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

ADDENDUM #2  
RENEWAL OF CONTRACT and  
CHANGES TO CONTRACT  

Date: May 3, 2022  
Contract Name: Request for Application – NDBEDP Trainer Vendor List  
Contract Number: 30-DSDHH-95091-21  
Contract Description: Equipment and Technology Training specific to use of  
Assistive Technology for Deaf-Blind  

TERM:  
This Addendum #2 renews this Contract beginning July 1, 2022 and continuing through June 30, 2023. This renewal represents the first renewal of the contract.  

PRIOR TRANSACTIONS:  
1) Request for Applications (RFA) #30-DSDHH-95091-21 was released on or about May 27, 2021, with a  
July 1, 2021, beginning date and an expiration date of June 30, 2022.  

2) Addendum #1 was released on or about October 1, 2021, to specifically address:  
   
   › Section 8) DISBURSEMENT, Section B. TRAVEL EXPENSES, of the Request for Application (RFA)  
   released on May 27, 2021, was deleted in its entirety, and replaced with the following:  
   a. The business standard for mileage driven is $.56 per mile regardless of the number of miles  
      driven.  
   b. Subsistence rates for lodging and meals are as follows:  
      i. Lodging - $96 per night  
      ii. Meals -$50 per day  
         1. Breakfast $13  
         2. Lunch $14  
         3. Dinner $23  
   c. Any travel for assignments other than training, including overnight stay, must always be pre-  
      approved by the Hiring Agency.  
   d. On occasion, flight travel may be authorized, but it MUST always be approved in advance of the  
      flight travel. Note that travel policies for non-state employees traveling on official state business  
      whose expenses are paid by the State are subject to the same rates as State Employees  
   
   › Contractor Vaccination/Testing Requirements when working in a Department of Health and Human  
      Services facility.
REVISIONS:

1. **This Addendum #2 changes business standard mileage driven from $.56 per mile to $.585 per mile for all miles driven.** A revised invoice is attached to this Addendum #2 that includes this mileage rate increase. This revised invoice is labeled **Attachment B.**

2. The Vaccination/Testing Requirements in Addendum #1 are deleted in their entirety and replaced with Attachment A, adjoined to this Addendum #2. It is necessary for the Contractor to complete Attachment A in its entirety and return with this Addendum #2.

Email one (1) copy of the properly executed addendum to Nichole.leonardz@dhhs.nc.gov OR Mail one (1) properly executed copy of the executed addendum to:

**Division of Services for the Deaf and Hard of Hearing**
Nichole Leonardz, Contract Administrator
820 S. Boylan Avenue
2301 Mail Service Center
Raleigh, NC 27699-2301

Email questions to: nichole.leonardz@dhhs.nc.gov

<table>
<thead>
<tr>
<th>Execute Addendum #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
</tr>
<tr>
<td>Authorized Signature</td>
</tr>
<tr>
<td>Name Typed or Printed</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Addendum #2 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 #2.

By: ____________________________  ____________________________  ____________________________
Signature of Authorized Representative  Printed Name of Authorized Representative  Title of Authorized Representative
ATTACHMENT A: Acknowledgment of COVID-19 Vaccination and Testing Policy

Solicitation #: 30-DSDHH-95091-21

Vendor Name: ____________________________

Executive Order 224, signed by Governor Cooper on July 30, 2021, requires all state employees and contractors who may enter facilities at Cabinet Agencies or other participating State Agencies to provide proof of full vaccination or a negative Covid test result within the last seven (7) days. Contractors must follow the requirements of this policy to ensure that their employees are: (1) fully vaccinated or tested within seven (7) days of entering a State facility, and (2) wearing face coverings where required at State facilities.

New State contracts must ensure that Vendor’s employees are complying with these requirements. If a Vendor’s employee operates off-site and is never expected to enter State facilities, that employee may be exempted from this requirement.

Vendors must verify that these requirements are being met by their employees. By signing this acknowledgment, Vendor agrees that it will verify that these requirements are met for its employees who may enter any State facilities subject to this policy.

COVID-19 Vaccination

In order to show that an employee is fully vaccinated, the employee may submit any of the following:

1. An original or copy of a COVID-19 Vaccination Record Card issued on the form provided by the U.S. Centers for Disease Control and Prevention (“CDC”).
2. A note or receipt signed by a licensed nurse, physician pharmacist, physician’s assistant, or other representative of the place where the vaccine was administered. This note or receipt must show at least: (a) the worker’s name (b) the name of the healthcare provider administering the vaccine (c) date(s) of vaccination (d) place of vaccination and vaccine product name (i.e., Moderna, Pfizer, or Johnson & Johnson)
3. A printout made by the worker of the worker’s record from North Carolina’s COVID-19 Vaccine Management System (“CVMS”). For information about accessing CVMS and to register, workers may visit NCDHHS COVID-19 Vaccine Management System Web Portal. SPECIAL NOTE: A worker’s vaccine information may not be available in CVMS. Other vaccine management systems (for example, the systems used in other states, or the systems used by pharmacies or other health care providers) may also contain vaccination information.

COVID-19 Testing

For unvaccinated workers subject to the testing requirement, a negative COVID-19 test dated within the last seven (7) days must be provided prior to entering State facilities. Accepted diagnostic testing includes an antigen or molecular test (nucleic acid amplification test [NAAT] or RT-PCR) authorized by the Food and Drug Administration (FDA). Results must come from a Clinical Laboratory Improvement Amendments (CLIA) certified setting appropriate for the test type (i.e., high, moderate, or waived laboratory). The test result should include name, date of birth, date of specimen collection, date of result, and diagnostic test result. Tests that are taken at home, without being submitted through a laboratory, are not acceptable. COVID-19 antibody tests are not acceptable.

For more information regarding North Carolina’s Vaccination and Testing Policy, see COVID-19 Vaccination or Testing FAQs | NC Office of Human Resources.
The undersigned hereby certifies that he or she has read this certification, that he or she will comply with the requirements set forth above and that he or she is an officer, member, partner, owner, or other such managing employee of the Vendor (the "Authorized Representative") that is authorized to execute this certification and to bind the Vendor to the certifications, statements, and agreements herein.

__________________________________________  ______________________
Signature                                      Date

__________________________________________  ______________________
Name of Authorized Representative              Title

See next page for a revised invoice
An Excel file will be sent to trainers that are contracted
# DHHS NDBEDP Trainer Invoice

**BILL TO:**

DHSS Division or Office Name: DSDHH  
Attention: Nichole Leonardz, ICC Admin.  
Address: 820 Boylan Ave., McBryde Bldg., 2301 MSC  
City: Raleigh  
State: NC  
Zip: 27603  
Phone: 919-527-6941  
Email: Nichole.Leonardz@dhhs.nc.gov

**INVOICE #**  
**DATE SUBMITTED:** April 27, 2022  
First Submission  
Re-Submission  
Past Due or Late

**Trainer Hourly Rates**  
- $75.00  
- 7:00 AM to 5:00 PM  
- $112.50  
- 5:00 PM to 7:00 AM  
Non-Training Hourly Rate: $25.00

### ASSIGNMENT INFORMATION

**Date of Assignment:**  
**Requestor:**

**Consumer Name:**

**Description of Assignment:**

**Trainer Services**

- **Start Time:**
- **End Time:**

**Non-Trainer Services**

- **Start Time:**
- **End Time:**

### Hours Spent on Assignment

<table>
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<tr>
<th>Total Hours</th>
<th>Rate Per Hour</th>
<th>Services Total</th>
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<tbody>
<tr>
<td>Trainer Rate:</td>
<td>$75.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Non-Trainer Rate:</td>
<td>$25.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Weekend/Evening Rate:</td>
<td>$112.50</td>
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**TOTAL COST OF HOURS SPENT ON ASSIGNMENT:** $0.00

### Travel and Other Expenses

<table>
<thead>
<tr>
<th>Number of Miles</th>
<th>Rate Per Mile</th>
<th>Mileage Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.585</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Other Expenses (Hotel, Meals, Parking (please attach receipt)): $0.00

**TOTAL COST OF TRAVEL AND OTHER EXPENSES:** $0.00

### D/SSP Services Used

- **Yes**  
- **No**

**Total Services Provided:** $0.00

**Number of Hours D/SSP Spent on Assignment**

**Interpreter Services Used**

- **Yes**  
- **No**

**Total Travel & Other Expenses:** $0.00

**Name of Interpreter:**  
**Number of Hours Interpreter Spent on Assignment**

**TOTAL INVOICED:** $0.00

### For DHHS Agency Use Only

**Reviewed By:**  
**Title:**

**Date:**

**Approved By:**  
**Title:**

**Date:**

**Budget Code:** 2601 532132 141062601S

ver. 01022022 - 2022 mileage