



2017-2018

# National Deaf-Blind Equipment Distribution Program

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# 1) Program Overview

NDBEDP is a program mandated by Section 105 of the Twenty-First Century Communications and Video Accessibility Act (CVAA)

- Provides funding of up to \$10 million for the distribution of communications equipment to low-income individuals who are deaf-blind
- Pilot program established in 47 C.F.R. § 64.610
- Permanent program began July 1, 2017

## 2) Program Information

RL understands that the permanency of the NDBEDP calls for the following changes, in accordance with the Order:

- Administrative reimbursement capped at 15% of total budget, instead of program costs
- Outreach reimbursement capped at 10% of the total budget
- Allowance of Train-the-trainer reimbursements, capped at 2.5% of the total budget
- Allowance of consumer travel reimbursement with prior NDBEDP Administrator approval for interstate travel

### 3) Authorized Signers Form




National Deaf Blind Equipment  
Authorized


Select your program  
from the drop-down

Program

Chief executive officer, chief financial officer or other senior executive of the company. Please have the individual(s) listed below to sign on my behalf.

	Officer Name Officer Title Officer's Email Date Signed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Officer Signature		

I am an authorized representative of the above named company with approval to attest to submitted requests.

	Name Title Email Date Signed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature		

The officer's wet  
signature must be  
in this space

Complete the information  
pertaining to the chosen  
company officer

The authorized  
representative's wet signature  
must be in this space

Complete the information  
pertaining to the authorized  
representatives

## 4) Banking Information Form



National Deaf Blind Equipment Distribution Program  
Banking Information

Select your program from the drop-down

Submission of Banking Information to the NDBEDP Administrator for Reimbursement of Eligible Costs

Program Name

NDBEDP is a program mandated by Section 105 of the Twenty-First Century Communications and Video Accessibility Act (CVAA) that provides funding of up to \$10 million annually for the distribution of communications equipment to low-income individuals who are deaf-blind. This form is designed exclusively for use by entities certified by the Federal Communications Commission to receive the local distribution of equipment to low-income individuals who are deaf-blind.

Enter the following bank information:

Bank Name:	<input type="text"/>
Bank City/State/Zip:	<input type="text"/>
Bank Contact Name:	<input type="text"/>
Bank Contact Telephone:	<input type="text"/>
Bank Contact Fax:	<input type="text"/>
Bank Contact Email:	<input type="text"/>
*ABA/Routing #:	<input type="text"/>
*Account #:	<input type="text"/>

\*Reimbursement payments will be made electronically

Type bank name, mailing address, and banking point of contact information

Carefully type Routing and Account numbers

Authorized Officer Signature

Officer Name  
Officer Title  
Date Signed

<input type="text"/>
<input type="text"/>
<input type="text"/>

The officer's wet signature must be in this space

Fill out Officer Information section and date the form

Submit completed forms to [NDBEDP@rolkaloube.com](mailto:NDBEDP@rolkaloube.com)

For more information about this form, please call 717-585-6605 or email NDBE

# 5) Request Form Summary Page

## Program and Request Information



### National Deaf-Blind Equipment Distribution Program Reimbursement Request

NDBEDP is a program mandated by Section 105 of the Twenty-First Century Communications and Video Accessibility Act (CVAA) that provides funding of up to \$10 million annually for the distribution of communications equipment to low-income individuals who are deaf-blind. This form is designed exclusively for use by entities certified by the Federal Communications Commission to receive support for the local distribution of equipment to low-income individuals who are deaf-blind.

Submit this completed and signed form and supporting documentation via email to [ndbedp@rolkaloube.com](mailto:ndbedp@rolkaloube.com)

Entity:

Completed By:

Name:

Phone:

Email:

Ext:

Requesting Reimbursement for:

Period:

Program Year:

State/Territory:

Reimbursement is requested for the costs associated with:

Individualized assessments of applicant eligibility and communication needs

\$ -

Equipment distributed and related expenses

\$ -

Cost of equipment and software, maintenance, repairs, warranties, returns, refurbishing, upgrading and repairing equipment distributed to disabled consumers and related travel expenses

Installation of equipment and individualized consumer training

\$ -

37. Costs for and/or maintenance of an inventory of equipment

\$ -

Unassigned equipment loaned to consumers when assigned equipment is being repaired, used to assess and/or train users, or used for outreach demonstrations

Outreach effort to inform state residents about NDBEDP

\$ -

Maximum of 10% of the total state allocation is permissible unless otherwise authorized

38. Administrative costs related to this program

\$ -

Maximum of 15% of the total state allocation is permissible

Total Requesting

\$ -

I swear under penalty of perjury that I am an authorized signer of the above-named reporting entity and that I have examined all cost data associated with equipment and related services for the claims submitted herein, and all such data are true and an accurate statement of the affairs of the above-named certified program.

Signer Name:

Title:

Signing Date:

Authorized Signer

## Cost Summary

## Request Attestation

## 5.1) Program and Request Information

NDBEDP is a program mandated by Section 105 of the Twenty-First Century Communications and Video Accessibility Act (CVAA) that provides funding of up to \$10 million annually for the distribution of communications equipment to low-income individuals who are deaf-blind. This form is designed exclusively for use by entities certified by the Federal Communications Commission to receive support for the local distribution of communications equipment to low-income individuals who are deaf-blind.

Select your program from the drop-down

Submit this completed and signed form and supporting documentation via email to [ndbedp@rolkaloube.com](mailto:ndbedp@rolkaloube.com)

Entity:

Type name and contact information for individual completing the form

Completed By:

Name:

Email:

Phone:

Ext:

Requesting Reimbursement for:

Period:

Program Year:

State/Territory:

Select the expense period and program year from the drop-downs

Select the appropriate 2-letter state/territory code from the drop-down

## 5.2) Cost Summary

Period:

**Reimbursement is requested for:**

Individualized assessments of applicant eligibility and communication needs

Equipment distributed and related expenses

*Cost of equipment and software, including replacement and repair of equipment distributed*

**Type total maintenance and inventory costs incurred during the period**

Installation of equipment and individualized consumer training

**37. Costs for and/or maintenance of an inventory of equipment**

*Unassigned equipment loaned to consumers when assigned equipment is being repaired, used to assess and/or train users, or used for outreach demonstrations*

Outreach effort to inform state residents

*Maximum of 10% of the total state allocation is permissible*

**38. Administrative costs related to this program**

*Maximum of 15% of the total state allocation is permissible*

**Type total administrative costs incurred during the period**

**Total Requesting**

**Request Total is automatically populated by Category subtotals**

## 5.3) Request Attestation

**NOTE: The Authorized Signer must be listed on the Authorized Signers Form**

I swear under penalty of perjury that I am an officer of the above-named reporting entity and that I have examined all cost data associated with equipment and related services for the claims submitted herein, and that all such data are true and an accurate statement of the affairs of the above-named certified program.



Authorized Signer Signature

**Wet signature of  
attesting  
individual must  
be in this space**

Authorized Signer

Title

Date Signed



**Type Authorized Signer  
name, title, and date signed**

Submit completed forms to NDBEDP

For more information about this form, please call 717-585-6605 or email [NDBEDP@rolkaloube.com](mailto:NDBEDP@rolkaloube.com)

## 6.1) Traditional Method

### Equipment Distributed and related expenses

Cost of equipment and software, maintenance, repairs, warranties, returns, refunds, and related travel expenses

9 - Specialized equipment necessary to accommodate deaf-blind telecommunications including warranty

10

11

12

13

14

15

16

17

18

19

20 - Other types of equipment that make telecommunications accessible to individuals who are deaf-blind

Total:

Total hours (during period) associated with maintenance, repairs, and related travel expenses

Total hours (during period) spent upgrading distributed equipment

Describe nature of upgrades performed:

Type the totals for each subcategory (Category Total is automatically calculated)

Costs incurred

\$ -

-

-

-

-

-

-

-

-

\$ -

\$ -

Cost Summary

Type the number of hours that correspond to the subcategory tab

0.00

0.00

List the actions associated with the costs incurred for the subcategory

## 6.2) Request Data Method

	A	B	C	D	E	F	G	H	I	J
1	Entity requesting reimbursement	Completed By Name	Phone	Ext	Email Address	Period	Program Year	State/Territory	Eligibility Verification	Communications assessment
2										

- Single-row that contains all data columns to automatically populate the entire request form
- Used primarily by Perkins
- Information in the Request Data Tab takes precedence over Cost Details Tab

(Information in the Cost Details Tab will be ignored if the corresponding column of the Request Data Tab contains information)

## 5.4) Cost Details Method

Type or select the appropriate subcategory number from the drop-down for the incurred cost (found on the separate category tabs)

Type the date in MM/DD/YYYY format that the cost was incurred

Type the amount of the cost incurred

Number	Page #	Date Cost Incurred	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ -

Type the page number where the incurred cost can be found within the supporting documentation

Provide a brief description of the cost incurred (Ex: timesheets for John Smith, CapTel phone invoice, assessor travel time)

**ALL COLUMNS MUST BE COMPLETED IN ORDER FOR THE AMOUNT TO POPULATE THE APPROPRIATE CATEGORY TAB AND THE COST SUMMARY PAGE**

## 7) Distributed Equipment Tab

Enter the contact information that corresponds to the deaf-blind individual that received the equipment

Full Name	Street Address	Email Address	Telephone Number
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Enter the contact information of the individual attesting to the disability of the deaf-blind individual receiving the equipment

Person Who Attests to the Disability of the Deaf Blind Person			
Full Name	Street Address	Email Address	Telephone Number


Complete all applicable fields that pertain to the equipment the deaf-blind individual received

Date Installed	Name of Item	Serial Number	Brand	Function	Cost	Type of Communication Service with which it is used	Type of relay service it can access

# of days between assessment of need and delivery of equipment

Indicate the number of days from the date of assessment to the date of equipment delivery

**This section is required for ALL Equipment costs associated with deaf-blind individuals (equipment that has not yet been distributed should be accounted for in the maintenance of an Inventory section)**



Please direct any and all questions to the staff at RolkaLoubé.

- **NDBEDP**  
[ndbedp@rolkaloubé.com](mailto:ndbedp@rolkaloubé.com) or 717-585-6605
- **Joy McGrath**  
[jmmcgrath@rolkaloubé.com](mailto:jmmcgrath@rolkaloubé.com) or ext 593
- **Garrett McGrath**  
[gmcgrath@rolkaloubé.com](mailto:gmcgrath@rolkaloubé.com) or ext 598