

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

**ADDENDUM #2
NOTICE OF EXTENSION**

Date: February 17, 2021

Contract Name: Request for Application – Driver/Support Service Provider Vendor List

Contract Number: 30-DSDHH-95079-20

Contract Description: Driver/Support Service Provider Vendor List

RENEWAL

This Addendum #2, pursuant to Section 7.0 TERM OF CONTRACT, is executed to exercise optional year one (1) of this Contract to renew beginning on **April 1, 2021 for a one (1) year period, or until March 31, 2022.**

INSTRUCTIONS:

Applicants desiring to renew must return:

- 1) A recently dated Department of Motor Vehicle driving history for review.
- 2) Proof of current automobile insurance that meet the minimum requirements listed in the contract. Further, if this proof does not clearly illustrate that the coverage is commercial or business insurance, the applicant must include a document with his/her insurance information submittal that verifies he/she has informed his/her insurance company/agent that the vehicle(s) of the individual may be used in a “for hire” status. This document must be on letterhead paper or a form that includes the name of the insurance company/agent.
- 3) One properly executed copy of the addendum by completing the information below:

Execute Addendum	
Contractor	
Authorized Signature	
Name Typed or Printed	
Date	

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