

**REQUEST FOR APPLICATIONS (RFA) #30-DSDHH-95092-22  
CART CAPTIONING SERVICES**

RFA Posted On	December 21, 2021		
Open Application Period	<b>January 3, 2022 through January 2, 2023.</b> This RFA period may be extended for two (2) additional years in one (1) year increments.		
Services	<b>CART Captioning Services</b>		
Issuing Agency	Department of Health and Human Services Division of Services for the Deaf and Hard of Hearing		
Mail Applications and Inquiries To	Dianne Shearer Contract Administrator 2301 Mail Service Center 820 South Boylan Avenue Raleigh, NC 27699-2301	Office Phone:	919-527-6930
		Videophone	919-410-7901
		Fax	919-855-6873
		Email	<a href="mailto:dianne.shearer@dhhs.nc.gov">dianne.shearer@dhhs.nc.gov</a>

**THIS REQUEST FOR APPLICATIONS (RFA)** advertises the Division’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms, and conditions specified herein. All applications received shall be treated as offers to contract. If the Division decides to accept an application, an authorized representative of the Department will sign in the space provided below. Acceptance shall create a contract that is effective as of the date specified below.

**THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) He or she is authorized to bind the named Contractor to the terms of this RFA and Application; (2) The Contractor hereby offers and agrees to provide services in the manner and at the costs described in this RFA and Application; and, (3) This Application shall be valid for 60 days after the end of the application period in which it is submitted.

**To Be Completed By Contractor:**

Contractor Name:		E-Mail Address:	
Contractor’s Street Address:		P.O. Box:	P.O. Box ZIP:
City, State & Street Address Zip:		Telephone Number:	
Name & Title Of Person Signing:		Fax Number:	
Signature:		Date:	

**Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed**

<b>NOTICE OF AWARD/FOR DSDHH USE ONLY:</b> Application accepted and contract awarded on the _____ day of _____, 20 ____.		
By: _____		
Signature of Authorized Representative	Printed Name of Authorized Representative	Title of Authorized Representative

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**IMPORTANT INFORMATION – Both Agency Vendors and Individuals may present an application to become a Contractor to provide the described services. Efforts are made in some locations throughout the document to characterize differences; however, there may be instances where Agency Vendors and Individuals are simply defined as Vendors. An Agency Vendor must present information with its application that describes all the individuals it may assign if a request for services is received. Individuals that present an application will only have a responsibility to present information that describes the applying applicant.**

**Individuals that are contracted by agencies and contemplate applying to be a contractor for DSDHH should review their agency contract to ensure that they are not bound by a non-compete agreement with the agency.**

## **SECTION 1.0 INTRODUCTION**

This Request for Applications (RFA) advertises the North Carolina Department of Health and Human Services (DHHS), Division of Services for the Deaf and the Hard of Hearing's (DSDHH), need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms, and conditions specified herein. All applications received shall be treated as offers to enter into an agreement.

Applications are accepted on an on-going basis, throughout the agreement period, subject to the conditions described in the application process. Vendors whose applications are submitted must wait to receive a confirmation letter of acceptance from the Contract Administrator before providing any service. The confirmation letter will indicate the effective date work may begin.

Written questions concerning the specifications in this Request for Application are to be forwarded via email to Dianne Shearer, Contract Administrator, at [dianne.shearer@dhhs.nc.gov](mailto:dianne.shearer@dhhs.nc.gov). A summary of all questions and answers in the form of an addendum will be mailed or e-mailed in response.

## **SECTION 2.0 PURPOSE**

The purpose of this Request for Application (RFA) is the creation of an on-going list of qualified individuals and/or business agencies that the Department of Health and Human Services (DHHS) staff can use for obtaining Captioning Services. Captioning services will be provided as a way for DHHS to meet communication access needs of deaf or hard of hearing staff, customers, and clients. It's important to note that Captioning Services are needed on an infrequent basis; however, the frequency and location are not systematic in a manner that can be defined as routine or patterned based. No Contractor is guaranteed a minimum of work.

For the purpose of this RFA, Captioning Services may include Communication Access Realtime Translation (CART), , and off-line captioning services. This vendor list will be used by all employees of DHHS Divisions, Institutions, and Offices to secure captioning services to facilitate communication access needs for both staff and consumers on an as needed basis.

**Vendors do not have to be able to provide all the services outlined in the RFA. Vendors providing partial services may be considered. Vendors responding to this RFA should include the services it has an interest in providing, including what area of the state it prefers to provide services in if a request is made to perform on-site services.**

## **SECTION 3.0 BACKGROUND**

The DHHS is the largest agency in North Carolina State government. It is divided into thirty (30) divisions and offices, oversees fourteen (14) facilities, has more than nineteen thousand (19,000) employees, and has an operating budget of \$18.3 billion plus. The Department is responsible for ensuring the health, safety, and well-being of all North Carolinians; providing the human service needs for special populations including those with a mental illness, deaf, blind, and developmentally disabled; and, helping North Carolinians achieve economic independence.

The Census Bureau and the National Center for Health Statistics estimate that approximately 1.2 million people in North Carolina have a hearing loss. Some of these individuals are customers, clients, and staff of DHHS. All Divisions, Sections, Branches, Units, Offices, Facilities, and Institutions are required to establish an accessibility plan to provide communication access for consumers, clients, or staff who may be deaf, hard of hearing, deafblind or blind. The plan must include procedures for the procurement of and payment for accessibility for Communication Access Realtime Translation (CART) and off-line captioning services.

## SECTION 4.0 DEFINITIONS

- a) **Applicant:** A company, firm, corporation, partnership, individual, etc., submitting a proposal in response to this RFA and providing services described in the RFA after awarded.
- b) **Business Hours:** Weekdays beginning at 8:00 am and ending at 5:00 pm, except for official state holidays as defined at: <http://www.osp.state.nc.us/holsched.htm>.
- c) **Communication Access Realtime Translation (CART):** CART refers to the use of a stenographic process to provide immediate, verbatim spoken word-to-text translation (real-time captioning).
- d) **DHHS and/or Department:** The North Carolina Department of Health and Human Services.
- e) **Division:** North Carolina Division of Services for the Deaf and the Hard of Hearing
- f) **DSDHH:** The Division of Services for the Deaf and the Hard of Hearing.
- g) **Hiring Agency or Requestor:** The Division, Section, Branch, Unit, Office, Facility, or Institution, that issues a work order or request (by DHHS staff) to an Individual Vendor under this RFA.
- h) **Mobile Hotspot:** A wireless access point created through a hardware device that allows a user to access data through a cellular data plan.
- i) **NCRA, The National Court Reporters Association:** Membership organization for court reporters, broadcast captionists and CART providers; educational and informational resource for the public; and certifying body for court reporters, real-time reporters, broadcast captionists and CART providers. Certifications related to real-time captioning include: Certified Realtime Reporter (CRR), Certified CART Provider (CCP), Certified Broadcast Captionist (CBC) and Certified Verbatim Reporter (CVR).
- j) **Off-Line Captioning Service:** Also referred to as pre-recorded captioning, is the process of adding captions to a video/tape after filming or taping, but before the video/tape program is released to be broadcast or shown publicly.
- k) **On-Site CART Captioning Service:** The captionist(s) are in the same room with the individual(s) needing the services.
- l) **Point of Departure:** The location from which a contractor departs to go to a work assignment. The Point of Departure is typically the contractor's home or office, whichever is closer to the location of the work assignment. If the contractor has two assignments with the same Hiring Agency or Requestor in the same day and he/she drives from the first assignment to the second without returning to his/her home or office, the location of the first assignment is the Point of Departure for the second assignment.
- m) **Remote CART Captioning:** Allows deaf and hard of hearing people to follow what is being said, as it is being said, without the need for a captioner to be in the same room.
- n) **RFA:** Request for Application
- o) **Text Communication Solution:** An electronic application that allows captioners to upload real time CART (Computer Access Real-Time Translation) to an Internet Link that provides for reliable accessibility solutions for the deaf and hard of hearing, where all text is available in real-time captions to virtually any platform or device with Internet access. By way of illustration, Streamtext and 1CapApp are examples of a Text Communication Solution.

- p) **Time Code:** A coded signal on video or film giving information about such things as frame number, time of recording, or exposure.
- q) **Vendor:** A company, firm, corporation, partnership, individual, etc., submitting a proposal in response to this RFA and providing services described in the RFA after awarded.
- r) **Work Order or Request:** A Hiring Agency's or a Requestor's request that an Individual Vendor (s) provide the services described in this RFA. A work order or request may be issued by telephone, videophone, fax, mail, or email, provided that the telephone and videophone requests are followed-up with written confirmations (generally email).

**SECTION 5.0 TERM**

- A. **Term:** Contracts arising out of this RFA shall be effective on **January 3, 2022** or upon the Department's acceptance of the Contractor's application, whichever occurs later, and shall terminate on **January 2, 2023**. The RFA and resulting contracts may be renewed for an additional two (2) years in one (1) year increments.
- B. **Renewal Options/Process:** The contract renewal(s), if exercised, will consist of the DSDHH sending each Contractor an opportunity to renew packet. This packet will be comprised of any changes to the current contract as established and requests for information/documentation from all individuals that desire to continue the contractual agreement. The Contractor, at a minimum, will be required to sign and return the contract renewal form.

**SECTION 6.0 SCOPE OF SERVICES**

- 1. When DHHS has a need to provide a communication access accommodation in the form of captioning, DHHS staff will be able to request a CART captioning provider from a list of pre-qualified Vendors that have been added to the vendor list. DHHS, as the Hiring Agency, may make a request for CART captioning services to any of the Vendors on the list. If the captioning provider can fulfill the request, captioning services will be provided pursuant to the scope and terms of services as outlined in this RFA.

**Captioning services may be provided in the form of:**

- a) **Communication Access Realtime Translation (CART)**
- b) **Transcription Services**
- c) **Off-Line Captioning Services**

- 2. Being on the approved CART Captioning Services Vendor list for DHHS does not guarantee a captioning provider that it will ever receive a request for services. Any DHHS division, office, or facility as the Hiring Agency, may issue a request for captioning services to any of the Vendors on the list of its choosing taking into consideration individual situational needs.
- 3. Vendors that provide Communication Access Real-time Translation (CART) on-site or remote must immediately begin providing a weblink enabling a live captioning feed that can be accessed through an iDevice Operating System (IOS) or an Android Smartphone or Tablet, or a laptop.
- 4. Streamtext and 1CapApp are referenced as examples. For purposes of this contract, it is permissible to use a different platform to accomplish this service if a user only has to click on a weblink to access the event; does not need to enter an access code; and, can adjust the font size, font color, and background color. Use of a Text Communication Solution other than Streamtext or 1CapApp will require the DSDHH Captioning Contract Administrator to approve it before this Amendment is executed.

Question: Does the Vendor desire to use a Text Communication Solution other than Streamtext or 1CapApp?

\_\_\_\_\_ yes \_\_\_\_\_ No.

If yes, provide the name of the solution here \_\_\_\_\_.

5. It will be the Vendor's responsibility to provide its Mobile Hotspot to transmit text to an Internet text communication solution if the event site does not have Ethernet capabilities (Wi-Fi) available, or if available and not capable of streaming the uploaded text. It is not the Vendor's responsibility to allow attendees to utilize their mobile hotspot feed for downloading captioning.
6. It is not permissible for any Vendor to use any Automatic Speech Recognition (ASR) software or hardware to identify and process human voice in the production of captioning services. The only Communication Access Real-time Translation (CART) Captioning allowed by this contract is the instant translation of the spoken word into English text using a stenotype machine, a computer, and real-time software that displays text on a monitor or other display. This method must be used to provide on-site and remote CART captioning.
7. The request for services may be issued by written or verbal means, but must be confirmed via written communication. No services shall be performed prior to the Vendor receiving written confirmation from the DHHS hiring agency. A Vendor may decline to accept a request if unable to fulfill the captioning needs at the time and place specified by the hiring agency.
8. The captioning Vendor shall assist DHHS in making its divisions, offices and institutions activities, programs, services, meetings, trainings, community forums, public hearings and other events, videos and other media accessible for a mixed group of people (i.e. deaf, deafblind, hard of hearing, late-deafened and hearing) through use of its captioning services. All requests for services will be initiated by the DHHS hiring agency on an as-needed basis.
9. The DHHS Hiring Agency will provide as much documentation and preparatory material as possible to assist the captioning Vendor in preparing its dictionary and programming software to meet the needs of all parties.

The specific Captioning Services that this RFA includes, including the training/experiences desired, are:

**1. CART Captioning Providers:**

- a. Have a minimum of two (2) years' experience
- b. Transcribe with a minimum accuracy of 96% at the speed of at least 180 words per minute sustained for no less than 55 minutes without a break.
- c. Vendors are expected to work collaboratively with the Hiring Agency and the consumer(s) to ensure communication needs are met. The DSDHH defines collaboratively as the hiring agency providing the captionist with information such as copies of materials that will be used, names of attendees, and other information that the hiring agency has that will aid the captionist(s).
- d. Qualified for the assignment. This includes, **but is not limited to**, possessing one of the following certifications issued by the National Court Reporter Association: Certified Realtime Reporter (CRR), Certified CART Provider (CCP), Certified Broadcast Captioner (CBC), and Certified Verbatim Reporter (CVR). *For purposes of this RFA, the inclusion above, "but is not limited to" translates that a combination of qualifications and experiences will be considered if a CART Vendor does not have a certification.* **Attachment A** (DHHS Captioning Services Vendor List, Background Information) seeks information that explains and defines credentialing. This attachment should be completed to include adding any documentation that exhibits qualifications that can be considered.

**2. Off-line Captioning Services**

The DSDHH's preference for qualifications and experiences of Off-Line Captioning Services include the following:

- a. Have a minimum of two (2) years' experience;
- b. Have certifications/acknowledgements of accepted and recognized off-line captioning experiences;
- c. Have excellent English, grammar, and computer skills; and,
- d. Have a good understanding of time codes embedded in the media being used.

## SECTION 7.0 QUALITY OF STANDARDS FOR ALL CART CAPTIONING SERVICES

1. Vendor staff are expected to wear appropriate attire for the environment where they are to work. The Hiring Agency will describe the environment of the assignment when contacting the Vendor.
2. The Vendor will accurately represent the content of the material presented in the captioning situation to the best of its ability.
3. The Vendor will only provide services in settings for which it has adequate training and skill.
4. The Vendor will keep all assignment-related information confidential.
5. The Vendor's behavior must always be professional and in coherence with generally accepted technical and ethical standards of the captioning profession. Professional behavior, at a minimum, includes behaving with integrity, honesty and good ethics. It also includes communicating with others in a respectful manner, showing initiative, meeting commitments and responsibilities, contributing and participating in team events, recognizing and learning from personal mistakes, being punctual, and accepting responsibility for one's own actions.
6. Vendor staff, especially the working captionist, are expected to possess basic knowledge of hearing loss. For purposes of this RFA, "expected to possess basic knowledge of hearing loss" is defined as the captionist being comfortable associating and communicating with individuals with a hearing loss, and understanding the variety of ways of effective communication with deaf, deaf-blind, and hard of hearing individuals.
7. DHHS reserves the right to request reassignment or a substitution for any captioning provider that does not meet the standards of performance of the assignment or who is otherwise unacceptable to the user.

## SECTION 8.0 VENDOR REQUIREMENTS:

Vendors that contract must provide the following services:

1. (**Agency Vendors Only**) Employ and assign qualified CART captioners to all assignments requested under this agreement. Agency Vendors are expected to assess the needs of each individual assignment to ensure the assigned captioner has the skills and experience necessary. DHHS has the right to verify by request certifications of the assigned CART individual(s).
2. Both Agency Vendors and Individual Vendors must obtain pertinent information for each assignment such as:
  - a. Name of DHHS employee requesting services, name of DHHS division, office or facility and contact information including phone number and email.
  - b. Name of consumer(s) utilizing captioning services.
  - c. Type of assignment such as a small meeting, large training, mixed group, consultative, remote or on-site.
  - d. Date and time of the assignment.
  - e. Length of planned assignment.
  - f. Location of assignment including directions, building name, room number, parking information, etc.
  - g. Pre-approval for travel accommodations such as hotel, provision of meals, etc., if required.
  - h. (**Agency Vendors Only**) Vendor should always attempt to schedule a captioner closest to the location of the assignment to reduce costs associated with travel. If the captioning provider will require extensive travel (75 miles or more, one way) or overnight stay, written pre-approval must be obtained from Hiring Agency.
  - i. Provide written confirmation to DHHS Hiring Agency: this includes verifying the name of the captioner(s) who will be working.
  - j. For on-site captioning, arrive at the site approximately thirty (30) minutes before the event start time to set up equipment and to conduct a test run to ensure that everything is working properly. This early arrival is billable; however, the time cannot exceed thirty (30) minutes.
  - k. Possess and bring to all assignments appropriate equipment including, but not limited to, stenotype machine, computer notebook, software, portable display screen, computer monitor is placed for consumer, appropriate cords, dictation mask, tripod, wiring and extra extension cords at no additional cost to DHHS.
  - l. Possess the ability to troubleshoot and repair technical problems on site.
  - m. Portray visual messages with minimal spelling and typing errors.

- n. Upon request, the Vendor shall provide the Hiring Agency with an unedited written transcript from the assignment at no additional cost.

## **SECTION 9.0 CONFIDENTIALITY**

The information/materials to be recorded may be sensitive and confidential, therefore the selected Vendor(s) must enforce a strict policy of confidentiality. Agency Vendor's staff and Individual Vendors must not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written materials. Captioned information and/or materials may be of a sensitive and/or confidential nature.

## **SECTION 10.0 TRAVELING EXPENSES**

Vendors will be reimbursed for travel expenses arising under the performance of this Agreement. Travel by personal vehicle shall be at the current rate as established by the Internal Revenue Service (<https://www.irs.gov/tax-professionals/standard-mileage-rates>). Travel by air and overnight stays must be approved by the Division in advance. Reimbursement rates will be reimbursed for travel expenses at the state rates set forth in N.C.G.S. §138.6, Section 5.7.1 Non-state Employees. If airfare is approved, Vendor agrees to use the lowest available airfare not requiring a weekend stay and use the lowest rate for rental vehicles. All Vendor incurred travel expenses shall be supported by receipt. The State will reimburse travel expenses only for days on which the Vendor is required to be in North Carolina performing Services under this Agreement.

## **SECTION 11.0 PERFORMANCE:**

DHHS and its Divisions and Offices will be reviewing input generated from surveys and feedback to determine the effectiveness of the vendor as well as dependability, professionalism, and skill development demonstrated through the criteria listed under the Scope of Services.

Deficiencies in the performance of services, such as a pattern of lateness, cancellations, etc. related to this agreement will be documented and submitted to the Contract Administrator. All documentation will be kept on file and referenced for future DHHS needs assessments. Documented deficiencies may result in the removal of the vendor from the CART Captioning Services Vendor List.

## **SECTION 12.0 DISBURSEMENT FOR SERVICES:**

- a. The Vendor must submit an invoice within thirty (30) business days following the assignment.
- b. Invoices must be submitted to the point of contact directly to the Hiring Agency who requested the captioning services.
- c. The Vendor shall bill in quarter-hour increments and may bill for a quarter-hour increment if the captioner works for any portion of that quarter-hour.
- d. The Vendor shall not bill DHHS for services that have been canceled within 24 hours' notice, or cancellations due to severe meteorological conditions. These conditions must be in process or forecast by a local or national weather forecasting service in the current or imminent timeframe. In addition, the severe meteorological weather conditions must be occurring or in the imminent future in the route that encompasses traveling to the consumer's location from the Vendor's duty station or home, whichever applicable. The Vendor MUST contact the Hiring Agency Office to explain the weather-related circumstances, and the Hiring Agency must send a written document/email message to the Contractor that approves the submittal of an invoice.
- e. Copies of receipts for approved additional expenses (such as hotel) must be submitted with the invoice.



The following is a schedule of rates the State will reimburse the vendor for services rendered:

<b>CART SERVICES – ON SITE (Minimum of 2 billing hours)</b>	
Working time	Payment Per Hour
Monday thru Friday – 7 am to 5 pm	\$125
Monday thru Friday – 5 pm to 7 am, weekends and state holidays	\$135

<b>CART SERVICES - REMOTE</b>	
Working time	Payment Per Hour
Monday thru Friday – 7 am to 5 pm	\$100
Monday thru Friday – 5 pm to 7 am, weekends and state holidays	\$105

<b>OFF LINE CAPTIONING SERVICES FOR NON-LIVE (PRE-RECORDED EVENTS)</b> (15-Minute Minimum)	
Working time	Payment Per Hour
Monday thru Friday: 7AM to 5PM	\$30
Monday thru Friday: 5PM to 7AM, weekends and state holidays	\$35

Services provided on 24 hours' notice, or less, shall be reimbursed at the same rates as services provided on more than 24 hours' notice.

When providing captioning services for all day or multi-day events such as national, regional, or statewide meetings or conferences held in the State of North Carolina, the Hiring Agency may negotiate with the Vendor an all-inclusive flat fee. The fee must be agreed upon by the Hiring Agency and Vendor in advance.

### **SECTION 13.0 THE PROCUREMENT PROCESS**

The following is a general description of the process by which a Vendor will be selected to complete the goal or objective.

1. RFA's to be sent to prospective companies.
2. Questions and inquiries concerning the RFA specifications will be received via email, telephone or written correspondence to the email address, telephone number and address on the cover of this RFA.
3. Vendor will submit **one (1) copy of the application including the Execution Page (Attachment B), and a copy of the Applicant's completed State of North Carolina Substitute W-9 Form (Attachment D).**
4. The application must be signed and dated by an official authorized to bind the agency/individual.
5. Updated forms or any changes of information other than submitted with the original application are due thirty (30) days within the effective date of the change. New applications are solicited and accepted on a continual basis. Vendors submitting new applications must wait to receive a confirmation letter from the Contract Administrator that will indicate their effective date of work.
6. At their option, the evaluators may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, individuals and agencies

are cautioned that the evaluators are not required to request clarification; therefore, all applications should be complete and reflect the most favorable terms available from Vendor.

7. Applications will be evaluated according to completeness and content. Incomplete applications will not be accepted and will be returned to the vendor for correction and re-submittal.
8. Vendors are cautioned that this is a request for applications, and the administering Division reserves the unqualified right to reject all applications when such rejections are deemed to be in the best interest of the Department.

## **SECTION 14.0 GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

1. Award or Rejection - All qualified applications will be evaluated. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Applicants will be notified of application status via letter upon completion of application review
2. Decline to Offer - Any agency or individual that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or individual to removal from consideration of future RFAs.
3. Cost of Application Preparation - Any cost incurred by an agency or individual in preparing or applying is the agency's or individual's sole responsibility; the funding agency will not reimburse any agency or individual for any pre-award costs incurred.
4. Elaborate Applications - Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.
3. Oral Explanations - The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.
4. Reference to Other Data - Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.
7. Titles - Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.
8. Form of Application - Each application must be submitted on the form provided by the administering Division, and will be incorporated into the agreement.
9. Exceptions - All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and condition by any applicant may be grounds for rejection of that applicant's application. All accepted applicants/vendors specifically agree to the conditions set forth in this RFA.
10. Advertising - In submitting its application, vendors agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the Division.
11. Right to Submitted Material - All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the applicants will become the property of the Division.
12. Competitive Offer - Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
13. Vendor's Representative - Each vendor shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the vendor and answer questions or provide clarification concerning the application.

14. Subcontracting - Vendors may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.
15. Proprietary Information - Trade secrets or similar proprietary data which the vendor does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.
16. Participation Encouraged - Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women, and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.
17. Agreement - The Division will issue an Agreement to the Vendor upon acceptance of its application and inclusion into the Captioning Services Vendor List will commence immediately after.
18. **Acknowledgement of COVID-19 Vaccination and Testing Policy** - Attachment F must be signed and returned with Vendor's Application. This Attachment certifies that the Vendor will comply with Executive Order #224 signed by Governor Roy Cooper on July 30, 2021 throughout its term of effectiveness and any continuances issued going forward.

(The remainder of this page is left blank intentionally)

**ATTACHMENT A**

**DHHS Captioning Services Vendor List  
Background Information**

(In spaces where information is requested, please attach additional pages if there is insufficient space to provide responses)

Company/Individual Name			
Tax ID or Social Security #			
Primary Contact Person			
Mailing Address			
Billing Address (if different from above)			
Fax Number:	(____) _____	Email Address:	_____
<input type="radio"/> Business Phone Number: (____) _____ <input type="radio"/> Cell Phone Number: (____) _____			
Please check either Business phone or Cell phone to indicate the number at which you can most likely be reached. This number will be used first when trying to reach you for assignments.			

<b>Provide background information on the individual/company applying and details of experience with similar projects.</b>
<b>Provide details of any pertinent judgement, criminal conviction, investigation or litigation pending against you individually or your company or any of its officers, directors, employees, agents, or subcontractors of which the Vendor has knowledge; or, if none exist simply write "None" in the space provided.</b>

List companies for whom you have current or past contracts with for similar services. Include the name of the firm, a contact person, length of time services has been or were provided, address, e-mail address and/or telephone number.


Company size **IF** Agency Vendor: Provide the number of staff who would be available for assignments, including their qualifications, base location, and experience.


Hiring practices **IF** Agency Vendor: Provide information concerning companies hiring practices, training programs, qualifications of note takers, sub-contracting, background checks etc. for their staff that will be used for this service.


Service area: *Provide the areas of NC that you or your company can provide **on-site** service.*


**ATTACHMENT B**

**APPLICATION EXECUTION PAGE**

**THIS PAGE MUST BE SIGNED AND DATED AND SUBMITTED WITH YOUR APPLICATION  
Unsigned Applications will not be considered**

**Captioners on Contract with Applicant**

Captioner	Telephone Number	Check Appropriate Box
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor
		<input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Subcontractor

*(Please use additional page if more space is needed and attach it to this part of the application)*

The undersigned certifies that:

1. He or she is authorized to sign and submit this Application on behalf of the Applicant and to bind the applicant to the terms of this RFA;
2. He or she has read the completed Application and knows that the information contained in the application is true;
3. The Applicant has read and understands the terms and conditions of this Request for Application ("RFA") and agrees to them without exception;
4. The Applicant agrees to provide Services to the Department pursuant to the terms and conditions of this RFA if the Department approves this Application;
5. The Applicant understands that the Department's approval of the Application creates a binding agreement between the Department and the Applicant but that it does not guarantee that the Department will actually use the Applicant's services and does not guarantee the Applicant any particular volume of work.

\_\_\_\_\_  
**Applicant's Name**

\_\_\_\_\_  
**Authorized Representative's Signature** **Date**

\_\_\_\_\_  
**Printed Name** **Title**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SERVICES FOR THE DEAF AND THE HARD OF HEARING**

The attached Application, submitted in Response to RFA, is hereby **APPROVED**.

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

The attached Application, submitted in Response to RFA, is hereby **REJECTED**.

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

## ATTACHMENT C

## State Certifications

### Contractor Certifications Required by North Carolina Law

#### Instructions

The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143B/GS\\_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

#### Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
  - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
  - (b) [check **one** of the following boxes]
    - Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
    - The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.

- (5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
1. He or she is a duly authorized representative of the Contractor named below;
  2. He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
  3. He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

---

Contractor's Name

---

Signature of Contractor's Authorized Agent Date

---

Printed Name of Contractor's Authorized Agent Title

---

Signature of Witness Date

---


Printed Name of Witness Title

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.




ATTACHMENT D (page 1 of 4) – State of North Carolina Substitute W-9 Form

REV 01/2019

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) <b>*Denotes a Required Field</b>	<b>STATE OF NORTH CAROLINA</b> <b>SUBSTITUTE W-9 FORM</b> <b>Request for Taxpayer Identification Number</b>	
Section 1 – Taxpayer Identification	*1. <input type="checkbox"/> Social Security Number (SSN), OR <input type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) *2. <input style="width: 100%;" type="text"/> (PRESS THE TAB KEY TO ENTER EACH NUMBER)	Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.
	*4. Legal Name (as shown on your income tax return): <input style="width: 100%;" type="text"/>	3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions) <input style="width: 100%;" type="text"/> (PRESS THE TAB KEY TO ENTER EACH NUMBER)
	5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name: <input style="width: 100%;" type="text"/>	
	<b>Contact Information</b>	
	*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD) *Address Line 1: <input style="width: 100%;" type="text"/> Address Line 2: <input style="width: 100%;" type="text"/>	7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable) Address Line 1: <input style="width: 100%;" type="text"/> Address Line 2: <input style="width: 100%;" type="text"/>
	*City <input style="width: 150px;" type="text"/> *State <input style="width: 50px;" type="text"/> *Zip (9 digit) <input style="width: 100px;" type="text"/>	City <input style="width: 150px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip (9 digit) <input style="width: 100px;" type="text"/>
	*County <input style="width: 100%;" type="text"/>	County <input style="width: 100%;" type="text"/>
	*8. Contact Name: <input style="width: 100%;" type="text"/>	
	*9. Phone Number: <input style="width: 100%;" type="text"/>	
	10. Fax Number: <input style="width: 100%;" type="text"/>	
	11. Email Address: <input style="width: 100%;" type="text"/>	
*12. Entity Type <input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <input style="width: 150px;" type="text"/>  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	*13. Entity Classification <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal/Attorney Services <input type="checkbox"/> NC Local Govt <input type="checkbox"/> Federal Govt <input type="checkbox"/> NC State Agency <input type="checkbox"/> Other Govt <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>	14. Exemptions (see instructions)  Exempt payee code (if any): <input style="width: 100%;" type="text"/>  Exemption from FATCA reporting code (if any): <input style="width: 100%;" type="text"/>
Section 2 - Certification	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
	Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website ( <a href="https://www.irs.gov/">https://www.irs.gov/</a> ):	
	*Printed Name: <input style="width: 100%;" type="text"/>	*Printed Title: <input style="width: 100%;" type="text"/>
*Authorized U.S. Signature: <input style="width: 100%;" type="text"/>	*Date: <input style="width: 100%;" type="text"/>	

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.

<p>NC Office of the State Controller</p> <p><b>*Denotes a Required Field</b> This form is to be completed by the vendor.</p>	<p><b>STATE OF NORTH CAROLINA</b></p> <p><b>SUBSTITUTE W-9 FORM</b></p> <p><b>Modification to Existing Vendor Records</b></p>	
--	---	---

This form is to be completed by the vendor if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Vendor Name.

Please complete the applicable sections below.

**Section 1:**

<b>CHANGE FROM: Remittance Address</b>	<b>CHANGE TO: Remittance Address</b>
*Address Line 1: <input style="width: 95%;" type="text"/>	*Address Line 1: <input style="width: 95%;" type="text"/>
Address Line 2: <input style="width: 95%;" type="text"/>	Address Line 2: <input style="width: 95%;" type="text"/>
*City <input style="width: 20%;" type="text"/> *State <input style="width: 10%;" type="text"/> *Zip (9 digit) <input style="width: 20%;" type="text"/>	*City <input style="width: 20%;" type="text"/> *State <input style="width: 10%;" type="text"/> *Zip (9 digit) <input style="width: 20%;" type="text"/>
*County <input style="width: 95%;" type="text"/>	*County <input style="width: 95%;" type="text"/>

**NOTE:** If you would like to receive your payments electronically, please complete the [Vendor Electronic Payment Form](#)


**Section 2:**

<b>* CHANGE FROM: SSN, or EIN, or ITIN</b>	<b>* CHANGE TO: SSN, or EIN, or ITIN</b>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
(PRESS THE TAB KEY TO ENTER EACH NUMBER)	(PRESS THE TAB KEY TO ENTER EACH NUMBER)

**Section 3:**

<b>CHANGE FROM: Vendor Name</b>	<b>CHANGE TO: Vendor Name</b>
*Legal Name: <input style="width: 95%;" type="text"/>	*Legal Name: <input style="width: 95%;" type="text"/>
Business Name/DBA/Disregarded Entity Name, if different from Legal Name: <input style="width: 95%;" type="text"/>	Business Name/DBA/Disregarded Entity Name, if different from Legal Name: <input style="width: 95%;" type="text"/>

*Printed Name: <input style="width: 95%;" type="text"/>	*Printed Title: <input style="width: 95%;" type="text"/>
*Authorized U.S. Signature: <input style="width: 95%;" type="text"/>	*Date: <input style="width: 95%;" type="text"/>

<p><b>NC Office of the State Controller</b>  <i>*Denotes a Required Field</i>                  This form is to be completed by the vendor.</p>	<p><b>STATE OF NORTH CAROLINA</b>  <b>SUBSTITUTE W-9 FORM</b>  <b>Modification to Existing Vendor Records</b></p>	
--	---	---

This form is to be completed by the vendor if one or more of the following have changed:

1. Change of remittance address.
2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
3. Change of Vendor Name.

Please complete the applicable sections below.

**Section 1:**

<p><b>CHANGE FROM: Remittance Address</b></p> <p>*Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>*City                      *State                      *Zip (9 digit)</p> <p>*County</p>	<p><b>CHANGE TO: Remittance Address</b></p> <p>*Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>*City                      *State                      *Zip (9 digit)</p> <p>*County</p>
--	--

*NOTE: If you would like to receive your payments electronically, please complete the [Vendor Electronic Payment Form](#)*

**Section 2:**

<p><b>* CHANGE FROM: SSN, or EIN, or ITIN</b></p> <p>_____</p> <p><small>(PRESS THE TAB KEY TO ENTER EACH NUMBER)</small></p>	<p><b>* CHANGE TO: SSN, or EIN, or ITIN</b></p> <p>_____</p> <p><small>(PRESS THE TAB KEY TO ENTER EACH NUMBER)</small></p>
---	---

**Section 3:**

<p><b>CHANGE FROM: Vendor Name</b></p> <p>*Legal Name: _____</p> <p>Business Name/DBA/Disregarded Entity Name, if different from Legal Name: _____</p>	<p><b>CHANGE TO: Vendor Name</b></p> <p>*Legal Name: _____</p> <p>Business Name/DBA/Disregarded Entity Name, if different from Legal Name: _____</p>
--	--

<p>*Printed Name: _____</p>	<p>*Printed Title: _____</p>
<p>*Authorized U.S. Signature: _____</p>	<p>*Date: _____</p>

### General Instructions

For General Instructions, please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

### Specific Instructions

#### Section 1 -Taxpayer Identification

1. **Taxpayer Identification Type.** Check the type of identification number provided in box 2.
2. **Taxpayer Identification Number (TIN).** Enter taxpayer's nine-digit Employer Identification Number (EIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN) without dashes.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

3. **Dunn and Bradstreet Universal Numbering System (DUNS).** Vendors are requested to enter their DUNS number, if applicable.
4. **Legal Name.** Enter the legal name as registered with the IRS or Social Security Administration. In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.
5. **Business Name.** Business, Disregarded Entity, trade, or DBA ("doing business as") name.

#### Contact Information

6. Enter your Legal Address.
7. Enter your Remittance Address, if applicable. A Remittance Address is the location in which you or your entity receives business payments.
8. Enter the Contact Name.
9. Enter your Business Phone Number.
10. Enter your Fax Number, if applicable.
11. Enter your Email Address, if applicable.

For clarification on IRS Guidelines, see [www.irs.gov](http://www.irs.gov).

12. **Entity Type.** Select the appropriate entity type.
13. **Entity Classification.** Select the appropriate classification type.

#### Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code below.

14. **Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(c)(3), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment trust
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 384(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

NC Office of the State Controller Substitute W-9 Instructions

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for...	THEN the payment is exempt for...
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$3,000 <sup>1</sup>	Generally, exempt payees 1 through 3 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 384(a)
- J - A bank as defined in section 381
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4547(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Section 2 - Certification**

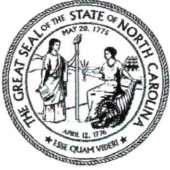
To establish to the paying agency that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on NC Substitute Form W-9. You are being requested to sign by the State of North Carolina.

For additional information please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>).

**ATTACHMENT E – Captioning Services Invoice for Contractor**

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

<b>DHHS Captioning Invoice for Agency/Individual Contractor</b>					
Agency Name			<b>INVOICE #</b>		
Captionist Name			<b>DATE SUBMITTED:</b> First Submission Re-Submission Past Due or Late		
Address					
City					
State		Zip			
<b>BILL TO:</b>					
DHHS Division or Office Name			<i>Questions pertaining to the Captioning RFA and any resulting addendums should be referred to the Communication Access Manager at the Division of Services for the Deaf and the Hard of Hearing at 919.527.6950 or Diana.Sitcarer@dhhs.nc.gov</i>  <i>Questions regarding the invoice and/or the assignment should be referred to the requestor.</i>		
Attention					
Address					
City					
State	NC	Zip			
Phone					
Email					
<b>ASSIGNMENT INFORMATION</b>					
Date of Assignment:		Requestor			
Consumer Name:					
Description of Assignment:					
Original Hours Scheduled:	Start Time:		End Time:		
Hours Billed	Start Time:		End Time:		
<b>Services Provided (Select from drop down box)</b>					
	<b>Total Hours</b>	<b>Rate Per Hour</b>		<b>Services Total</b>	
<b>Standard Rate (M-F 7am to 5pm)</b>	0.00		<b>0</b>	<b>\$ -</b>	
<b>Enhanced Rate (Evenings, Weekends, Holidays):</b>	0.00			<b>\$0.00</b>	
<b>Flat Rate</b>				<b>\$0.00</b>	
<b>SERVICES TOTAL:</b>				<b>\$0.00</b>	
<b>Travel and Other Expenses</b>		<b>Number of Mil</b>	<b>Rate Per Mile</b>	<b>Mileage Total</b>	
<b>From:</b>					
<b>To:</b>				<b>\$0.00</b>	
<b>Meals</b>		<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Meal Total</b>
Meals will be reimbursed based on state rates. For any service					<b>\$0.00</b>
					<b>\$0.00</b>
Other Expenses (e.g., Hotel, Parking), please attach receipt.					<b>\$0.00</b>
<b>TRAVEL TOTAL:</b>				<b>\$0.00</b>	
<b>GRAND TOTAL</b>					
			<b>Total Services Provided:</b>	<b>\$0.00</b>	
			<b>Total Mileage &amp; Other Expenses:</b>	<b>\$0.00</b>	
			<b>TOTAL INVOICED:</b>	<b>\$0.00</b>	
<b>For DHHS Agency Use Only</b>					
<b>Reviewed By:</b>					
<b>Title:</b>					
<b>Date:</b>					
<b>Approved By:</b>					
<b>Title:</b>					
<b>Date:</b>					
<b>Budget Code:</b>	<b>2601 5321 99035 1261 1836 2T</b>				



## **ATTACHMENT F : Acknowledgment of COVID-19 Vaccination and Testing Policy**

Solicitation #: 30-DSDHH-95092-22

Vendor Name: \_\_\_\_\_

Executive Order 224, signed by Governor Cooper on July 30, 2021, requires all state employees and contractors who may enter facilities at Cabinet Agencies or other participating State Agencies to provide proof of full vaccination or a negative Covid test result within the last seven (7) days. Contractors must follow the requirements of this policy to ensure that their employees are: (1) fully vaccinated or tested within seven (7) days of entering a State facility, and (2) wearing face coverings where required at State facilities.

New State contracts must ensure that Vendor's employees are complying with these requirements. If a Vendor's employee operates off-site and is never expected to enter State facilities, that employee may be exempted from this requirement.

Vendors must verify that these requirements are being met by their employees. By signing this acknowledgment, Vendor agrees that it will verify that these requirements are met for its employees who may enter any State facilities subject to this policy.

### **COVID-19 Vaccination**

In order to show that an employee is fully vaccinated, the employee may submit any of the following:

1. An original or copy of a COVID-19 Vaccination Record Card issued on the form provided by the U.S. Centers for Disease Control and Prevention ("CDC").
2. A note or receipt signed by a licensed nurse, physician pharmacist, physician's assistant, or other representative of the place where the vaccine was administered. This note or receipt must show at least: (a) the worker's name (b) the name of the healthcare provider administering the vaccine (c) date(s) of vaccination (d) place of vaccination and vaccine product name (i.e., Moderna, Pfizer, or Johnson & Johnson)
3. A printout made by the worker of the worker's record from North Carolina's COVID-19 Vaccine Management System ("CVMS"). For information about accessing CVMS and to register, workers may visit NCDHHS COVID-19 Vaccine Management System Web Portal. SPECIAL NOTE: A worker's vaccine information may not be available in CVMS. Other vaccine management systems (for example, the systems used in other states, or the systems used by pharmacies or other health care providers) may also contain vaccination information.

### **COVID-19 Testing**

For unvaccinated workers subject to the testing requirement, a negative COVID-19 test dated within the last seven (7) days must be provided prior to entering State facilities. Accepted diagnostic testing includes an antigen or molecular test (nucleic acid amplification test [NAAT] or RT-PCR) authorized by the Food and Drug Administration (FDA). Results must come from a Clinical Laboratory Improvement Amendments (CLIA) certified setting appropriate for the test type (i.e., high, moderate, or waived laboratory). The test result should include name, date of birth, date of specimen collection, date of result, and diagnostic test result. Tests that are taken at home, without being submitted through a laboratory, are not acceptable. COVID-19 antibody tests are not acceptable.

For more information regarding North Carolina's Vaccination and Testing Policy, see [COVID-19 Vaccination or Testing FAQs | NC Office of Human Resources](#).

The undersigned hereby certifies that he or she has read this certification, that he or she will comply with the requirements set forth above and that he or she is an officer, member, partner, owner, or other such managing employee of the Vendor (the "Authorized Representative") that is authorized to execute this certification and to bind the Vendor to the certifications, statements, and agreements herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title