

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

**ADDENDUM #2
RENEWAL OF CONTRACT and
CHANGES TO CONTRACT**

Date: May 3, 2022

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:

This Addendum #2 renews this Contract beginning July 1, 2022 and continuing through June 30, 2023.
This renewal represents the first renewal of the contract.

PRIOR TRANSACTIONS:

- 1) Request for Applications (RFA) #30-DSDHH-95091-21 was released on or about May 27, 2021, with a July 1, 2021, beginning date and an expiration date of June 30, 2022.
- 2) Addendum #1 was released on or about October 1, 2021, to specifically address:
 - Section 8) DISBURSEMENT, Section B. TRAVEL EXPENSES, of the Request for Application (RFA) released on May 27, 2021, was 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. Any travel for assignments other than training, including overnight stay, must always be pre-approved by the Hiring Agency.
 - d. 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
- Contractor Vaccination/Testing Requirements when working in a Department of Health and Human Services facility.

REVISIONS:

1. This **Addendum #2** changes business standard mileage driven from \$.56 per mile to **\$.585** per mile for all miles driven. A revised invoice is attached to this **Addendum #2** that includes this mileage rate increase. This revised invoice is labeled **Attachment B**.
2. The Vaccination/Testing Requirements in Addendum #1 are deleted in their entirety and replaced with **Attachment A**, adjoined to this **Addendum #2**. It is necessary for the Contractor to complete **Attachment A** in its entirety and return with this **Addendum #2**.

Email one (1) copy of the properly executed addendum to 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**

Email questions to: nichole.leonardz@dhhs.nc.gov

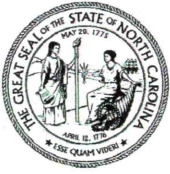
Execute Addendum #2

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



ATTACHMENT A: Acknowledgment of COVID-19 Vaccination and Testing Policy

Solicitation #: 30-DSDHH-95091-21

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

**See next page for a revised invoice
An Excel file will be sent to trainers that are contracted**

DHHS NDBEDP Trainer Invoice

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Trainer Name</td><td colspan="2"></td></tr> <tr><td>Phone Number</td><td colspan="2"></td></tr> <tr><td>Email Address</td><td colspan="2"></td></tr> <tr><td>Address</td><td colspan="2"></td></tr> <tr><td>City</td><td colspan="2"></td></tr> <tr><td>State</td><td></td><td>Zip</td></tr> </table>	Trainer Name			Phone Number			Email Address			Address			City			State		Zip	INVOICE # _____ DATE SUBMITTED: April 27, 2022 First Submission Re-Submission Past Due or Late
Trainer Name																			
Phone Number																			
Email Address																			
Address																			
City																			
State		Zip																	
BILL TO: DHHS Division or Office Name: DSDHH Attention: Nichole Leonardz, ICC Admin. Address: 820 Boylan Ave., McBryde Bldg., 2301 MSC City: Raleigh State: NC Zip: 27603 Phone: 919-527-6941 Email: Nichole.Leonardz@dhhs.nc.gov	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Trainer Hourly Rates</th> <th style="text-align: left;">Hours</th> </tr> <tr> <td>\$75.00</td> <td>7:00 AM to 5:00 PM</td> </tr> <tr> <td>\$112.50</td> <td>5:00 PM to 7:00 AM</td> </tr> <tr> <td colspan="2" style="text-align: center;">Non-Training Hourly Rate: \$25.00</td> </tr> </table>	Trainer Hourly Rates	Hours	\$75.00	7:00 AM to 5:00 PM	\$112.50	5:00 PM to 7:00 AM	Non-Training Hourly Rate: \$25.00											
Trainer Hourly Rates	Hours																		
\$75.00	7:00 AM to 5:00 PM																		
\$112.50	5:00 PM to 7:00 AM																		
Non-Training Hourly Rate: \$25.00																			

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
Trainer Rate:		\$75.00	\$0.00
Non-Trainer Rate:		\$25.00	\$0.00
Weekend/Evening Rate:		\$112.50	\$0.00

TOTAL COST OF HOURS SPENT ON ASSIGNMENT: \$0.00

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	0.585	\$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):			\$0.00
TOTAL COST OF TRAVEL AND OTHER EXPENSES:			\$0.00

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 _____	Total Travel & Other Expenses:	\$0.00
Interpreter Services Used Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Interpreter: _____		
Number of Hours Interpreter Spent on Assignment _____	TOTAL INVOICED:	\$0.00

For DHHS Agency Use Only

Reviewed By:		
Title:		
Date:		
Approved By:		
Title:		
Date:		
Budget Code:	2601 532132 141062601S	