

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

**ADDENDUM #2
NOTICE OF CONTRACT EXTENSION
CHANGES TO CONTRACT**

Date: July 8, 2024

Contract Name: Request for Application – Telecoil-Equipped Hearing Aids

Contract Number: 30-DSDHH-95096-22

Contract Description: Fitting and Servicing of Telecoil-Equipped Hearing Aids

TERM:

This addendum officially extends the contract ending date until **August 31, 2025**. This contract extension represents optional year two (2) of the contract.

REVISIONS:

1. The addendum shall include an attached list for providers to complete “listing of all clinics and providers (audiologists or hearing instrument specialists)”. (See attached listing for providers to complete – Marked ATTACHMENT A)
2. All other terms and conditions in the RFA released on July 5, 2022, shall remain the same.

Mail one (1) copy of all documents to:

**Division of Services for the Deaf and Hard of Hearing
Attention: Rebecca Rosenthal
820 S. Boylan Avenue
2301 MSC
Raleigh, NC 27699-2301**

Email questions to: Becky.Rosenthal@dhhs.nc.gov

(The remainder of this page is left blank intentionally)

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

Execute Addendum #2	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 2 Acceptance (For DHHS use only)	
<p>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.</p> <p>By:</p>	
<p>_____ Signature of Authorized Representative</p>	<p>Jan Withers _____ Printed Name of Authorized Representative</p>
<p>Director _____ Title of Authorized Representative</p>	<p>_____ Date signed</p>

ATTACHMENT A

If your company has more than one clinic, please identify the clinic location and name of licensed audiologist or hearing aid dealer/instrument specialist.

Clinic Name		
Clinic Address		
Name(s) of Licensed Audiologist or Hearing Instrument Specialists including License or Certification Number of Each	Name	License/Certification Number
Office Email or Phone Number		

Clinic Name		
Clinic Address		
Name(s) of Licensed Audiologist or Hearing Instrument Specialists including License or Certification Number of Each	Name	License/Certification Number
Office Email or Phone Number		

Clinic Name		
Clinic Address		
Name(s) of Licensed Audiologist or Hearing Instrument Specialists including License or Certification Number of Each	Name	License/Certification Number
Office Email or Phone Number		

Clinic Name		
Clinic Address		
Name(s) of Licensed Audiologist or Hearing Instrument Specialists including License or Certification Number of Each	Name	License/Certification Number
Office Email or Phone Number		