



Reimbursement Request Filing Instructions 2022-2023

National Deaf-Blind Equipment Distribution Program

Version 2.0

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Introduction

These instructions provide guidance for completing and submitting the forms required to request reimbursement from the National Deaf-Blind Equipment Distribution Program (NDBEDP) fund, which enables reimbursement for services and equipment provided to deaf-blind individuals.

NDBEDP is a program mandated by Section 105 of the Twenty-First Century Communications and Video Accessibility Act (CVAA) and it provides funding of up to \$10 million for the distribution of communications equipment to low-income individuals who are deaf-blind.

The Pilot Program was established on July 1, 2012, and the Permanent Program began on July 1, 2017.

The NDBEDP Centralized Database will be active beginning with the 2022-2023 program year. This centralized database will be used to capture information about the program and its recipients from the state entities for use in claims reimbursements and the semi-annual reports. With the introduction of this database there will be some changes to the way in which data is captured on the forms.

In order to collect more useful data about inventory equipment, there are a few suggested changes on how you record inventory equipment. To indicate that an item is inventory equipment, you will leave the Consumer ID column blank in the Request Support Details and the Dist and Demo Equipment tabs.

1. Use equipment categories - 10, 11, 15, 16, or 20. You should no longer use #37 for all demo equipment and should categorize it in the same manner as consumer equipment.
2. Use #13 for travel associated with maintenance of an inventory item.
3. Use #19 Equipment shipping expenses and sales tax for all equipment, both inventory and consumer.

Note: Category #12 has been removed from the categories. Upgrades should be listed under Maintenance/Repair (#14). You may note in the description if you choose, that it is an upgrade.

Submission Guidelines

Completion Requirements

The request form must be completed with an authorized signature and supporting documentation, as needed. Requests that are missing an authorized signature or support documents will not be accepted. Requests with inadequate supporting information will not be processed until adequate documentation is provided. See [Finalizing the Request Summary](#) and [Providing Supporting Documentation](#) for more information.

Constraints

The NDBEDP requires the following constraints, as outlined in the [Cost Categories for Eligible Expenses](#) for Eligible Expenses appendix.

- Administrative reimbursement is capped at 15% of the total or adjusted program year allocation.

- State and Local Outreach reimbursement has a soft cap of 10% of the total or adjusted program year allocation. Outreach expenses exceeding 10% must be approved in advance by the NDBEDP Administrator.
- Train-the-trainer reimbursement is capped at 2.5% of the total or adjusted program year allocation.
- Consumer travel reimbursement requires prior NDBEDP Administrator approval for interstate travel.

For a list of eligible and ineligible expenses, see [Cost Categories for Eligible Expenses](#) and [Expenses Not Reimbursable by the NDBEDP](#) in the appendix.

Filing Frequency

Each entity may submit one request per expense period. All expenses for a period must be included within the request for reimbursement for the period submitted.

The reporting frequency for submitting the Reimbursement Request can be chosen by the reporting entity to be monthly, quarterly, or semi-annually. Changes to the existing frequency must be requested by email prior to July 1 to be effective in the next program year.

Submission Schedule

Requests for reimbursement must be received by Rolka Loube within 30 days after the close of the period in which the expenses are incurred.

Table 1 Filing Frequency and Submission Schedule

Filing Frequency	Expenses From	Request Must Be Received
Semi-Annual	January – June	July 30
Semi-Annual	July – December	January 30
Quarterly	January – March	April 30
Quarterly	April – June	July 30
Quarterly	July – September	October 30
Quarterly	October – December	January 30
Monthly	January	January 31 + 30 days
Monthly	February	March 30
Monthly	March	April 30
Monthly	April	May 30
...
Monthly	December	January 30

Late or Off-Cycle Submissions

- Submitting a reimbursement request late will result in a delay in payment.
- An individual expense incurred in a previous period may be submitted in the current period with an explanation.
- An expense in a future period may not be submitted. For example, an invoice dated April 2nd may not be submitted in the January-March reporting period even though the invoice is in hand and may already have been paid during the compilation of the January-March Request.

Revisions to Requests

If a request needs to be revised, a new Reimbursement Request must be submitted along with supporting documentation relevant to the changes. Previously submitted supporting documentation should not be resubmitted unless impacted by the revision.

Submission Process

1. Download necessary forms, filing instructions, and additional information regarding the program from the Rolka Loube website at <http://www.rolkaloube.com/programs/ndbedp/>.
2. Fill out an [Authorized Signer Form](#) and a [Banking Information Form](#) for new entities or for existing entities who have changes to authorized signers or banking information.
3. Upload completed and signed forms and supporting documents to BOX as described in [Submitting Forms and Documentation](#). Do not submit any reimbursements or documents with confidential or Personally Identifiable Information (PII) via unsecured email.
4. You will receive a confirmation email when your submission is received. If this email is not received, contact Rolka Loube for a status check. See [Support](#) for contact information.
5. Email notifications of Reimbursement Request status will be generated for the following:
 - a. Request received and under review
 - b. Request has issues that need to be corrected, including additional failure notes
 - c. Payment recommendation has been sent to the FCC
 - d. FCC payment approval received
 - e. Payment issued

Before Submitting a Request


New reporting entities, or those with changes to authorized signers or banking information, must submit the following forms before submitting requests for reimbursement:

- Authorized Signer form
- Banking Information form

Authorized Signer Form

New entities, or existing entities who have a change in authorized signers, must submit the Authorized Signer form.

The primary signer must be a chief executive officer, chief financial officer, or other senior executive who is attesting to having reviewed and approved the Request Forms. The primary signer may then designate up to three other authorized persons within the organization who may sign the Request Forms attesting to having reviewed and approved them.



National Deaf Blind Equipment Distribution Program
Authorized Signers

Program

I am the chief executive officer, chief financial officer or other senior executive of the above named company.
I authorize the individual(s) listed below to sign on my behalf.

	Officer Name Officer Title Officer's Email Date Signed	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" 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 style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Signature		

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

	Name Title Email Date Signed	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Signature		

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

	Name Title Email Date Signed	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>
Signature		

Submit completed forms to NDBEDP@rolkaloube.com

For questions about this form, please call 717-585-6605 or email NDBEDP@rolkaloube.com

Figure 1 Authorized Signer Form

To complete the authorized signer form:

1. Select the program name from the drop-down list – if the company name does not appear within the drop-down list, contact Rolka Loube.
2. Enter the Name, Title, Email, and Date Signed for the authorized officer.
3. Enter the Name, Title, Email, and Date Signed for each of the authorized representatives.
4. Print the form and use a wet signature for the authorized officer's signature and authorized representatives' signatures.
5. Upload the signed form to Rolka Loube as a PDF.


Note: If an additional person is assigned responsibility for approval after submission, a new Authorized Signer form must be submitted.

Vendor Information Form

Claim payments are made electronically by ACH. A Vendor Information form, available from the Rolka Loube website, must be completed, signed, and submitted to Rolka Loube.

The Vendor Information form should be submitted at the time of initial approval of a new reporting entity and following a change of banking institutions for current entities.

The Vendor Information form must be signed with a wet signature of the authorized officer and uploaded to Rolka Loube as a PDF.



INTERSTATE TRS FUND

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

Vendor Name: _____

EIN: _____

Remittance Address: _____

Remittance City: _____ State: _____

Zip Code: _____ DUNS Number: _____

SAM UEI Number: _____ Phone #: _____

Contact Name: _____ Email Address: _____

Business Type Code (see page 2): _____

Type of Payment being requested (select only one):

National Deaf Blind Equipment Distribution Program TRS Provider

Administrative Expenses Contributor Refund

Area being Serviced: State – list state being serviced _____

Multi-State

Foreign Entity – _____

Banking Information:

Vendor's Bank Name: _____

Bank Address: _____

Bank's City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: _____

ABA Routing #: _____ Account #: _____

Account Type: (please check only one) Checking Savings

Figure 2 Vendor Information Form

Vendor's Authorization:

Please sign below to confirm that you are authorizing Rolka Loube to begin transferring payments for your invoices to the account mentioned above.

Signature	Title
Phone Number	Date

Business Type Code Options – Enter one code in the Business Type Code field on page 1.

A - State Government	B - County Government
C - City or Township Government	D - Special District Government
E - Regional Organization	F - U.S. Territory or Possession
G - Independent School District	H - Public/State Controlled Institute of Higher Education
I - Indian/Native American Tribal Government (Federally Recognized)	J - Indian/Native American Tribe Government (other than Federally Recognized)
K - Indian/Native American Tribal Designated Organization	L - Public/Indian Housing Authority
M - Nonprofit with 501C3 IRS Status (other than an Institution of Higher Education)	N - Nonprofit without 501C3 IRS Status (other than an Institution of Higher Education)
O - Private Institution of Higher Education	P - Individual
Q - For-Profit Organization (other than Small Business)	R - Small Business
S - Hispanic-serving Institution	T - Historically Black College or University (HBCU)
U - Tribally Controlled College or University (TCCU)	V - Alaska Native and Native Hawaiian Serving Institution
W - Non-domestic (non-U.S.) Entity	X - Other

To complete the Vendor Information Form:

1. Enter the following company information:
 - a. Vendor Name
 - b. EIN
 - c. Remittance Address
 - d. Remittance City
 - e. State
 - f. Zip Code
 - g. DUNS Number
 - h. SAM UEI Number
 - i. Phone #
 - j. Contact Name
 - k. Email Address
 - l. Business Type Code

2. Select the payment type you are requesting (only one).

Possible values:

- a. National Deaf Blind Equipment Distribution Program
 - b. TRS Provider
 - c. Administrative Expenses
 - d. Contributor Refund
3. Select the area being serviced.
 - a. State – list state being serviced
 - b. Multi-State
 - c. Foreign Entity
 4. Enter the following bank information:
 - a. Vendor's Bank Name
 - b. Bank Address
 - c. Bank's City
 - d. State and Zip Code
 - e. Bank Contact Name
 - f. Bank Phone #
 - g. ABA Routing #
 - h. Account #
 - i. Account Type
 - o. Checking
 - o. Savings

Note: Carefully check the ABA/Routing number and the account number to ensure proper payment.

5. Enter the signature of the authorized officer.
6. Enter signing officer's title, phone number, and the date signed.
7. Upload the signed form to Rolka Loube as a PDF.
8. The officer's signature must be present for the banking information to be accepted.

Preparing a State Reimbursement Request

Preparation of a Reimbursement Request requires the following activities:

- Starting the Request Summary
- Entering Consumers information
- Entering Distributed and Demo Equipment
- Entering Request Details
- Providing Supporting Documentation
- Reviewing Summary Worksheets
- Finalizing the Request Summary

Starting the Reimbursement Request Summary

To start the Reimbursement Request Summary worksheet:

1. Enter program and request information in the first section of the form.



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 equipment to low-income individuals who are deaf-blind.

Entity:

Completed By:

Name: Phone:

Email: Ext:

Requesting Reimbursement for:

Period: Program Year: State/Territory:

Cost Summary

Reimbursement is requested for the costs associated with:

Individualized assessments of applicant eligibility and communication needs	\$ -
Equipment distributed and related expenses	\$ -
<i>Cost of equipment and software, maintenance, repairs, warranties, returns, refurbishing, upgrading and replacing equipment distributed to disabled consumers and related travel expenses</i>	
Installation of equipment and individualized consumer training	\$ -
37. Costs for and/or maintenance of an inventory of equipment	\$ -
<i>Unassigned equipment loaned to consumers when assigned equipment is being repaired, used to assess and/or train users, or used for outreach demonstrations</i>	
Outreach effort to inform state residents about NDBEDP	\$ -
<i>Maximum of 10% of the total state allocation is permissible unless otherwise authorized</i>	
38. Administrative costs related to this program	\$ -
<i>Maximum of 15% of the total state allocation is permissible</i>	
Total Requesting	\$ -

Request Attestation

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

Figure 3 Reimbursement Request Summary Worksheet

2. Select the Entity name.
3. Enter contact information for the person completing the form.
4. Select the expense Period and Program Year based on the requested filing frequency and schedule. See [Filing Frequency](#) and [Submission Schedule](#).
5. Select the State/Territory.

6. The Cost Summary data under “Reimbursement is requested for the costs associated with:” is automatically populated based on details entered on other worksheets. After the other worksheets are populated, the summary should be reviewed and signed by an authorized signer in the Request Attestation section. See [Finalizing the Request Summary](#).

Note: Do not enter values or make changes to the cost summary on the Request Summary worksheet. All expenses must be entered on the Request Details worksheet. See [Entering Request Details](#).

Enter Consumer Information

The Consumer worksheet contains information about the consumer and the individual attesting to their eligibility for the program.

1. For each consumer (equipment recipient), enter the following:
 - Consumer ID - The consumer ID must be a unique combination of numbers and or letters for each individual and must match the associated Consumer ID entered on the Request Details and Distributed and Demo Equipment worksheets
 - First name
 - Middle Name – Middle Initial only is suitable
 - Last Name
 - Date of Birth
 - Street address
 - Email address
 - Telephone number
2. For the person attesting to the disability of the recipient, enter the following:
 - Full name
 - Business Name
 - Street address
 - Email address
 - Telephone number

Entering Distributed and Demo Equipment

The Distributed and Demo Equipment worksheet contains information about the equipment distributed to consumers or purchased for demo purposes for this filing period. This section is required for all equipment costs (categories 9-20).

To complete the Distributed Equipment worksheet, enter the following data:

- Consumer ID - Must match the associated Consumer ID entered on the Consumers worksheets. If the equipment is for demo purposes, enter “DEMO” into the field.
- Equipment ID - The equipment ID must be a unique combination of numbers and/or letters for each piece of equipment on this reimbursement request, regardless of whether the equipment is distributed or for demo. This value must match the associated Equipment ID entered on the Request Details worksheet.
- Assessment Date – First date the consumer was assessed for the need of this piece of equipment.

- Date installed
- Name of item – Typically the manufacturer model name
- Brand
- Serial number, if applicable
- Function –If the equipment does not match any of the functions available in the drop-down list, you may enter a new function.
- Device - **Yes** or **No**. A device is considered a stand-alone piece of equipment that makes communication accessible to a consumer. It does not include software, accessories, peripherals, or warranties. If an item requires another piece of distributed equipment to function, it is not considered a device.

The following table provides more specific guidance.

Function	Device
Accessories	No
Braille - Display	Yes
Braille - Notetakers, Multipurpose Devices	Yes
Hardware - Computers & Laptops	Yes
Hardware - Extended Warranty	No
Instructional Materials	No
Magnifiers - Optical / Handheld	No
Magnifiers - CCTV & Electronic	Yes
Mobile / Cell Phones	Yes
Mounts & Switches	No
Amplified phones	Yes
Video Phones, Captioned & Fax	Yes
Signalers	No
Software - Support, Upgrades, Maintenance	No
Software - Smartphone / Tablet Apps	No
Software	No
Tablet	Yes

- Cost – Before taxes and shipping. (Taxes and shipping may be entered together as a separate line item on the Request Details tab.)
- Number of days between the assessment of need and delivery of equipment - Day zero is the assessment date and the last date is the day of delivery. (For example, if an assessment was performed on 7/5 and the equipment delivered on 7/16, the number of calendar days would be 11.) If the Assessment Date and Date Installed have both been entered, the number of days will automatically populate.

Note: Consumer name is automatically populated when a Consumer ID is added. You are not required to type the Consumer's name.

Entering Request Details

Individual costs must be entered into the Request Details worksheet. Entering the values on the Request Details worksheet will tally and automatically populate the totals onto summary worksheets.

Data can be input on an on-going basis as invoices are received. Line numbers do not need to be entered sequentially.

You may copy and paste data into cells if the data is in the correct format. See [Fields in State Reimbursement Request Form](#) for the data specifications for each field.

See [Cost Categories for Eligible Expenses](#) and [Expenses Not Reimbursable by the NDBEDP](#) for more information on what may or may not be submitted for reimbursement. These lists are not all inclusive.

To complete the Request Details worksheet:

1. Enter the Consumer ID, if applicable. The consumer ID on the Request Details worksheet must match the Consumer ID entered for the associated Consumer and Distributed Equipment. Consumer ID is not required for Outreach, Demo Equipment, or Administrative Costs.
2. Enter the Equipment ID, if applicable. The equipment ID on the Request Details worksheet must match the Equipment ID entered for the associated Distributed Equipment or Demo Equipment. Equipment ID is not required for Assessment, Outreach, or Administrative Costs.
3. Enter the Category Number for the allowable expense. This number can be selected from the drop-down or typed into the cell. See the [Cost Categories for Eligible Expenses](#) appendix for more information to review the cost category number for each of the allowable expenses in the following ranges:

1-8	<i>Assessments</i>
9-20	<i>Equipment</i>
21-30	<i>Installation and Training</i>
31-36	<i>Outreach</i>
37	<i>Demo Equipment</i>
38	<i>Administrative Costs</i>

4. Depending on the Category Number selected, the Activity Type cell is populated for the line item. The Activity is a more granular breakdown of the Category.
 - If Category Number 13 is selected, then the Activity Type field is colored red and displays the word **Required** to indicate that Upgrade or Maintenance/Repair must be selected for the Activity Type. Do not select any values other than Upgrade or Maintenance/Repair for this category.
 - If Category Number 23-29 is selected, then the Activity Type field is colored red and displays the word **Required** to indicate that Installation or Training must be selected for the Activity Type. Do not select any values other than Installation or Training for this category range.
 - If Category Number 37 is selected, then the Activity Type field is colored red and displays the word **Required** to indicate that Equipment or Maintenance/Repair must be selected for the Activity Type. Do not select any values other than Equipment or Maintenance/Repair for this category range.

5. Identify and enter the support document page that corresponds with the consolidated PDF. If the invoice is multiple pages, then enter the start page.

Note: Label the supporting document page with the appropriate line number from the Request Details worksheet.

6. Enter the date the activity was performed or the last day the activity was completed, if applicable (e.g., assessment date, maintenance and repair date, training date, date installed, etc.). If the line item is Equipment, enter the invoice date found on the invoice support document.
7. If the Activity Type is populated based on the Category you selected, then do not change the Activity Type for the line item.
 - a. If the Activity Type is shaded red because you selected Category Number 23-29, then select Installation or Training from the drop-down list.
 - b. If the Activity Type is shaded red because you selected Category Number 13, then select Maintenance/Repair or Upgrade.
 - c. If the Activity Type is shaded red because you selected Category Number 37, then select Equipment or Maintenance/Repair.
8. Enter the time in hours, if applicable, to the category and activity. Time includes labor hours, not travel time. Time might not be required even if the field is editable. Time is not recorded for consumer travelers.
9. Enter the amount to be reimbursed for this line item.
10. Enter a description for the line item.
 - For line items with supporting documentation, use specific descriptions that correspond to the support documents, such as invoice number, store receipt reference, staff timesheet, etc.
 - For Outreach line items, include the name of the event or description of effort taken.
 - For upgrades, describe the nature of the upgrade.

Note: Tax and shipping for multiple line items on an invoice may be entered together on a single line.

Note: Category Number, Support Document Page Number, Date Performed, or Equipment Invoice Date and Amount are required and must be filled in correctly in order for the line item to be tallied in the summary sheets.

Providing Supporting Documentation

All reimbursement requests for the NDBEDP fund must be submitted with documentation supporting the requested amounts within each cost category.

Types of Support Documents

Supporting documents include product and services invoices and receipts, staff time, travel-related costs, including mileage records and receipts for rental cars, tolls, food, lodging, airfare etc.

Documentation may include but is not limited to:

- Invoices – Equipment, Aids, Travel, Materials, etc.
- Timesheets
- Bills – Administrative (rent, utilities), etc.

Note: Purchase orders are not acceptable as supporting documentation.

Preparation of Documentation

Supporting documentation must comply with the following:

- Compile the support documents into a single PDF. For large sets of support documents, the PDF may be broken out by category and labeled accordingly.
- Number supporting document pages sequentially.
- Enter the PDF page on the corresponding line item in the Request Details worksheet.
- Label the program-related cost on the supporting document with the line number from the Request Details worksheet.
- For each cost category, provide a cover sheet before the supporting documents that provides the following information from the Request Details worksheet:
 - Line #
 - Support Document Page #
 - Invoice Date in Support Document - Date Cost Incurred
 - Description of Cost – Can include but is not limited to client name, invoice #, employee name, consumer name, sales receipt company name, bill company name
 - Amount

Sample Supporting Documentation

Examples of supporting documentation with proper pagination and labels are available on the [NDPEDP program area](#) of the Rolka Loube website or by accessing the links below.

- [Equipment](#)
- [Installation and Training](#)

- [Demo Equipment](#)
- [Outreach](#)
- [Administration](#)

Reviewing Summary Worksheets

The following worksheets contain compiled data. You may review the compiled data, but do not alter the values.

- Assessments
- Equipment
- Installation and Training
- Outreach
- Administration
- Request Summary

Finalizing the Request Summary

To complete the Request Summary worksheet:

1. Enter or review contact and program information.
 - a. Verify that all line items on the Request Details worksheet were incurred during the reporting period and program year entered on the Request Summary worksheet.
 - b. Confirm that all expenses submitted on the Request Details worksheet are eligible. See [Cost Categories for Eligible Expenses](#) and [Expenses Not Reimbursable by the NDBEDP](#) in the appendix.
 - c. Check that supporting documentation has been included for each line item on the Request Details worksheet, as necessary, that the item has been included in the compiled PDF, the PDF pages are numbered sequentially, and that the line item is labeled on each support document. See [Providing Supporting Documentation](#) for more information and links to examples.
2. Review the cost summaries based on the details entered on the Request Details worksheet.
 - a. Ensure totals appear to be tallied correctly.
 - b. Verify submissions are within the constraints identified in the [Submission Guidelines](#).
3. Enter the Authorized Signer's name and title and the date to be signed.
4. After completing all other required worksheets and verifying the automatically populated values, print the Request Summary worksheet.
5. Obtain a wet authorized signature and create a PDF to submit to Rolka Loube with the workbook.

Submitting Forms and Documentation

In order to submit necessary forms and documentation, you must upload your Reimbursement Claim Spreadsheet to the [NDBEDP Centralized Database](#). If you have log in issues, please contact our [service desk](#).

To Upload a Reimbursement Claim Spreadsheet:

1. In the navigation panel, select **Reimbursements**.
2. Select **+New** to add a new reimbursement.
3. On the **New Reimbursement Claim** pop-up window:
 - a. Enter the title of the reimbursement claim.
 - b. Select the state program from the drop-down box.
 - c. Select the program year from the drop-down box.
 - d. Choose **upload reimbursement claim spreadsheet**.
4. On the **Upload Reimbursement Claim Line Items** pop-up window, fill in a description for your claim.
5. Select **Upload a file**. You must upload one ZIP file which contains two files: an Excel file that is the NDBEDP State Reimbursement Request and a PDF that contains all of the supporting documentation.
6. Select **Open**. The name of your file appears in the **Submit Reimbursement Claim** pop-up window.
7. Select **Save**. Please allow up to 10 minutes for your file to be processed. You will receive an email regarding the status of your reimbursement claim and if it has been accepted or if changes need to be made.

National Outreach Reimbursement Requests

The following instructions detail how to complete the reimbursement request form for National Outreach reimbursement requests.

Request Summary

A. Requesting Reimbursement for
Entity:

B. Personnel Contact
Name: Phone: Ext:
Email:

C. Expense Period
Period: Year:
Note: This request must be submitted within 30 days of the close of the period when expenses occurred

Figure 4 National Outreach Request Summary - Entity & Request Information

To complete the Request Summary worksheet:

1. Select the Entity name from the drop-down.
2. Enter the Personnel Contact Name, Phone, Ext, and Email.
3. Select the expense period and year. Fields D–L are automatically populated.

Reimbursement is requested for the costs associated with:	Budget	Requesting	Total
D. Staff - Perkins and HKNC Salaries & Benefits	\$ -	\$ -	\$ -
E. Staff - Consultants	\$ -	\$ -	\$ -
F. Fable Vision: Creation of marketing campaign - name, logo, etc.	\$ -	\$ -	\$ -
G. Non-Profit Outreach Partners	\$ -	\$ -	\$ -
H. Material Production: Print, video production and mailing fees	\$ -	\$ -	\$ -
I. Purchase of Media	\$ -	\$ -	\$ -
J. Office Expenses: Phone, fax, internet, rent, utilities, supplies, etc.	\$ -	\$ -	\$ -
K. Travel: Local and air travel, hotel and related expenses	\$ -	\$ -	\$ -
L. Other: Additional direct & personnel expenses	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -

Total

Authorized Officer Signature

Officers Name
 Officer Title
 Signing Date

Figure 5 National Outreach Request Summary – Requested Amount & Officer Information

4. Enter Authorized Officer’s name, title, and the date signed.

Note: Authorized Officer’s signature must be present for the request to be valid.

Yearly Budget

Yearly Budget Breakdown	Budget
D. Staff - Perkins and HKNC Salaries & Benefits	\$ -
E. Staff - Consultants	\$ -
F. Fable Vision: Creation of marketing campaign - name, logo, etc.	\$ -
G. Non-Profit Outreach Partners	\$ -
H. Material Production: Print, video production and mailing fees	\$ -
I. Purchase of Media	\$ -
J. Office Expenses: Phone, fax, internet, rent, utilities, supplies, etc.	\$ -
K. Travel: Local and air travel, hotel and related expenses	\$ -
L. Other: Additional direct & personnel expenses	\$ -
Total	\$ -

Figure 6 Yearly Budget Worksheet

To display the yearly budget breakdown to compare with the requested totals for the year, complete the yearly budget worksheet.

To complete the yearly budget worksheet, enter the budget breakdown for each category.

Q1 – Q4

Quarter 1 Reimbursement is requested for the costs associated with:	Costs
1. Staff - Perkins and HKNC Salaries & Benefits	\$ -
2. Staff - Consultants	\$ -
3. Fable Vision: Creation of marketing campaign - name, logo, etc.	\$ -
4. Non-Profit Outreach Partners	\$ -
5. Material Production: Print, video production and mailing fees	\$ -
6. Purchase of Media	\$ -
7. Office Expenses: Phone, fax, internet, rent, utilities, supplies, etc.	\$ -
8. Travel: Local and air travel, hotel and related expenses	\$ -
9. Other: Additional direct & personnel expenses	\$ -
Total	\$ -

Figure 7 Quarter Reimbursement Request

The amounts for the Q1 Jul-Sept, Q2 Oct-Dec, Q3 Jan – Mar, and Q4 Apr – Jun worksheets automatically populate from the corresponding detail sheets.

Support

Frequently Asked Questions (FAQ) are available on the Rolka Loube website at:
<https://www.rolkaloube.com/faqs/>.

For all other inquiries, you may contact the Rolka Loube NDBEDP team.

NDBEDP	ndbedp@rolkaloube.com	717-585-6605
Joy McGrath	jmmcgrath@rolkaloube.com	717-585-6605 ext 593

Appendix

Reimbursement Request Workbook

The Reimbursement Request workbook contains worksheets designed for data entry as well as summary worksheets that automatically populate based on entered data. Other tabs provide reference information used to populate drop-down lists. The following table describes the worksheets and indicates the purpose of the worksheet.

Table 2 Reimbursement Worksheet Descriptions

Worksheet	Purpose	Description
Request Summary	Data Entry and Summary	This worksheet includes some required fields as well as summary information that is populated based on data entry in other worksheets. The required fields for data entry are white. The summary fields are colored. This worksheet should be printed, signed, and submitted as a separate PDF.
Assessments	Summary	This worksheet summarizes data entered on other worksheets.
Equipment	Summary	This worksheet summarizes data entered on other worksheets.
Installation and Training	Summary	This worksheet summarizes data entered on other worksheets.
Outreach	Summary	This worksheet summarizes data entered on other worksheets.
Administration	Summary	This worksheet summarizes data entered on other worksheets.
Consumers	Data Entry	Worksheet to enter detailed information about consumers. This data will be used to automatically populate other worksheets.
Dist and Demo Equipment	Data Entry	Worksheet to enter detailed information about distributed and demo equipment.
Request Details	Data Entry	Worksheet to enter detailed data pertaining to the reimbursement request.
Instructions	Information	This worksheet contains guidance regarding eligible costs.

Cost Categories for Eligible Expenses

Cost Categories are organized into the following number ranges:

Table 3 Cost Category Ranges

1-8	<i>Assessments</i>
9-20	<i>Equipment</i>
21-30	<i>Installation and Training</i>
31-36	Outreach
37	<i>Demo Equipment</i>
38	<i>Administrative Costs</i>

The following sections detail the allowable expenses in each category and the corresponding number to classify the expense on the Request Details worksheet. Also see [Expenses Not Reimbursable by the NDBEDP](#) for ineligible expenses and constraints. See the [Introduction](#) section in this document for more information on recent changes to these Cost Categories.

Assessments

Individualized assessments of applicant eligibility and communication needs:

Table 4 Eligible Expenses for Assessments

Cost Category Number	Description
1	Costs associated with verifying applicant eligibility, both deaf-blind disability and low-income requirements, regardless of outcome, eligible or not eligible.
2	Time spent by technology specialists conducting communications assessments for the determination of appropriate equipment to meet needs. Includes time with consumer, equipment evaluation and report writing.
3	Assessors expenses travelling to consumer location to conduct assessments including transportation costs, costs of hired drivers, lodging and food. Excludes assessor travel time.
4	Auxiliary aids: All costs incurred by interpreters and support personnel including service time, travel time and travel costs.
5	Other expenses related to eligibility and communications assessments.
6	Cost of assessors' time travelling to consumer location.
7	Intra-state travel expenses incurred by consumers travelling to an assessor site within their home state for assessment.
8	Inter-state travel expenses incurred by consumers travelling to an assessor site beyond their home state for assessment. This requires pre-approval by the NDBEDP Administrator before the costs are incurred.

Totals for these categories are automatically populated on the Assessments worksheet.

Equipment

Consumer equipment and related items to make telecommunications service, Internet access service, and advanced communications, including interexchange services and advanced telecommunications and information services accessible to eligible low-income individuals who are deaf-blind:

Table 5 Eligible Expenses for Equipment

Cost Category Number	Description
9	Specialized hardware purchased for consumers necessary to accommodate deaf-blind telecommunications; equipment which would not be purchased by or for persons without special communication needs.
10	Devices purchased "off the shelf" for consumers, which could be purchased by or for persons without special communication needs. Includes equipment that is subsequently modified for accommodations.
11	Software applications; includes software maintenance agreements.
12	DEPRECATED. Do not use #12.
13	Expenses incurred by technicians to travel to perform equipment maintenance, repairs and upgrades including the cost of travel time and transportation, hired drivers, lodging and food.
14	Cost of equipment warranties. Time and materials costs for maintenance, repair, and refurbishing consumer equipment, handling broken equipment under warranty, returning of equipment no longer needed.
15	Accessories or peripherals: cases, cables, keyboards, clamps, monitors, printers, etc., required to enable the individual to use and access the provided telecommunications equipment.
16	Items that alert individuals to incoming communication through the distributed equipment.
17	Equipment shipping expenses and sales tax.
18	Partial payment for a piece of NDBEDP equipment when another entity pays remaining balance. (There must be a clear delineation between the multiple funding sources in all reporting to the FCC and the Administrator.)
19	Batteries or upgrades for equipment that was not distributed by the NDBEDP.
20	Other types of equipment that make telecommunications service, Internet access service, and advanced communications accessible to individuals who are deaf-blind.

Totals for these categories are automatically populated on the Equipment worksheet.

Installation and Training

Installation of equipment and individualized consumer training.

Table 6 Eligible Expenses for Installation and Training

Cost Category Number	Description
21	Cost of technician time spent installing equipment and/or software.
22	Cost of technician time spent training consumers on equipment and/or software. See Expenses Not Reimbursable by the NDBEDP for training not qualified for reimbursement.
23	Installer/Trainer expenses incurred travelling to consumer location to perform installs and training including transportation costs, cost of hired drivers, lodging and food, but excluding travel time.
24	Instructional materials in an accessible format that are necessary for the use of the distributed equipment Note: The NDBEDP will not reimburse the cost of making user manuals or guides used with mainstream or specialized equipment accessible because manufacturers and service providers must ensure that the information and documentation that they provide to customers is accessible.
25	Auxiliary aids: All costs incurred by interpreters and support personnel including service time, travel time and travel costs.
26	Other expenses related to installation and training.
27	Cost of installer/trainer time travelling to consumer premises.
28	Intra-state travel expenses incurred by consumers travelling to a Certified Program site within their home state for installation or training.
29	Inter-state travel expenses incurred by consumers travelling to a Certified Program site beyond their home state for installation or training. This requires pre-approval by the NDBEDP Administrator before the costs are incurred.
30	Train-the-trainer: Costs to provide education for trainers. A maximum of 2.5% of the total state allocation at the time of claim reimbursement is permissible.

Totals for these categories are automatically populated on the Installation and Training worksheet.

Outreach

State and local outreach and education – soft cap of 10% of the total or adjusted annual allocation at time of claim reimbursement permissible, unless approved in advance by the NDBEDP Administrator.

Table 7 Eligible Expenses for Outreach

Cost Category Number	Description
31	Participating in outreach and education events. This includes workshops, conferences, exhibit booths, and registration fees. Also includes responding to program inquiries.
32	Development and production of program information such as flyers, application forms, PSAs, advertisements, and press releases.
33	Development and maintenance of an accessible program website.
34	In-state travel expenses for outreach personnel including travel time, transportation, hired drivers, lodging, and food related to attending outreach events.
35	Auxiliary aids: All costs incurred by interpreters and support personnel including service time, travel time and travel costs.
36	Other expenses related to outreach and education.

Totals for these categories are automatically populated on the Outreach worksheet.

Demo Equipment

Cost of equipment purchased to loan to consumers when their assigned equipment is being repaired, to assess consumers’ needs, to train users, or to use for outreach demonstrations. This includes maintenance of this equipment. These equipment costs may be assigned to cost category 37 as detailed below.

Table 8 Eligible Expenses for Demo Equipment

Cost Category Number	Description
37	Costs for the maintenance of inventory equipment, used to loan to consumers when their assigned equipment is being repaired, to assess consumers’ needs, to train users, train the trainer, or for outreach demonstrations.

Totals for this category are automatically populated on Line 37 of the Request Summary worksheet.

Administrative Costs

Staff time spent on program oversight, interpreters for staff meetings, cost of office supplies, and the percentage of the facility expenses attributed specifically to the NDBEDP.

- Accounting
- Regular audits
- Reporting requirements
- Program oversight
- Attending monthly national calls
- Payments for use of a database
- Scheduling of consumer appointments, outreach events and any other scheduling of activities.
- Development of program documents for internal use, such as forms for verification of disability and low income
- Interpreters for staff in conjunction with administrative duties
- Cost associated with maintaining physical facilities for administration, maintaining an inventory of demonstration equipment to conduct assessments, demonstrate equipment, or provide training
- Office supplies specific for use in program operations
- Other expenses related to program administration

The 15% is calculated on the initial annual allocation for the current Program Year, or the adjusted allocation if there has been a reallocation of funds.

These administrative costs may be assigned to cost category 38, as detailed below.

Table 9 Eligible Expenses for Administrative Costs

Cost Category Number	Description
38	Administrative costs related to this program

Totals for this category are automatically populated on Line 38 of the Request Summary worksheet.

Expenses Not Reimbursable by the NDBEDP

- Costs that exceed the certified program's annual funding allocation.
- Train-the-trainer expenses that exceed more than 2.5% of the certified program's annual or adjusted allocation at the time of claim reimbursement.
- Separately invoiced training of family members, personal attendants, or others who might provide support on how to use and maintain the distributed equipment. Others may be trained on how to use and maintain the equipment if such training occurs at the same time as the training for the equipment recipient and there is no additional cost incurred for training additional people.
- Telecommunications, broadband, or other advanced communications services.
- Equipment or devices that facilitate other life functions (e.g., hearing aids, wheelchairs).
- Teaching Braille.
- Teaching English or other language skills, such as reading or writing.
- Teaching keyboarding skills or basic computer skills.
- Training to use equipment that was not distributed by an NDBEDP certified program.
- Converting equipment user manuals or guides into accessible formats.
- Assistive lighting unrelated to signaling devices to alert user to an incoming call.
- Administrative expenses that exceed 15% of the certified program's annual or adjusted allocation at the time of claim reimbursement.
- Outreach expenses that exceed 10% of the certified program's annual allocation at the time of claim reimbursement unless prior approval is granted.
- Interstate consumer travel expenses without prior approval of the NDBEDP Administrator.
- Other expenses determined not to be reimbursable by the FCC and/or the TRS Fund Administrator.

Fields in State Reimbursement Request Form

Table 10 Fields in State Reimbursement Request Form

Worksheet	Field Name	Type	Max Length	Format	Nullable	Example	Relates to	Required (Y/N)
Consumers	Consumer ID	Text	15		N	29982	Dist and Demo Equipment, Consumer ID Request Details. Consumer ID	Y
Consumers	Consumer First Name	Text	255		N	Samira		Y
Consumers	Consumer Middle Initial	Text	1		Y	J		N
Consumers	Consumer Last Name	Text	255		N	Jackson		Y
Consumers	Date of Birth	Date	11	mm/dd/yyyy	N	10/12/1980		Y
Consumers	Consumer Address 1	Text	255		N	257 Sesame St.		Y
Consumers	Consumer Address 2	Text	255		Y	Apt 255		N
Consumers	Consumer City	Text	255		N	Erie		Y
Consumers	Consumer State	Text	2	2 letter state abbreviation	N	PA		Y
Consumers	Consumer Zip Code	Text	5		N	17102		Y
Consumers	Consumer Email Address	Text	255	Valid email address with @ and period (.)	Y	Conrad.Summer@hotmail.com		N
Consumers	Consumer Telephone Number	Text	12	#####-####	N	717-555-5555		N
Consumers	Attestor First Name	Text	255		N	Marshall		Y

Worksheet	Field Name	Type	Max Length	Format	Nullable	Example	Relates to	Required (Y/N)
Consumers	Attestor Middle Initial	Text	1		Y	Q		N
Consumers	Attestor Last Name	Text	255		N	Nguyen		Y
Consumers	Attestor Business Name	Text	255		Y	Highmark Medical Center		N
Consumers	Attestor Address 1	Text	255		N	324 General Rd		Y
Consumers	Attestor Address 2	Text	255		Y	General Hospital		N
Consumers	Attestor City	Text	255		N	Atlanta		Y
Consumers	Attestor State	Text	2	2 letter state abbreviation	N	GA		Y
Consumers	Attestor Zip Code	Text	5		N	30301		Y
Consumers	Attestor Email Address	Text	255	Valid email address with @ and period (.)	Y	Dr.QNguyen@GeneralHospital.edu		N
Consumers	Attestor Telephone Number	Text	12	### ### ####	N	840-555-5555		N
Dist and Demo Equipment	Equipment ID	Text	15		N	1	Request Details. Equipment ID	Y
Dist and Demo Equipment	Assessment Date	Date	11	mm/dd/yyyy	Y	5/4/2021		N
Dist and Demo Equipment	Date Installed	Date	11	mm/dd/yyyy	N	5/4/2021		Y

Worksheet	Field Name	Type	Max Length	Format	Nullable	Example	Relates to	Required (Y/N)
Dist and Demo Equipment	Name of Item	Text	255		N	AlertMaster Visual Alert System		Y
Dist and Demo Equipment	Brand	Text	255		Y	Clarity		N
Dist and Demo Equipment	Serial Number	Text	50		Y	GY0283883		N
Dist and Demo Equipment	Function	Text	255		N	Signalers		N
Dist and Demo Equipment	Device	Yes/No	3	Yes or No	N	Yes		Y
Dist and Demo Equipment	Cost	Dollar	12	\$.###.##	N	\$120.00		N
Dist and Demo Equipment	Number of days between assessment of need and delivery of equipment	Number	3		N	27		Y
Request Details	Consumer ID	Text	15		N		Dist and Demo Equipment. Consumer ID, Consumers, Consumer ID	N
Request Details	Equipment ID	Text	15		Y		Dist and Demo Equipment. Equipment ID	N

Worksheet	Field Name	Type	Max Length	Format	Nullable	Example	Relates to	Required (Y/N)
Request Details	Category Number	Number	2		N	15		Y
Request Details	Support Document Page Number	Number	5		Y	2		Y
Request Details	Date Performed or Equipment Invoice Date	Date	11	mm/dd/yyyy	Y	8/8/2020		Y
Request Details	Activity Type	Text	255	Dropdown values	Y	Assessment		Y
Request Details	Time (hours)	Number	12	0.00	Y	1.25		N
Request Details	Amount	Dollar	12	\$.###.##	N	\$255.26		Y
Request Details	Description	Text	255		y	Assessment - Comm Support - Hourly Travel Fees		N

Change Log

Version	Effective Date	Change Description	Author
1.0	1/20/2022	Created instructions from 2021 version for spreadsheet changes as a result of the Centralized Database build.	Tonya McKee