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Frank Edelblut
Commissioner

Christine M. Brennan
Deputy Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
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June 18, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Education, Bureau of Vocational Rehabilitation to enter into a **sole source** contract with the University of New Hampshire, Durham, New Hampshire (Vendor Code 315187), in an amount not to exceed \$15,000, to provide assistive technology workshops to independent living service recipients, effective upon Governor and Council approval for the period through September 30, 2021. 100% Federal Funds.

Funds to support this request are available in FY2021 and anticipated to be available in FY2022, upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between state fiscal years through the Budget Office, if needed and justified.

	<u>FY2021</u>	<u>FY2022</u>
06-06-565010-25420000-102-500731	\$14,135	\$865
Independent Services (Part B)		

EXPLANATION

This request is **sole source** because the Institute on Disability, within the University of NH is the lead agency for New Hampshire's statewide Assistive Technology Act Program to develop and provide comprehensive access technology and computer-based skills instruction to qualified residents of the state, to facilitate independence and efficiency in both the work and home environments. Assistive Technology in New Hampshire (ATinNH) will provide half-day assistive technology workshops. All training providers are Nationally Certified Assistive Technology Providers.

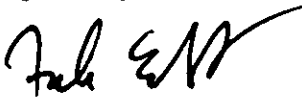
Technology is utilized in nearly all aspects of life and is critical for individuals to know and be able to utilize in order to access bank records, apply for employment, shop for needed items and to maintain independence and stay in their homes and communities.

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Page 2 of 2

The program has two major activity areas: 1) Training, Education and Outreach: AT Trainings, Classes, and Workshops and AT Policy and 2) Assistive Technology Services: Equipment Demonstrations, Loans and Refurbishing/Reuse. For this reason, we chose not to do a competitive bid process for these workshops.

Should Federal Funds become unavailable General Funds will not be requested to support this project.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Frank Edelblut", with a stylized flourish extending to the right.

Frank Edelblut
Commissioner of Education

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 **9/30/21**. 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: Independent Living Part B Access Technology Workshops for the Blind

- 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: Daniel Frye
Address: NH Department of Education
21 S. Fruit Street
Concord, NH 03301

Phone: 603-271-3814

Campus Project Administrator

Name: Susan Sosa
Address: SPA, 51 College Road
Durham, NH 03824

Phone: 603-862-4848

- 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: Daniel Frye
Address: NH Department of Education
21 S. Fruit Street
Concord, NH 03301

Phone: 603-271-3814

Campus Project Director

Name: Therese Willkomm
Address: 101 W. Edge Dr Suite 101
Durham, NH 03824

Phone: 603-491-6555

F. Total State funds in the amount of \$0 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. _____ from _____ under CFDA# 2001NHILSG-02. 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: Karen Jensen
Title: Director, Research Administration
Signature and Date: _____

Karen Jensen 6/3/20

By An Authorized Official of: the New Hampshire Office of the Attorney General
Name: Christopher Bond
Title: Assistant Attorney General
Signature and Date: _____

[Signature]

By An Authorized Official of:
Department of Education
Name: Frank Edelblut
Title: Commissioner of Education
Signature and Date: _____

[Signature] 6-26-20

By An Authorized Official of: the New Hampshire Governor & Executive Council
Name: _____
Title: _____
Signature and Date: _____

EXHIBIT A

- A. Project Title:** Independent Living Part B Access Technology Workshops
- B. Project Period:** Upon Governor & Council Approval through September 30, 2021
- C. Objectives:** To provide comprehensive access technology instruction to qualified residents of the state, to facilitate independence and efficiency in both the work and home environments. Assistive Technology in New Hampshire (ATinNH) will provide half-day assistive technology workshops. All training providers are Nationally Certified Assistive Technology Providers.
- D. Scope of Work:** University of New Hampshire (UNH) (vendor code 315187) shall provide a comprehensive set of workshops addressing various access technology and computer-based skills to qualified participants.
The following are the workshops to be provided statewide to assist in technology usage and access.
1. iPhone/iPad and Mac Computer for Low Vision – Stacy Driscoll
 2. Mastering Voice Over for effective navigation of the iPad and iPhone - Therese Willkomm
 3. Mastering Siri Commands and Shortcuts to increase productivity at home and in the workplace when using the iPhone/iPad – Therese Willkomm
 4. Creative ways to RFID stickers and shortcuts on the iPhone – Therese Willkomm
 5. Tactile Over lays for the iPad, iPhone, and Books – Therese Willkomm
 6. Creating hands-free iPad Holders and Magnifier Holders for Low Vision
 7. Learning and using MS Office Word and Excell with a Screen Reader – John Mule -
 8. Learning and using MS Office Powerpoint and Outlook with a screen reader – John Mule
 9. Learning and using Google Programs with a screen reader – John Mule and Stacy Driscoll
 10. Amazon Echo for the Blind and Visually Impaired – Stacy Driscoll
- E. Deliverables Schedule:** Workshops from the menu, in the scope of services, will be provided, as needed, in all regions of the state. These workshops will enhance the independent living skills of individuals needing training on assistive technology.
- F. Budget and Invoicing Instructions:** The budget for this program will be up to \$15,000. Billing will occur when workshops are completed. Upon receipt of invoices for workshops provided, Services for Blind and Vision Impaired will pay to the University of New Hampshire as agreed in this cooperative agreement.

Invoices should be sent to: Daniel B. Frye, 21 S. Fruit Street, Suite 20, Concord, NH 03301 or emailed in pdf format to Daniel.Frye@doe.nh.gov

Funding Source: Accounting Unit- Independent Services (Part B) 06-06-565010-25420000-500731

Fiscal Year 2021:

Half-day Access Technology workshops-Personnel \$7,966
Make and Take Items: \$489
Travel Reimbursements and Drivers for blind Trainers: \$2,000
Indirect Costs: \$3,680
Total FY2020 Costs: \$14,135

Fiscal Year 2022:

Half-day Access Technology workshops \$640
Indirect Costs: \$225
Total FY2021 Costs: \$865

	Fiscal Year 2021	Fiscal Year 2022
Half-day Access Technology workshops-Personnel	\$7,966	\$640
Make and Take Items	\$489	NA
Travel Reimbursements and Drivers for Blind Trainers	\$2,000	NA
Indirect Costs	\$3,680	\$225
Total	\$14,135	\$865

EXHIBIT B

This Project Agreement is funded under a Grant/Contract/Cooperative Agreement to State from the Federal sponsor specified in Project Agreement article F. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant/Contract/Cooperative Agreement are hereby adopted in full force and effect to the relationship between State and Campus, except that wherever such requirements, regulations, provisions and terms and conditions differ for INSTITUTIONS OF HIGHER EDUCATION, the appropriate requirements should be substituted (e.g., OMB Circulars A-21 and A-110, rather than OMB Circulars A-87 and A-102). References to Contractor or Recipient in the Federal language will be taken to mean Campus; references to the Government or Federal Awarding Agency will be taken to mean Government/Federal Awarding Agency or State or both, as appropriate.

Special Federal provisions are listed here: None or N/A.