

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

**ADDENDUM #4
CHANGES TO CONTRACT**

Date: July 27, 2022

Contract Name: Request for Application – Agency Interpreter and Transliterators Contractor

Contract Number: 30-DSDHH-95058-20

Contract Description: Agency Sign Language Interpreting and Transliterators Services

TERM:

This Contract ending date remains October 31, 2022.

REVISIONS:

Amendment #3, specifically 2) The mileage rate is changed to \$.585 per mile for all miles traveled is deleted in its entirety and replace with the following:

Mileage rates shall be governed by <https://www.irs.gov/newsroom/irs-increases-mileage-rate-for-remainder-of-2022> (which increases the mileage rate to 62.5 cents per mile).

Email one (1) copy of the properly executed addendum to dianne.shearer@dhhs.nc.gov or

Mail one (1) properly executed copy of the executed addendum to:

**DHHS/DSDHH
Dianne Shearer, Assistant Director
820 S. Boylan Avenue
2301 MSC
Raleigh, NC 27699-2301**

A revised invoice is included as Attachment A. A Microsoft Excel file will be sent to each applicant that is contracted.

(The remainder of this page is left blank intentionally)

Execute Addendum #4	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

Addendum # 4 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 #4.
By: _____ <small>Signature of Authorized Representative Printed Name of Authorized Representative Title of Authorized Representative</small>

(see next page for revised invoice)

ATTACHMENT A

DHHS ISVL Invoice for Agency Contractor

Agency Name		INVOICE #	
Address 1			
Address 2		DATE SUBMITTED:	
City		First Submission	<input type="checkbox"/>
State	Zip	Re-Submission	<input type="checkbox"/>
		Past Due or Late	<input type="checkbox"/>

BILL TO:		<p align="center"><i>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 dianne.shearer@dhhs.nc.gov</i></p> <p align="center"><i>Questions regarding the invoice and/or the assignment should be referred to the requestor.</i></p>
DHHS Division or Office Name		
Attention		
Address		
City		
State	Zip	
Phone		
Email		

ASSIGNMENT INFORMATION

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

Services Provided

Interpreting Mentoring Training NDBEDP Haptics Other (specify _____)

	Total Hours	Rate Per Hour	Services Total
Standard Rate:			\$0.00
Enhanced Rate (Evenings, Weekends, Holidays):			\$0.00
Flat Rate:			
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: _____		0.625	\$0.00

Additional Mileage Rates	Number of Hours	Rate Per Hour	Mileage Total
Additional Mileage Rates 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 way	0.00		\$0.00

Other Expenses (Hotel, Meals, 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:	

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