

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

AMENDMENT #1

Date: May 20, 2019

Contract Name: Request for Application – Captioning Services

Contract Number: #30-DSDHH-95061-17

Contract Description: Mileage Reimbursement Update & Increase for Specific Services

REVISIONS:

1. **SECTION 10.0 TRAVELING EXPENSES**, of the Request for Application with an Open Application Period beginning on December 19, 2018 is removed in its entirety and replaced with the following excerpt:

SECTION 10.0 TRAVELING EXPENSES

The only travel expense approved for an Individual Vendor is mileage charges, UNLESS and EXCEPT when a Vendor is requested to accept an assignment that will require an overnight stay. When an overnight stay is included in an assignment, the Vendor may bill the Hiring Agency or Requestor his or her travel expenses pursuant to the terms of the Travel Policies for State Employees. Those policies are set out in Section 5.1 of the State Budget Manual, which can be found online at: <https://www.osbm.nc.gov/budman5-travel-policies>

THE CHANGE: “A contractor shall be reimbursed the business standard mileage rate set by the Internal Revenue Service (58 cents per mile effective January 1, 2019) when using their personal vehicle for state business when the trip does not exceed 100 miles per trip. For business travel trips that utilize personal vehicles and exceed 100 miles per trip, the contractor shall be reimbursed at a rate that would not exceed 33 cents a mile.”

Note: For mileage charges, follow the Office of State Budget and Management (OSBM) mileage rate which may be modified from time to time by the State Budget Director. Notice of such modifications may be found online at: <https://www.osbm.nc.gov/budman5-travel-policies>

The Travel Policies for State Employees in Section 5.1 of the State Budget Manual, and all future amendments thereto, are adopted and incorporated herein by reference.

2. If the Individual Vendor travels one-hundred (100) miles or more from the point of departure to the location of an engagement and one-hundred (100) miles back to the point of departure (a total of 200 miles or more) for the trip, the vendor may add one (1) hour travel time to the hours worked at the assignment. If the Vendor does not return to the point of departure immediately following the engagement because of intervening business or personal reasons, the Vendor may not bill the Hiring Agency for the return trip. The additional time will be reimbursed at the standard rate, regardless of the day or time of the travel.
3. Under OFF LINE CAPTIONING SERVICES FOR NON-LIVE (PRE-RECORDED EVENTS), the rate of pay is changed to \$60 per hour regardless of day or time.

4. **ATTACHMENT D** – Captioning Services Invoice for Contractor, released with the Request for Application with an Open Application Period beginning on December 19, 2018 is replaced in its entirety with a revised Captioning Services Invoice. The replacement invoice is attached and marked Attachment A.

INSTRUCTIONS:

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

Execute Amendment	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Mail by USPS or email one (1) copy of all documents to:

DHHS/DSDHH
Tony Davis
Tony.davis@dhhs.nc.gov
Hard of Hearing Services Coordinator
820 S. Boylan Avenue
2301 MSC
Raleigh, NC 27699-2301

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ATTACHMENT A – Captioning Services Invoice for Contractor

(An Excel formatted file will be sent to Vendor for use after acceptance of Amendment #1)

DHHS Captioning Invoice for Agency/Individual Contractor					
Agency Name			INVOICE #		
Captionist Name					
Address			DATE SUBMITTED:	May 14, 2019	
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			Questions pertaining to the Captioning RFA and any resulting addendums should be referred to the Hard of Hearing Services Coordinator at the Division of Services for the Deaf and the Hard of Hearing at 919.351.2206 (VP) or tony.davis@dhhs.nc.gov Questions regarding the invoice and/or the assignment should be referred to the requestor.		
Attention					
Address					
City					
State	Zip				
Phone					
Email					
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 (Select from drop down box)					
Onsite CART \$125 hr Standard/\$135 hr Enhanced					
	Total Hours	Rate Per Hour		Services Total	
Standard Rate (M-F 7am to 5pm)		125	0	\$ -	
Enhanced Rate (Evenings, Weekends, Holidays):		135		\$0.00	
Flat Rate				\$0.00	
SERVICES TOTAL:				\$0.00	
Travel and Other Expenses		Number of Miles	Rate Per Mile	Mileage Total	
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip					
From:					
To:			0.580	\$0.00	
Meals		Breakfast	Lunch	Dinner	Meal Total
Meals will be reimbursed based on state rates. For any service taking place in North Carolina, the rate is Breakfast (8.40), Lunch (11), Dinner (18.90). For any service out of North Carolina, the rate is Breakfast (8.40), Lunch (11), Dinner (21.60)					\$0.00
					\$0.00
Other Expenses (e.g., Hotel, Parking), please attach receipt.				\$0.00	
TRAVEL TOTAL:				\$0.00	
GRAND TOTAL					
Total Services Provided:				\$0.00	
Total Mileage & Other Expenses:				\$0.00	
TOTAL INVOICED:				\$0.00	
For DHHS Agency Use Only					
Reviewed By:					
Title:					
Date:					
Approved By:					
Title:					
Date:					
Budget Code:	2601 1261 1836 21 532199035				
Ver 3/1/19					