

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

**ADDENDUM #3  
CONTRACT EXTENSION AND REVISIONS**

**Date:** September 28, 2021

**Contract Name:** DHHS Driver/Support Service Provider

**Contract Number:** 30-DSDHH-95079-20

**Contract Description:** Driver/Support **Services Provider Vendor List**

**TERM:**

**This Contract is active in optional year one (1) and remains effective through March 31, 2022.**

**REVISIONS:**

- 1) Section 8.0 INVOICING AND REIMBURSEMENT, Specifically Subsection 8.3 TRAVEL EXPENSES, of the Request for Applications (RFA) released on March 3, 2020 is deleted in its entirety and replaced with the following:
  - a. The business standard for mileage driven is \$.56 per mile regardless of the number of miles driven.
  - b. Subsistence rates for lodging and meals are as follows:
    - i. Lodging - \$96 per night
    - ii. Meals -\$50 per day
      1. Breakfast \$13
      2. Lunch \$14
      3. Dinner \$23
  - c. On occasion, flight travel may be authorized, but it **MUST** always be approved in advance of the flight travel. Note that travel policies for Non-state employees traveling on official state business whose expenses are paid by the State are subject to the same rates as State Employees

**2) Contractor Vaccination/Testing Requirements when working in DHHS facilities.**

Due to growing concerns over the highly infectious Delta variant of the coronavirus, and in accordance with **Executive Order 224: Implementing Measures to Address COVID-19 and Related Variants**, effective immediately, all Department employees, **contractors**, students, temporary staff, or volunteers, within a state government office, building, or facility, must wear an appropriate face covering regardless of their vaccination status.

All DHHS employees, interns or volunteers, and **contractors working on-site (for purposes of this contract addendum, working on-site includes entering any DHHS facility regardless of time spent at the facility)** in DHHS facilities will be asked to be tested for COVID-19 at least once a week unless they demonstrate they are fully vaccinated. After a contractor has submitted proof of vaccination, they do not need to be tested weekly for COVID-19.

**The undersigned states that: (check A. B. or C. below)**

A. \_\_\_\_\_ **I DO WISH** to provide evidence that I 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(s) were/was administered, and the healthcare professional or clinic site that administered the dose(s).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

B. \_\_\_\_\_ **I DO WISH** to provide a negative result from a COVID-19 test that has been taken in the last seven days (168 hours) before the beginning of any shift/assignment at a DHHS facility rather than providing proof of being fully vaccinated from COVID-19.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

C. \_\_\_\_\_ **I DO NOT WISH** to provide evidence that I have received full COVID-19 vaccination immunization or provide a weekly negative COVID-19 test result. I understand by not doing so, I will not be allowed to work any shifts/assignments at a DHHS facility due to not being in compliance with Executive Order 224.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**All other terms and conditions contained in the Request for Applications issued March 3, 3030 and Addendum #2 issued February 17, 2021 remain the same.**

**INSTRUCTIONS:**

**1) Return an executed copy of this Addendum #3 by or before October 6, 2021.**

**2) VACCINATION/TESTING INSTRUCTIONS:**

**If you checked A. above,** return a copy of 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(s) were/was administered, and the healthcare professional or clinic site that administered the dose(s).

**If you checked B. above,** you must submit a copy of evidence of a negative COVID-19 test result taken within the last seven days (168 hours) prior to the start of any shift/assignment to work on-site at a DHHS facility

Email questions to: [Ashley.benton@dhhs.nc.gov](mailto:Ashley.benton@dhhs.nc.gov)

Return the executed addendum #3 to: [Ashley.benton@dhhs.nc.gov](mailto:Ashley.benton@dhhs.nc.gov)

Or mail the executed addendum #3 to:

**Ashley E. Benton**  
HUMAN SERVICES PROGRAM CONSULTANT III  
820 South Boylan Avenue  
2301 Mail Service Center  
Raleigh, NC 27699-2301

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

**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