

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

**ADDENDUM #2  
NOTICE OF RENEWAL**

**Date:** October 1, 2020

**Contract Name:** Request for Application – Individual Interpreter and Transliterators Contractor

**Contract Number:** 30-DSDHH-95075-19

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

**TERM:**

The Term of this Addendum will **begin on November 1, 2020** (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 31, 2021.** These dates represent the first renewal year of the option to renew for two (2) additional years in one (1) year increments.

**REVISIONS:**

None

**INSTRUCTIONS:**

A complete application for renewal consists of the following:

- a) The completed and signed addendum, Notice of Renewal;
- b) Agreement to require a vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (Attachment B);

*For purposes of this addendum, if a vendor presented immunization records in accordance with and to Attachment B during application for the original Request for Application (RFA), and continues desiring to work at any DSOHF location, it will only be necessary to provide proof of influenza vaccination for the forthcoming year.*

- c) A current copy of the letter of renewal/verification that the applicant possesses a valid North Carolina Interpreter and Transliterators license issued pursuant to Chapter 90D of the North Carolina General Statutes;
- d) A copy of all current interpreting or transliterating certifications held by the Applicant; e.g. NIC, RID, NAD, NCICS, EIPA, etc.;

Mail one (1) copy of all documents to:

Email questions to:  
lee.williamson@dhhs.nc.gov

**DHHS/DSDHH  
Communication Access Manager  
820 S. Boylan Avenue  
2301 MSC  
Raleigh, NC 27699-2301**

**NOTICE OF RENEWAL**

1. To **RENEW** your contract, please provide the following information:

<b>Your current telephone number</b>	
<b>Your current mailing address</b>	
<b>Your current email address</b>	

Any **changes** in your credentialing since October 2019 (e.g. NIC, RID, NAD, NCICS, EIPA, etc.)?  
 If yes, please list changes and include supporting documentation:

\_\_\_\_\_

\_\_\_\_\_

1. Return a signed copy of agreement to require a vendor assigned to a DSOHF facility to be immunized and show proof of such before reporting to an assignment (Attachment B);
2. 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;
3. Return one properly executed copy of the addendum by completing the information below:

<b>Execute Addendum</b>	
<b>Contractor</b>	
<b>Authorized Signature</b>	
<b>Name Typed or Printed</b>	
<b>Date</b>	

**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.

The contract shall begin on \_\_\_\_\_ and shall terminate on \_\_\_\_\_.

By: \_\_\_\_\_  
Signature of Authorized Representative      Printed Name of Authorized Representative      Title of Authorized Representative

**ATTACHMENT A**

*(An excel version of the invoice will be sent for vendor use upon approval of contract renewal)*

**DHHS ISVL Invoice for Individual Contractor**

Interpreter Name		INVOICE #	
NC License #			
Address		<b>DATE SUBMITTED:</b>	
City		First Submission	<input type="checkbox"/>
State	Zip	Re-Submission	<input type="checkbox"/>
		Past Due or Late	<input type="checkbox"/>

**BILL TO:**

DHHS Division or Office Name

Attention

Address

City

State

Zip

Phone

Email

*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 919.527.6930 or dsdhh.isvl@dhhs.nc.gov*

*Questions regarding the invoice and/or the assignment should be referred to the requestor.*

**ASSIGNMENT INFORMATION**

Date of Assignment:		Requestor	
Consumer Name:			
Description of Assignment:			
Original Hours Scheduled:	Start Time:	End Time:	
Hours Billed	Start Time:	End Time:	

**Services Provided**

Interpreting     Mentoring     Training     NDBEDP     Tactile (TASL)     Other (specify \_\_\_\_\_)

	Total Hours	Rate Per Hour	Services Total
<b>Standard Rate</b>			
<b>Enhanced Rate</b> (Evenings, Weekends, Holidays)			\$0.00
<b>Flat Rate</b>			\$0.00
<b>SERVICES TOTAL:</b>			<b>\$0.00</b>

Travel and Other Expenses	Number of Miles	Rate Per Mile	Mileage Total
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip			
From: _____ To: _____		0.575	\$0.00

Additional Mileage Rates	Number of Hours	Rate Per Hour	Mileage Total
<b>Additional Mileage Rates</b> Add 1.5 hours (regular rate) for travel 75 miles or more each way Add 2 hours (regular rate) for travel 125 miles or more each	0.00		\$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):			\$0.00

**TRAVEL TOTAL: \$0.00**

<b>GRAND TOTAL</b>		
Total Services Provided:		<b>\$0.00</b>
Total Mileage & Other Expenses:		<b>\$0.00</b>
<b>TOTAL INVOICED:</b>		<b>\$0.00</b>

**For DHHS Agency Use Only**

<b>Reviewed By:</b>	
<b>Title:</b>	
<b>Date:</b>	
<b>Approved By:</b>	
<b>Title:</b>	
<b>Date:</b>	
<b>Budget Code:</b>	

## ATTACHMENT B

### Agreement to have vendors being assigned to DSOHF facility being immunized

Per the Division of State Operated Healthcare Facilities (DSOHF) policy 182-AL, effective April 1, 2017, all DSOHF employees and others who work in DSOHF facilities must be immune (unless there is an approved religion or medical exemption based on a medical contra-indication, as described by the US Center for Disease Control, Advisory Committee on Immunization Practices [CDC/ACIP]) to the following:

1. Measles
2. Mumps
3. Rubella (German measles)
4. Varicella (Chickenpox)
5. Pertussis (Whooping cough)
6. **An annual influenza vaccination will also continue to be required to work within a DSOHF facility. The influenza vaccine is due by 11/1 of each year and evidence to support having this vaccine must be dated prior to this date** (Unless an individual is applying for a contract after 11/1. In that case, the evidence to support the influenza vaccine must have a recent date).

\*If you choose to provide proof and work in a DSOHF facility, you may be required to be tested for Tuberculosis (TB).

**Unfortunately, there is no national organization that maintains vaccination records...The records that exist are the ones you or your parents were given when the vaccines were administered and the ones in the medical record of the doctor or clinic where the vaccines were given. If you can't find your personal records or records from the doctor, you may need to get some of the vaccines again. While this is not ideal, it is safe to repeat vaccines. The doctor can also sometimes do blood tests to see if you are immune to certain vaccine-preventable diseases.” (“Vaccine Information for Adults”, Center for Disease Control, 2016, [www.cdc.gov/vaccines/adults/vaccination-records.html](http://www.cdc.gov/vaccines/adults/vaccination-records.html))**

#### Please Check One and Sign the one you check

\_\_\_\_\_ **I DO WISH** to provide proof of immunizations as required by DSOHF that will authorize me to work in the identified facilities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_ **I DO NOT WISH** to provide proof of immunizations as required by the DSOHF, understanding that doing so will result in me not being authorized to work in the identified facilities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_ **I WISH TO APPLY FOR AN EXEMPTION** to provide proof of immunizations due to a bona fide religious or medical reason.

\_\_\_\_\_  
Signature Date

See DSOHF and their locations next page

## State Operated Healthcare Facilities (DSOHF) and their locations

1. Alcohol and Drug Abuse Treatment Centers
  - a. Julian F. Keith ADATC – Black Mountain, NC
  - b. R. J. Blackley ADATC – Butner, NC
  - c. Walter B. Jones ADATC – Greenville, NC
  
2. Development Centers
  - a. Caswell Developmental Center – Kinston, NC
  - b. J. Iverson Riddle Developmental Center – Morganton, NC
  - c. Murdoch Developmental Center – Butner, NC
  
3. Neuro-Medical Treatment Centers
  - a. Black Mountain Neuro-Medical Treatment Center – Black Mountain, NC
  - b. O’Berry Neuro-Medical Treatment Center – Goldsboro, NC
  - c. Longleaf Neuro-Medical Treatment Center – Wilson, NC
  
4. Psychiatric Hospitals
  - a. Broughton Hospital – Morganton, NC
  - b. Central Regional Hospital – Butner, NC
  - c. Cherry Hospital – Goldsboro, NC
  
5. Residential Programs for Children
  - a. Whitaker Psychiatric Residential Treatment Facility – Butner, NC
  - b. Wright School – Durham, NC