

**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:** January 24, 2023

**Contract Name:** Request for Application – NDBEDP Trainer Vendor List

**Contract Number:** 30-DSDHH-95091-21

**Contract Description:** **Equipment and Technology Training specific to use of  
Assistive Technology for Deaf-Blind**

**TERM:**

The expiration of this contract remains June 30, 2023.

**REVISIONS:**

The mileage rate for this contract is increased to 65.5 cents per mile driven. The invoice for the contract is revised and adjoined as Attachment A. A Microsoft Excel file of the invoice will be sent to all Contractors returning this Addendum #4.

Email one (1) copy of the properly executed addendum to [Nichole.leonardz@dhhs.nc.gov](mailto:Nichole.leonardz@dhhs.nc.gov) or

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

**Division of Services for the Deaf and Hard of Hearing  
Nichole Leonardz, Contract Administrator  
820 S. Boylan Avenue  
2301 Mail Service Center  
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.

(Signatures on next page)

<b>Execute Addendum #4</b>	
<b>Contractor</b>	
<b>Authorized Signature</b>	
<b>Name Typed or Printed</b>	
<b>Date</b>	

<b>Addendum # 4 Acceptance (For DHHS use only)</b>
<p>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.</p> <p>By: _____</p> <p style="text-align: center;"> <small>Signature of Authorized Representative      Printed Name of Authorized Representative      Title of Authorized Representative</small> </p>

DHHS NDBEDP Trainer Invoice																																																	
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ASSIGNMENT INFORMATION																																																	
Date of Assignment:		Requestor																																															
Consumer Name:																																																	
Description of Assignment:																																																	
Trainer Services	Start Time:		End Time:																																														
Non-Trainer Services	Start Time:		End Time:																																														
Hours Spent on Assignment																																																	
	Total Hours	Rate Per Hour	Services Total																																														
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<b>TOTAL COST OF HOURS SPENT ON ASSIGNMENT:</b>			<b>\$0.00</b>																																														
Travel and Other Expenses		Number of Miles	Rate Per Mile	Mileage Total																																													
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip																																																	
From:																																																	
To:	0.00	0.655		\$0.00																																													
Other Expenses (Hotel, Meals, Parking (please attach receipt):																																																	
<b>TOTAL COST OF TRAVEL AND OTHER EXPENSES:</b>			<b>\$0.00</b>																																														
D/SSP Services Used    Yes <input type="checkbox"/> No <input type="checkbox"/>		GRAND TOTAL																																															
Name of D/SSP:		Total Services Provided:	\$0.00																																														
Number of Hours D/SSP Spent on Assignment																																																	
Interpreter Services Used    Yes <input type="checkbox"/> No <input type="checkbox"/>		Total Travel & Other Expenses:	\$0.00																																														
Name of Interpreter:																																																	
Number of Hours Interpreter Spent on Assignment		<b>TOTAL INVOICED:</b>	<b>\$0.00</b>																																														
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