2017-2018 National Deaf-Blind Equipment Distribution Program

By Rolka Loube Associates, TRS Fund Administrator

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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 lowincome 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 Equip Select your program

Authorize from the drop-down

Program The officer's wet **Complete the information** hief executive officer, chief finanical officer or other senior executive of the signature must be pertaining to the chosen e the individual(s) listed below to sign on my behalf. company officer in this space Officer Name Officer Title Officer's Email Date Signed Officer Signature I am an authorized representative of the above named company with approval to attest to submitted requests. Name Title Email Date Signed Signatu

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

Complete the information pertaining to the authorized representatives

4) Banking Information Form

	ROLKA LOUBE		Banking Information	Select you from the d	r progra		
	Program Name NDBEDP is a program n Accessibility Act (CVA	mandated by Section 10 A) that provides fundi	05 fo the Twenty-First ng of up to \$10 milli		stribution of		
	· · · · · · · · · · · · · · · · · · ·	ntities certified by the Fe equipment to low-incom	deral Communication	s Commission to receive	Type ba mailing and ban	contact	
	Bank Contact Email: *ABA/Routing #: *Account #:	*Reimburseme	ent payments will be mad	e electronically	Carefully Routing Account		S
	outhorized Office	cer Signature	Officer Name Officer Title Date Signed				
	's wet signature this space		ns to NDBEDP@rolkal all 717-585-6605 or e	mail NDBE Informa	Officer ation sect te the for		

5) Request Form Summary Page

Program and Request Information



ROLKA LOUBE 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 documenation via email to ndbedp@rolkaloube.com Entity: Completed B Name: Phone: Emailt Ext: Requesting Reimbursement for: Program Year: State/Territory: Keimbursment is requested for the costs associated with: Individualized assessments of applicant eligibility and communication needs Equipment distributed and related expenses 🔯 st of equipment and software, maintenance, repairs, warranties, returns, refurbishing, upgrading and

Cost Summary

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. Request

ing equipment distributed to disabled consumers and related travel expenses

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

Unassigned equipment loaned to consumers when assigned equipment is being repaired, used to assess

Installation of equipment and individualized consumer training 37. Costs for and/or maintenance of an inventory of equipment

and/or train users, or used for outreach demonstrations Outreach effort to inform state residents about NDBEDP

38. Administrative costs related to this program Maximum of 15% of the total state allocation is permissible

Total Requesting

Attestation

Signer Name:	
Title:	
Signing Date:	

5.1) Program and Request Information

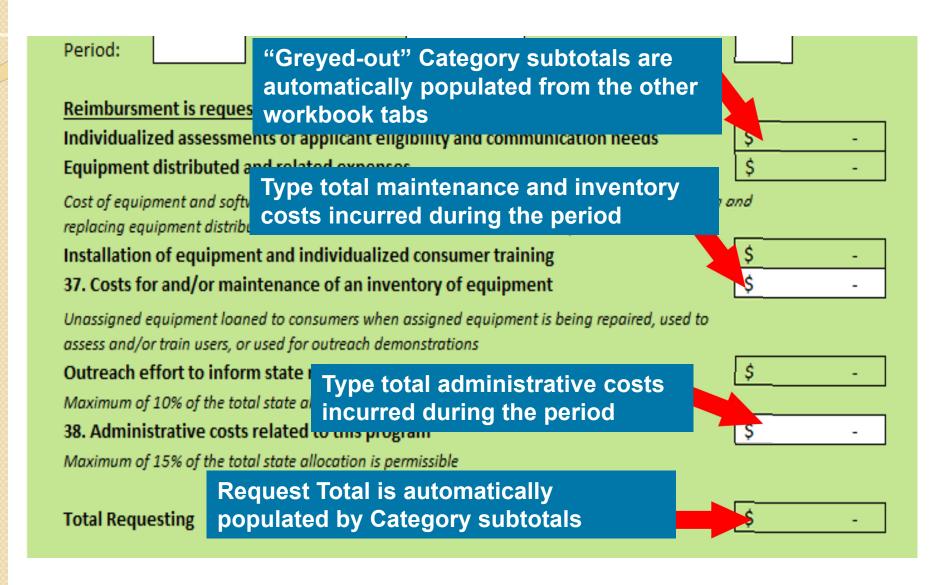
year from the drop-downs

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 Select your program from the drop-down form and supporting documenation via email to					
ndbedp@rolkaloub					
Entity:					
Type name and contact information for in	ndividual completing the form				
Completed By:					
Name:	Phone:				
Email:	Ext:				
Requesting Reimbursement for:					
Period: Program Year:	State/Territory:				
Select the expense period and program	Select the appropriate 2-letter				

state/territory code from the

drop-down

5.2) Cost Summary



5.3) Request Attestation

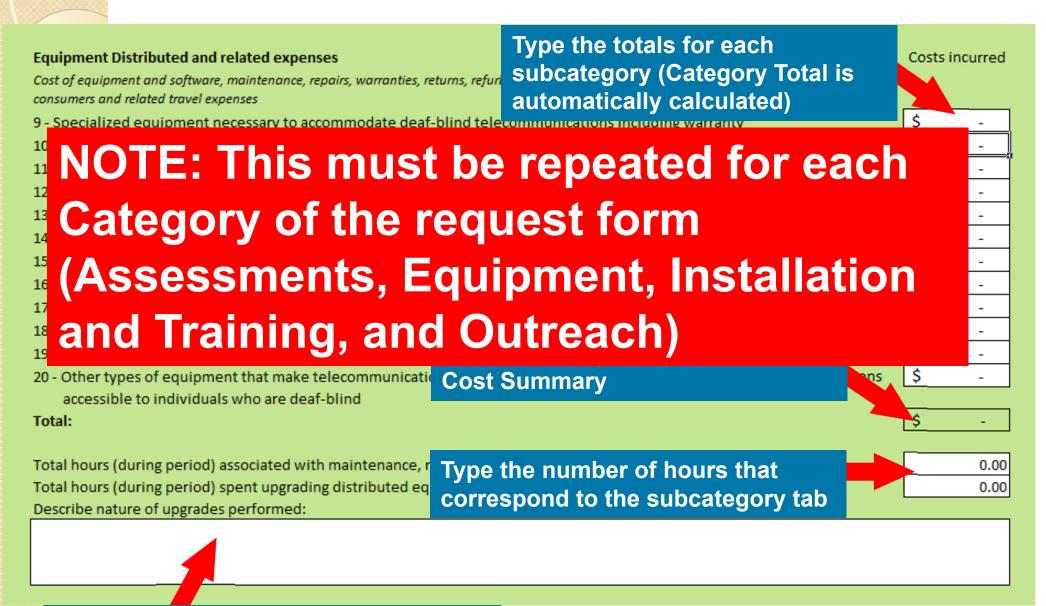
be in this space

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

I swear under penty 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.

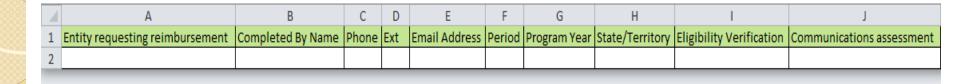


6.1) Traditional Method



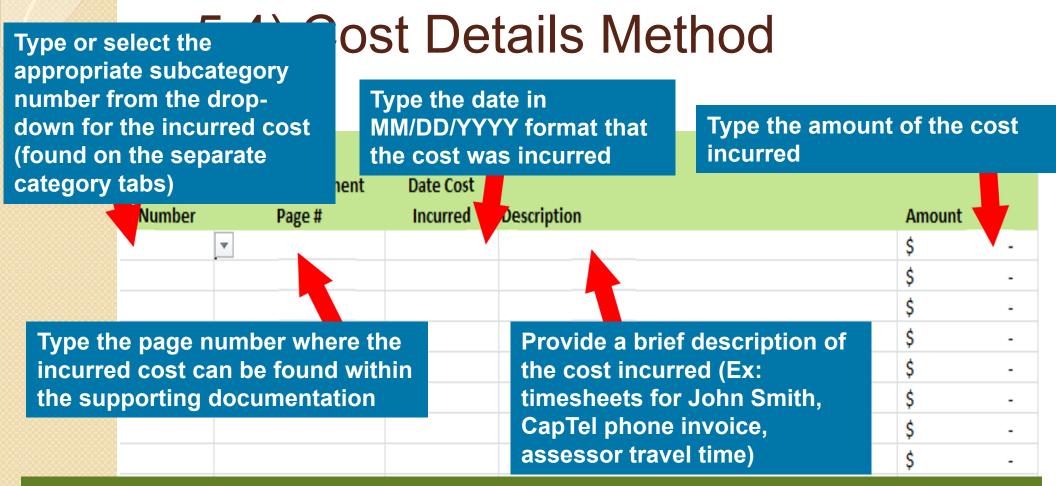
List the actions associated with the costs incurred for the subcategory

6.2) Request Data Method



- 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)



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

7\ Diatributed Faurinment Tab

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

equipment									
	Full Name	S+	reet Addres		F	mail Address	Tele	nhone Number	
Enter the contact information of the individual attesting to the disability of the deaf-blind individual receiving the equipment									
Person Who Attests to the sability of the Deaf Blind Person									
Full Name		Street Address		ss	E	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	Sunction	Cost	Type of Communication Service with which it is used Type of relay ser		Type of relay service it can access	

of days between assessment of need and delivery of equipment 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 lays enance of an Inventory section)

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

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

- NDBEDP
 - ndbedp@rolkaloube.com or 717-585-6605
- Joy McGrath
 - jmmcgrath@rolkaloube.com or ext 593
- Garrett McGrath
 - gmcgrath@rolkaloube.com or ext 598