

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

ADDENDUM #3

Date: September 2, 2021

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 ending date for this addendum remains **October 31, 2021**.

REVISIONS:

The Division of State Operated Health Care Facilities (DSOHF) has established a new COVID-19 vaccination requirement that applies to everyone working in any of its facilities. Effective October 1, 2021, no full or part time employee, or **contracted individual** may enter any facility premise if they are not fully vaccinated against COVID-19.

ATTACHMENT E of the Request for Application (RFA) released in September 2019 (bid # 30-DSDHH-95075-19) includes the following:

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).

In your application response, you petitioned to be approved to work in a DSOHF facility and provided the necessary documentation to be approved. If you desire to continue working in a DSOHF location after September 30, 2021, you must now follow the instructions listed below.

INSTRUCTIONS:

Return evidence that you have received COVID-19 vaccination immunization that will consist of two Moderna vaccine shots; or, two Pfizer-BioTech vaccine shots; or, one Johnson and Johnson's Janssen vaccine shot. This evidence must consist of information regarding the product name/manufacture, the date the dose was administered, and the healthcare professional or clinic site that administered the dose(s).

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

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

You may convert your immunization evidence to an electronic file and attach it to an email to lee.williamson@dhhs.nc.gov or mail to the above listed address. You should send this evidence of immunization by or before September 15, 2021.

Execute Addendum	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 3 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 #3.		
The contract shall begin on _____ and shall terminate on _____.		
By: _____	_____	_____
Signature of Authorized Representative	Printed Name of Authorized Representative	Title of Authorized Representative