

**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 Transliterators Contractor

Contract Number: 30-DSDHH-95058-17

Contract Description: Agency Sign Language Interpreting and Transliterators 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/transliterators 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:

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

(See next page for revised Invoice)

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

DHHS ISVL Invoice for Agency Contractor

Agency Name: _____ Address 1: _____ Address 2: _____ City: _____ State: _____ Zip: _____	INVOICE #: _____ DATE SUBMITTED: _____ First Submission <input type="checkbox"/> Re-Submission <input type="checkbox"/> Past Due or Late <input type="checkbox"/>
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BILL TO: DHHS Division or Office Name: _____ Attention: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	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 dsdnh.isvl@dhhs.nc.gov Questions regarding the invoice and/or the assignment should be referred to the requestor.
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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

Interpreting
 Mentoring
 Training
 NDBEDP
 Haptics
 Other (specify _____)

	Total Hours	Rate Per Hour	Services Total
Standard Rate:			\$0.00
Enhanced Rate (Evenings, Weekends, Holidays):			\$0.00
Flat Rate:			\$0.00
SERVICES TOTAL:			\$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: _____		0.580	\$0.00

Additional Mileage Rates	Number of Hours	Rate Per Hour	Mileage Total
Additional Mileage Rates (regular rate) Add 1.5 hours for travel 75 miles or more each way Add 2 hours for travel 125 miles or more each way		\$0.00	\$0.00
Other Expenses (Hotel, Meals, Parking (please attach receipt):			\$0.00
TRAVEL TOTAL:			\$0.00

GRAND TOTAL			
Total Services Provided:			\$0.00
Total Mileage & Other Expenses:			\$0.00
TOTAL INVOICED:			\$0.00

For DHHS Agency Use Only

Reviewed By: _____	
Title: _____	
Date: _____	
Approved By: _____	
Title: _____	
Date: _____	
Budget Code: 2601 532199034141018422T	