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STATE OF NEW HAMPSHIRE
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December 28, 2012

*100% Federal Funds
Sole Source*

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Education to grant funds through a Cooperative Project Agreement, on a sole source basis, to the Institute on Disability (IOD), University of New Hampshire, Office of Sponsored Research (vendor code 177867) to provide opportunities for individuals with disabilities and their families to develop leadership skills. This grant will run from date of Governor and Council approval through June 30, 2014 in an amount not to exceed \$30,000.00, pending legislative approval of the next biennium Budget. These are 100% Federal Funds.

Funding for this request is available from:

	<u>FY'13</u>	<u>FY'14</u>
06-56-56-562510-41100000-102-500731	\$15,000.00	\$15,000.00

EXPLANATION

This grant will support the New Hampshire Leadership Series, which is a fourteen-day intensive training for parents of children with disabilities and adults with disabilities. This training will assist them in developing their knowledge base and skills to secure quality services for themselves and/or their family members.

The Department of Education has co-funded this program over the past eight (8) years. Other sponsors of the program's funding include, but are not limited to, NH Division of Developmental Services, NH Developmental Disabilities Council, NH Charitable Foundation, NH Family Support Council, and Laconia Savings Bank.

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This program consists of a series of two-day trainings that include sessions such as:

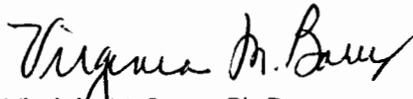
1. History of the Disability Movement in New Hampshire
2. Creating a Vision
3. Community Organizing
4. Inclusive Education
5. A Good Life
6. The Legislative Process
7. Culmination and Graduation

The granted funds will be used to increase outreach and participation from the rural areas of New Hampshire, expand the Leadership Series curriculum to address pressing issues, such as the need for a quality education for children and youth with disabilities, and allow participants to attend through financial support for presenters, rooms and meals, childcare and travel reimbursement.

This Leadership Series has been offered to the citizens of New Hampshire since 1988. Leaders emerging from each series are equipped with a clear vision for their future, knowledge about state-of-the-art supports for individuals with disabilities, and the skills necessary for creating State and local change to achieve their vision, for themselves and for their children. To date, there have been over 750 graduates of the Leadership Series. Due to the unique history of the program and the unavailability of a similar program, the Department is requesting approval of this sole source grant.

The Leadership Series will be evaluated by the Department through monthly monitoring of the services provided. In addition, the vendor will submit reports to the Department on their progress in meeting the objectives of this contract.

Respectfully submitted,



Virginia M. Barry, Ph.D.
Commissioner of Education

Virginia M. Barry, Ph.D.
Commissioner of Education

VMB:BJR
Attachment

COOPERATIVE PROJECT AGREEMENT

between the

STATE OF NEW HAMPSHIRE, **Department of Education**

and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

- A. This Cooperative Project Agreement (hereinafter "Project Agreement") is entered into by the State of New Hampshire, **Department of Education**, (hereinafter "State"), and the University System of New Hampshire, acting through **University of New Hampshire**, (hereinafter "Campus"), for the purpose of undertaking a project of mutual interest. This Cooperative Project shall be carried out under the terms and conditions of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified herein.
- B. This Project Agreement and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Project Agreement ("Effective date") and shall end on **6/30/14**. If the provision of services by Campus precedes the Effective date, all services performed by Campus shall be performed at the sole risk of Campus and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay Campus for costs incurred or services performed; however, if this Project Agreement becomes effective, all costs incurred prior to the Effective date that would otherwise be allowable shall be paid under the terms of this Project Agreement.
- C. The work to be performed under the terms of this Project Agreement is described in the proposal identified below and attached to this document as Exhibit A, the content of which is incorporated herein as a part of this Project Agreement.

Project Title: **New Hampshire Leadership Series FY'13 & FY'14**

- D. The Following Individuals are designated as Project Administrators. These Project Administrators shall be responsible for the business aspects of this Project Agreement and all invoices, payments, project amendments and related correspondence shall be directed to the individuals so designated.

State Project Administrator

Name: Santina Thibedeau
 Address: NH Department of Education
101 Pleasant St.
Concord, NH 03301

 Phone: 603-271-6693

Campus Project Administrator

Name: Dianne Hall
 Address: University of New Hampshire
Sponsored Programs Administration
51 College Rd. Rm 116
Durham, NH 03824

 Phone: 603-862-1942

- E. The Following Individuals are designated as Project Directors. These Project Directors shall be responsible for the technical leadership and conduct of the project. All progress reports, completion reports and related correspondence shall be directed to the individuals so designated.

State Project Director

Name: Mary Steady
 Address: NH Department of Education
101 Pleasant St.
Concord, NH 03301

 Phone: 206-271-3730

Campus Project Director

Name: Mary Schuh
 Address: University of New Hampshire
Institute of Disability
56 Old Suncook Rd. Ste 2
Concord, NH 03301

 Phone: 603-228-2084

Campus Authorized Official 
 Date: 12-12-12

F. Total State funds in the amount of **\$30,000.00** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

Check if applicable

Campus will cost-share _____ % of total costs during the term of this Project Agreement.

Federal funds paid to Campus under this Project Agreement are from Grant/Contract/Cooperative Agreement No. **H027A090103A** from **US Department of Education** under CFDA# **84.027A**. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

G. Check if applicable

Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002 is/are hereby amended to read:

H. State has chosen **not to take** possession of equipment purchased under this Project Agreement.
 State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

This Project Agreement and the Master Agreement constitute the entire agreement between State and Campus regarding this Cooperative Project, and supersede and replace any previously existing arrangements, oral or written; all changes herein must be made by written amendment and executed for the parties by their authorized officials.

IN WITNESS WHEREOF, the University System of New Hampshire, acting through the **University of New Hampshire** and the State of New Hampshire, **Department of Education** have executed this Project Agreement.

**By An Authorized Official of:
University of New Hampshire**

Name: Victor G. Sosa
Title: Director, Sponsored Programs Administration
Signature and Date: _____

[Handwritten Signature] 12-12-12

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: *Patrick Queen*
Title: *Civil Bureau Attorney*
Signature and Date: _____

[Handwritten Signature] 1/30/13

**By An Authorized Official of:
Department of Education**

Name: Virginia M. Barry, Ph.D.
Title: Commissioner of Education
Signature and Date: _____

[Handwritten Signature] 1/24/13

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name: _____
Title: _____
Signature and Date: _____

EXHIBIT A

- A. Project Title:** New Hampshire Leadership Series FY'13 & FY'14
- B. Project Period:** Governor and Council approval to June 30, 2014
- C. Objectives:** Provide support to thirty-five (35) participants of the New Hampshire Leadership Series. Funding to support direct costs associated with the Leadership training: meals, travel, and materials.
- Objective 1) Provide ongoing opportunities for participants of the New Hampshire Leadership Series to engage in positive productive discussions with State leaders on topics related to parent involvement as a means to improving special education and adult services.
- Objective 2) Participants of the New Hampshire Leadership Series will learn negotiation skills and community organizing strategies as a means to facilitating positive relationships between parents and adults with disabilities and their local schools and local and regional adult service systems.
- Objective 3) New Hampshire Leadership participants will engage in a minimum of one Action Group devoted to the topic of the improvement of educational outcomes for students with disabilities which will include Extended Learning Opportunities
- D. Scope of Work:** Provide a series of two-day training sessions through June 30, 2014 to parents and self-advocates, allowing them to attend at no cost to themselves.
- E. Deliverables Schedule:** This project will be evaluated by the State through monthly monitoring of the services provided. The Campus will submit monthly progress reports as well as a progress report at the end of the training series.
- F. Budget and Invoicing Instructions:** Campus will submit invoices to State on regular Campus invoice forms by the 15th of the following month which are supported by a summary of activities that have taken place and shall be based on actual project expenses incurred during the invoicing period, and shall show current and cumulative expenses by major cost categories. State will pay Campus within 60 days of receipt of each invoice. Campus will submit its final invoice no later than 75 days after the Project Period end date. Billing shall be by fiscal year ~ \$15,000.00 from Governor and Council approval through June 30, 2013 and \$15,000.00 from July 1, 2013 through June 30, 2014.

Budget Items	State Funding	State Funding	Total
	FY'13	FY'14	
1. Salaries & Wages	8,363	8,150	16,513
2. Employee Fringe Benefits	2,861	3,044	5,905
3. Travel	0	0	0
4. Supplies and Services	681	711	1,392
5. Equipment	0	0	0
6. Facilities & Admin Costs	3,095	3,095	6,190
Subtotals	15,000	15,000	30,000
Total Project Costs:			30,000

