

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

**ADDENDUM #3  
RENEWAL OF CONTRACT and  
CHANGES TO CONTRACT**

**Date:** July 27, 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:**

The expiration of this contract remains June 30, 2023.

**REVISIONS:**

UNDER PRIOR TRANSACTIONS in ADDENDUM #2, section 2) a. The business standard for miles driven is \$.56 per mile regardless of number of miles driven is deleted in its entirety.

The following paragraph will immediately apply:

Mileage rates shall be governed by <https://www.irs.gov/newsroom/irs-increases-mileage-rate-for-remainder-of-2022> (which increases the mileage rate to 62.5 cents per mile).

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.

<b>Execute Addendum #3</b>	
<b>Contractor</b>	
<b>Authorized Signature</b>	
<b>Name Typed or Printed</b>	
<b>Date</b>	

<b>Addendum # 3 Acceptance (For DHHS use only)</b>
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.
By: _____ <small>Signature of Authorized Representative      Printed Name of Authorized Representative      Title of Authorized Representative</small>

ATTACHMENT A

**DHHS NDBEDP Trainer Invoice**

Trainer Name _____ Phone Number _____ Email Address _____ Address _____ City _____ State _____ Zip _____	INVOICE # _____  DATE SUBMITTED: July 24, 2022 First Submission <input type="checkbox"/> Re-Submission <input type="checkbox"/> Past Due or Late <input type="checkbox"/>
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<b>BILL TO:</b> DHHS Division or Office Name _____ Attention _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____	<table style="width:100%;"> <tr> <td style="text-align: center;"><i>Trainer Hourly Rates</i></td> <td style="text-align: center;"><i>Hours</i></td> </tr> <tr> <td style="text-align: center;">\$75.00</td> <td style="text-align: center;">7:00 AM to 5:00 PM</td> </tr> <tr> <td style="text-align: center;">\$112.50</td> <td style="text-align: center;">5:00 PM to 7:00 AM</td> </tr> </table> <p style="text-align: center;"><b>Non-Training Hourly Rate: \$25.00</b></p>	<i>Trainer Hourly Rates</i>	<i>Hours</i>	\$75.00	7:00 AM to 5:00 PM	\$112.50	5:00 PM to 7:00 AM
<i>Trainer Hourly Rates</i>	<i>Hours</i>						
\$75.00	7:00 AM to 5:00 PM						
\$112.50	5:00 PM to 7:00 AM						

**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
<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	0.625	\$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"/>		<b>GRAND TOTAL</b>	
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>

**For DHHS Agency Use Only**

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