

Exhibit A
Interagency Agreement #1561-28331
DVR, DSB, and PIHE
Student Accommodation Cost Share Worksheet

A. Student Name: _____

B. PIHE Contact Name: _____

College: _____

Phone Number: _____

Fax Number: _____

Email: _____

C. DVR / DSB Contact Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

D. Accommodation for the Term and Year of: _____

SLI	Speech to Text	Braille	Other
<input type="checkbox"/> Estimate	<input type="checkbox"/> Estimate	<input type="checkbox"/> Estimate	<input type="checkbox"/> Estimate
<input type="checkbox"/> Amend	<input type="checkbox"/> Amend	<input type="checkbox"/> Amend	<input type="checkbox"/> Amend
<input type="checkbox"/> Actual	<input type="checkbox"/> Actual	<input type="checkbox"/> Actual	<input type="checkbox"/> Actual

E. Final Billing Amounts: This section to only be filled out when requesting payment.

1. Total amount of actual PIHE "D" above: \$ _____

2. Subtract \$7,500 (PIHE's responsibility): \$ _____

3. Divide the balance by 2: \$ _____

4. Total amount owed from DVR / DSB to PIHE: \$ _____

F. PIHE Representative: _____
SIGNATURE AND DATE

g. DVR / DSB Representative: _____
SIGNATURE AND DATE

Special Terms and Conditions
Instructions for Student Accommodation Cost Share Worksheet

SLI – Sign Language Interpreter

DVR - Division of Vocational Rehabilitation

DSB - Department of Services for the Blind

PIHE - Public Institution(s) of Higher Education

A. Student Name: Enter the shared student / client's first and last names.

B. PIHE Contact Name: Enter the Disability Support Services (DSS) provider or designee's first and last names.

College: Enter the name of the college.

Phone Number: Enter the DSS provider or designee's phone number, including area code.

Fax Number: Enter the DSS provider or designee's fax number.

Email: Enter the DSS provider or designee's email address.

C. DVR / DSB Contact Name: Enter the counselor's first and last names.

Phone Number: Enter the counselor's phone number including area code.

Fax Number: Enter the counselor's fax number.

Email: Enter the counselor's email address.

D. Accommodation for the Term and Year of:

1. Enter the term and year (i.e., Summer 2015).

Accommodation Costs:

2. Check the appropriate box:

Estimate Amend Actual

- Check the "Estimate" box if this is the original **Estimate** Cost Share Worksheet for this student / client in this academic term.
- Check the "Amend" box if this is an **Amended** Cost Share Worksheet for this student / client in this academic term.
- Check the "Actual" box if this is the **Final** Cost Share Worksheet for this student / client in this academic term.

3. Insert the total cost for accommodation for that term.

E. Final Billing Amounts: Do not fill out this section until the PIHE is ready to bill DVR / DSB.

1. Total actual amounts listed in "D" for PIHE. Enter total.

2. Subtract \$7,500 from the total for a new total. Enter that amount.

3. Divide the amount above from line 2 by 2 (this will give the 50 / 50 split).

4. Copy the amount from line 3 for the total amount owed by DVR / DSB to the PIHE.

5. PIHE submits itemized invoice of ACTUAL expenses, detailing approved expenses, number of work hours performed and the Cost Share Worksheet each term. (DVR, DSB, and the PIHE may, with written permission of the student participant, share records.)

F. PIHE Representative: Signature and date of authorized representative.

G. DVR / DSB Representative: Signature and date of authorized representative.