfied
- Somewhat Not Satisfied
- Not Satisfied

4. Please check how satisfied you were with the knowledge of the trainer:

- Satisfied
- Somewhat Satisfied
- Neither Satisfied Nor Not Satisfied
- Somewhat Not Satisfied
- Not Satisfied