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

ADDENDUM #2  
CHANGES TO CONTRACT

Date: April 18, 2019  
Contract Name: Request for Application – Agency Interpreter and Transliterator Contractor  
Contract Number: 30-DSDHH-95058-17  
Contract Description: Agency Sign Language Interpreting and Transliterator Services

TERM:  
The ending date for this contract remains October 31, 2019.

REVISIONS:  
Section VI. DISBURSEMENT, B. Travel Expenses, in the RFA posted October 17, 2017 is deleted in its entirety and replaced with the following:

B. Travel Expenses

1. The only travel expense approved for an Individual Vendor is mileage charges, UNLESS and EXCEPT when a Vendor is requested to accept an assignment that will require an overnight stay. When an overnight stay is included in an assignment, the Vendor may bill the Hiring Agency or Requestor his or her travel expenses pursuant to the terms of the Travel Policies for State Employees. Those policies are set out in Section 5.1 of the State Budget Manual, which can be found online at: https://www.osbm.nc.gov/budman5-travel-policies

Note: For mileage charges, follow the Office of State Budget and Management (OSBM) mileage rate which may be modified from time to time by the State Budget Director. Notice of such modifications may be found online at: https://www.osbm.nc.gov/budman5-travel-policies (Click on “Budget Publications Memorandums” and then type in “Mileage Rate” in the search field. Follow the most recent mileage memo.)

The Travel Policies for State Employees in Section 5.1 of the State Budget Manual, and all future amendments thereto, are adopted and incorporated herein by reference.

NOTE: Section 2. and 3. below include opportunities for contractors to add hours of service to their invoices for miles driven when they exceed seventy-five (75) miles for number 2., and, one-hundred fifty (150) miles for number 3. All contractors should be aware that the DHHS makes every effort within its scheduling scheme to schedule interpreters/translitors to every assignment that are less than seventy-five miles from the actual work assignment location. Approximately ninety (90) percent of assignments are within the seventy-five (75) mile radius.

2. If the Individual Vendor travels seventy-five (75) miles or more from the point of departure to the location of an engagement and then seventy-five (75) miles or more from the location of the engagement back to the point of departure, the Vendor may bill the Hiring Agency an additional 1.5 hours for each leg of the trip, provided the Vendor obtains the Hiring Agency’s prior written approval to do so. If the Vendor does not return to the point of departure immediately following the engagement because of intervening
business or personal reasons, the Vendor may not bill the Hiring Agency for the return trip. The additional time will be reimbursed at the standard rate, regardless of the day or time of the travel.

3. If the Individual Vendor travels one-hundred twenty five (125) miles or more from the point of departure to the location of an engagement and then one-hundred twenty five (125) miles or more from the location of the engagement back to the point of departure, the Vendor may bill the Hiring Agency for 2 hours for each leg of the trip, provided the Vendor obtains the Hiring Agency’s prior written approval to do so. If the Vendor does not return to the point of departure immediately following the engagement because of intervening business or personal reasons, the Vendor may not bill the Hiring Agency for the return trip. The additional time will be reimbursed at the standard rate, regardless of the day or time of the travel. If an overnight stay is required pertaining to the assignment, Individual Vendor will be reimbursed for the hotel and meals.

If number 2 and 3 under Travel Expenses do not satisfy the additional time needed for reimbursement at the standard rate due to unusual circumstances, the time may be negotiated and must be pre-approved by the Hiring Agency or Requestor. This may also include additional hourly charges for unusual circumstances depending on the nature of the work, size of audience, or preparation time required.

INSTRUCTIONS:

Return one properly executed copy of the addendum # 2 by completing the information below:

<table>
<thead>
<tr>
<th>Execute Addendum # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
</tr>
<tr>
<td>Authorized Signature</td>
</tr>
<tr>
<td>Name Typed or Printed</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

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

Excel formatted copy will be sent to vendor for use after acceptance of amendment

(See next page for revised Invoice)
# DHHS ISVL Invoice for Agency Contractor

**Agency Name:**

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip:**

**DATE SUBMITTED:**
- First Submission ☐
- Re-Submission ☐
- Past Due or Late ☐

**BILL TO:**

**DHHS Division or Office Name:**

**Attention:**

**Address:**

**City:**

**State:**

**Zip:**

**Questions pertaining to the ISVL should be referred to the Communication Access Manager at the Division of Services for the Deaf and the Hard of Hearing at 919.527.6930 or dsdh.isvl@dhhs.nc.gov**

**Questions regarding the invoice and/or the assignment should be referred to the requestor.**

## ASSIGNMENT INFORMATION

**Date of Assignment:**

**Requestor:**

**Interpreter Name:**

**Consumer Name:**

**Description of Assignment:**

**Original Hours Scheduled:**

**Start Time:**

**End Time:**

**Hours Billed:**

**Start Time:**

**End Time:**

## Services Provided

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Hours</th>
<th>Rate Per Hour</th>
<th>Services Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreting</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Mentoring</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Training</td>
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<td></td>
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<tr>
<td>NCDDEP</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Haptics</td>
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<td></td>
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</tr>
<tr>
<td>Other (specify...)</td>
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<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Flat Rate:** $0.00

**SERVICES TOTAL:** $0.00

## Travel and Other Expenses

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<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Number of Miles</th>
<th>Rate Per Mile</th>
<th>Mileage Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ One Way</td>
<td>☐ Roundtrip</td>
<td>0.560</td>
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</tbody>
</table>

**Additional Mileage Rates**

<table>
<thead>
<tr>
<th>Number of Hours</th>
<th>Rate Per Hour</th>
<th>Mileage Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add 1.5 hours for travel 75 miles or more each way</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Add 2 hours for travel 125 miles or more each way</td>
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<td>$0.00</td>
</tr>
</tbody>
</table>

**Other Expenses (Hotel, Meals, Parking) (please attach receipt):** $0.00

**TRAVEL TOTAL:** $0.00

## GRAND TOTAL

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Total Services Provided</td>
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<td></td>
</tr>
<tr>
<td>Total Mileage &amp; Other Expenses</td>
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<td></td>
</tr>
<tr>
<td>TOTAL INVOICED</td>
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<td></td>
</tr>
</tbody>
</table>

## For DHHS Agency Use Only

**Reviewed By:**

**Title:**

**Date:**

**Approved By:**

**Title:**

**Date:**

**Budget Code:** 2601 3321990341410184227

Ver 4/18/19