Tech Loan Application

Directions: Please complete all information requested on this form. Applications must be completed in full to avoid any delays in processing the loan request. Procurement plan and technology evaluation must be submitted for approval. If you are in need of assistance in completing the application please contact Sharon Nichols, VI Outreach - Technology Loan Program at (512) 206-9342, or nicholss@tsbvi.edu

Name of Student: __________________________________________

School District Name/Number: __________________________________ ESC __________

Sponsoring Agency: __________________________________________

Equipment requested: _______________________________________

_____________________________________________________________________

Purpose/Statement of need: _______________________________________

_____________________________________________________________________

_____________________________________________________________________

Date equipment is needed: _______________________________________

Projected end date of loan: ____________________

(May not exceed the end of the school year without prior notice.)

Is onsite technical assistance needed for installation? Yes No

Is onsite technical assistance needed for on-going use? Yes No

If yes, please complete the Funding Assistance Agreement, page 4

Person making request: name, address, phone number, and email address:

Name __________________________________ Phone # (________) __________________

Address _________________________________________________________________________

Email __________________________________________________________________________

BOARD OF TRUSTEES:
Parents of Persons with Visual Impairments:
Otilio Galindo, San Angelo
Jamie Wheeler, North Richland Hills
Position vacant

Consumers with Visual Impairments:
Gene Brooks, Austin
Jesus Bautista, El Paso
Mary Sue Welch, Dallas

Persons Working with the Visually Impaired:
Donna Vaden Clotpton, Weatherford
Deborah Louder, San Angelo
Frankie D. Swift, President, Nacogdoches

FAX:
Business Office (512)206-9452
Central Mail Room (512)206-9450
Outreach Services (512)206-9320
Superintendent (512)206-9453
Admissions (512) 206-9148
Required Plans for Equipment Loan

I. Training Plan

1. Plan for initial training for student - (ex. Wed 1/2 hour session with VI teacher)

2. Plans for initial training for teacher (if needed) - (ex. training at ESC)

3. Plans for on-going support -(ex. ESC tech support to provide training on an "as needed" basis)

II. Procurement Plan

1. Process for purchase of equipment prior to end of loan period

2. Person responsible for procurement

3. Sources of funding to be explored

4. Timeline for contacting funding sources

III. Technology Evaluation (required with completed application)

Attach a technology evaluation that includes:
1. a statement of student's current education program
2. statement of current educational or instructional needs for technology
3. current level of competency in utilizing recommended equipment
4. short term and long term technology goals
Shipping address: *Please use exact address. UPS will not deliver to Post Office Boxes*

All signatures required:

I accept responsibility to maintain and keep the equipment in good working condition while it is in my/my child's possession.

<table>
<thead>
<tr>
<th>Student or teacher signature</th>
<th>Date</th>
</tr>
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<table>
<thead>
<tr>
<th>Parent/guardian signature</th>
<th>Date</th>
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</table>

I understand that the TSBVI technology loan program has made technology available for a limited period of time. If the student needs the equipment longer than the loan period we will attempt to secure funding for local purchase or other loan sources for this equipment.

<table>
<thead>
<tr>
<th>Teacher of the VI signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Local ISD/Coop Administrator signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I understand that the Sponsoring Agency will be responsible for any repair expenses while it is loaned.

<table>
<thead>
<tr>
<th>Administrator signature of Sponsoring Agency (ISD, ESC, etc.)</th>
<th>Date</th>
</tr>
</thead>
</table>

Printed administrator name and address of Sponsoring agency (if not previously given):

________________________________________

________________________________________

________________________________________

Please fax the completed application to: Attn: Sharon  fax# 512-206-9320
Dear Colleague:

The Outreach Program at the Texas School for the Blind and Visually Impaired is a statewide resource for local programs serving students with visual impairments. We hope that our expertise is helpful in enhancing and improving your services.

Unfortunately, travel costs rise annually but Outreach funds do not. We are therefore asking for your help in partial support for Outreach travel. The Outreach Program covers salary costs for TSBVI staff. If your district/program can pay all or ANY PART of our travel costs, the Outreach Program will be able to maintain its commitment to local programs statewide.

Thank you very much. Truly, every little bit helps. We look forward to working with you!

Sincerely,

Cyral Miller, Director, Outreach Program

My program will help with TSBVI Outreach technical assistance costs by paying for the items marked below. (Please put a "D" by the items you will direct bill to your program. Put an "R" by items you will reimburse after receiving a TSBVI invoice.)

_____ rental car _____ airfare _____ mileage _____ hotel costs _____ per diem (meals)

Or, I authorize my district / co-op / region to pay up to_______dollars to reimburse TSBVI for providing technical assistance on equipment loaned from TSBVI.

Note: Contracts and/or checks should be made out to TSBVI, not an individual consultant.

Signature of supervisory person: ___________________________ Title: ___________________________

Date: ___________________________

Name of contact person for reimbursement: ___________________________

Phone: ___________________________ Email: ___________________________

Address: ___________________________

For TSBVI use only:
Route Date:________________________Route to: Outreach technology consultant

Review application, check response and sign below. This form must be returned to the VI Outreach Admin Tech within 3 working days from the routing date.

Recommendation:
Approval of entire application_________________________________________________________

Approval of part of this application____________________________________________________

Disapproval of part of this application (specify reason)____________________________________

Disapproval of this entire application (specify reason)____________________________________

Concerns:

________________________________________
TSBVI Outreach Tech Signature                        Date