

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

**ADDENDUM #4  
CONTRACT EXTENSION AND REVISIONS**

**Date:** February 8, 2022

**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. **A primary purpose of this Addendum #4 is to extend the contract into its second and final optional year to begin April 1, 2022, and continue through March 31, 2023.**

**REVISIONS:**

- a) The initial Request for Applications (RFA) was released on or about March 3, 2020, to cover a period beginning April 1, 2020, through March 31, 2021.
- b) Addendum #2 was released on or about February 17, 2021, to renew the contract to begin on April 1, 2021, and continue through March 31, 2022.
- c) Addendum #3 was released on or about September 28, 2021, to identify revised mileage and subsistence rates and to include COVID-19 requirements identified by Executive Order #224.
- d) Addendum #4 is issued to renew the contract as above described, to amend the mileage rate, and to replace COVID-19 vaccination/testing requirements as follows:
  - 1) The mileage rate is changed to \$0.585 per mile for all miles driven
  - 2) Paragraph **number 2) Contractor Vaccination/Testing requirements when working in DHHS Facilities** listed in Amendment #3 is deleted in its entirety and replaced with **Attachment A**, enjoined to this Amendment #4.
- e) A revised invoice is attached and labeled **Attachment B**. This invoice template will be provided to all applicants that are contracted.

**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) Completion and Return of Attachment A (**CONTRACTOR VACCINATION/TESTING REQUIREMENTS**)
- 4) One properly executed copy of the addendum by completing the information below:

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

Return the executed addendum #4 by email to: [Ashley.benton@dhhs.nc.gov](mailto:Ashley.benton@dhhs.nc.gov)

Or mail the executed addendum #4 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 # 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.

The contract shall begin on \_\_\_\_\_ and shall terminate on March 31, 2023.

By: \_\_\_\_\_

Signature of Authorized Representative      Printed Name of Authorized Representative      Title of Authorized Representative

**ATTACHMENTA: CONTRACTOR VACCINATION/TESTING REQUIREMENTS**

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 and the Office of State Human Resources (OSHR) COVID-19 Vaccination or Testing Policy**, the Department is renewing its workplace face covering guidance and implementing the Interim Policy on Face Coverings Requirements, which went into effect August 2, 2021. Executive Order 224 may be viewed at <https://governor.nc.gov/media/2902/open>

Effective immediately, all 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 unless exempt due to a qualifying reason such as a disability or any other lawful reason.

Effective as of September 1, 2021, all DHHS employees, interns or volunteers, and contractors working on site in DHHS facilities will be asked to be tested for COVID-19 at least once a week unless they demonstrate they are fully vaccinated.

The undersigned states that:

- (a) He or she is the duly authorized representative of Contractor named below.
- (b) He or she is authorized to make, and does hereby make, the following certifications on behalf of Contractor:
  - i. All Contractor employees, interns, or volunteers working on site in DHHS facilities will demonstrate that they are fully vaccinated.
  - ii. All Contractor employees, interns, or volunteers working on site in DHHS facilities that are unable to demonstrate that they are fully vaccinated must be tested for COVID-19 at least once a week.
  - iii. All Contractor employees, interns, or volunteers working on site in DHHS facilities will wear face coverings while in a DHHS facility regardless of vaccination status.
  - iv. **Contractors are responsible for their employees, interns, or volunteers' compliance with EO224 and the COVID-19 Vaccination or Testing Policy.**
  - v. **Contractors that do not have employees, interns, or volunteers working on site in DHHS facilities must still sign and attest to the above certifications in the event EO224 and the COVID-19 Vaccination or Testing Policy become applicable to contractor employees, interns or volunteers.**

**Contractor attests it will adhere to the NC DHHS COVID-19 Vaccination/Testing measures as detailed above:**

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

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name of Signatory**

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

# ATTACHMENT B

DHHS D/SSP Service Invoice				<input type="checkbox"/> General D/SSP	<input type="checkbox"/> NDBEDP	<input type="checkbox"/> MEDICAID
Driver/SSP Name		<b>INVOICE #</b>				
Phone Number		<b>DATE SUBMITTED:</b>				
Email Address		First Submission		<input type="checkbox"/>		
Address		Re-Submission		<input type="checkbox"/>		
City		Past due/Late		<input type="checkbox"/>		
State			Zip			
<b>BILL TO:</b>				<b>SSP Hourly Rates</b>		
DHHS Division or Office Name				\$24.00		
Attention				\$36.00		
Address				<b>Hours</b>		
City				7:00 AM to 5:00 PM		
State				5:00 PM to 7:00 AM/Weekend		
Zip						
Phone				<b>Mileage Rate = \$0.585</b>		
Email				<i>Invoices are due within 30 days of the assignment.</i>		
ASSIGNMENT INFORMATION						
Date of Assignment:		Requestor				
Consumer Name:						
Description of Assignment:						
Original Hours Scheduled:		Start Time:		End Time:		
Hours Billed		Start Time:		End Time:		
D/SSP Hours Spent on Assignment						
				Total Hours	Rate Per Hour	Services Total
<b>Standard Rate:</b>				0.00	\$24.00	\$0.00
<b>Enhanced Rate (Evenings, Weekends, Holidays):</b>				0.00	\$36.00	\$0.00
<b>All Inclusive Rate</b>						\$0.00
<b>TOTAL COST OF D/SSP HOURS SPENT ON ASSIGNMENT:</b>						<b>\$0.00</b>
Travel and Other Expenses				Number of Miles	Rate Per Mile	Mileage Total
<b>LOCATION 1</b>						
From: _____						
To: _____				0.00	<b>0.585</b>	\$0.00
<b>LOCATION 2</b>						
From: _____						
To: _____				0.00	<b>0.585</b>	\$0.00
<b>LOCATION 3</b>						
From: _____						
To: _____				0.00	<b>0.585</b>	\$0.00
<b>Mileage TOTAL:</b>						<b>\$0.00</b>
Additional Mileage Rates				Number of Hours	Rate Per Hour	Mileage Total
<b>Additional Mileage Rates</b>						
Add 1.5 hour (standard rate) for travel 75 miles or more each way						
Add 2 hours (standard rate) for travel 125 miles or more each way				0.00	\$24.00	\$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):						\$0.00
<b>TRAVEL TOTAL:</b>						<b>\$0.00</b>
GRAND TOTAL						
Total Services Provided:						<b>\$0.00</b>
Total Mileage & Other Expenses:						<b>\$0.00</b>
<b>TOTAL INVOICED:</b>						<b>\$0.00</b>
For DHHS Agency Use Only						
<b>Reviewed By:</b>						
<b>Title:</b>						
<b>Date:</b>						
<b>Approved By:</b>						
<b>Title:</b>						
<b>Date:</b>						
<b>Budget Code:</b>						