The California State University
Office of the Chancellor
400 Golden Shore
Long Beach, CA 90802-4275
(213) 985-2659

Code: HR 95-10
Reply by June 16, 1995 and
October 20, 1995

Date: May 9, 1995

To: Presidents

From: June Cooper
Vice Chancellor
Human Resources and Operations

Subject: Request for Proposals to Purchase Assistive Equipment/Auxiliary Assistance for Employees with Disabilities

The 1995/96 budget for the Affirmative Action for Disabled Employees Program is expected to include funding for the development and implementation of the Systemwide Assistive Equipment/Auxiliary Assistive Program for faculty and staff with disabilities.

The Assistive Device Equipment/Auxiliary Assistance Program is designed to provide limited funding to defray costs for making reasonable accommodations in the form of assistive technology and auxiliary aid for qualified employees with physical or mental disabilities. This program is intended to supplement campus support for employees with disabilities. Examples of the applied technology such as assistive devices and adaptive equipment that may be considered for funding through the program include: adaptive computer components and software, portable telecommunication devices for hearing and communication impaired individuals, and print magnifiers for visually impaired individuals. Examples of auxiliary aid assistance include readers, interpreters, transliterators, drivers and student assistants.

(over)

Distribution:
Vice Presidents, Academic Affairs
Associate Vice Presidents
Deans, Faculty Affairs
Vice Presidents, Administration
Payroll Supervisors
Personnel Supervisors
Affirmative Action Officers

Business Managers
Disabled Employees Programs
Coordinators, w/attachments
Disabled Student Services
Coordinators, w/attachments
To request funds for the 1995/96 program year, proposals should be submitted according to the following schedule:

PHASE I. AUXILIARY AID REQUESTS FOR CURRENT EMPLOYEES

Proposals due: June 16, 1995

Campuses will be notified and funds allocated by: July 21, 1995

Campuses should make every effort to ensure that proposals for continuing 12-month and academic year employees are reviewed during Phase I so that sufficient funds can be allocated prior to the beginning of instruction.

PHASE II. AUXILIARY AID REQUESTS FOR NEW EMPLOYEES AND EQUIPMENT REQUESTS FOR NEW AND CURRENT EMPLOYEES

Proposals due: October 20, 1995

Campuses will be notified and funds allocated by: November 15, 1995

EMERGENCY REQUESTS. Emergency requests may be submitted at any time during the funding cycle (July 10-April 15). Emergency requests will be considered only for newly hired or newly self-identified employees with disabilities. The campus coordinator should submit a completed request form along with the appropriate documentation and a cover letter explaining the urgent need to provide the accommodation. Emergency requests will be reviewed and approved or denied on a case by case basis, depending on the availability of program funds and compliance with established program and emergency request criteria.

Attachment A presents guidelines for Phases I and II of the program; program criteria and policies are provided. In order to facilitate the timely review of proposals, campuses should submit the original request form, as well as ten copies.

All proposals will be evaluated by the Systemwide Proposals Review Committee. Recommendations for funding are made by the committee to Karen Henderson-Winge, Director of Diversity Programs. The committee has representation from faculty, campus administration and the Chancellor's Office staff.
Based on prior program years, it is anticipated that fiscal year 1995/96 funding requests will exceed the program allocation. Therefore, it may not be possible to fund all proposals. It is also important to remember that funding provided through the Assistive Equipment/Auxiliary Assistance Program is intended to supplement campus resources. Thus, those proposals which include a commitment of matching campus funds/resources will receive priority consideration.

Thank you for your assistance and cooperation in making this program successful. Questions about the program should be directed to Karen Henderson-Winge at (310) 985-2659.

JMC:jj

Attachments
GUIDELINES FOR THE ASSISTIVE EQUIPMENT AUXILIARY ASSISTANCE FOR EMPLOYEES WITH DISABILITIES PROGRAM

The following conditions and criteria will be followed when the Systemwide Proposal Review Committee evaluates campus proposals to the Assistive Equipment/Auxiliary Assistance Program.

PURPOSE AND USE OF PROGRAM FUNDS

1. Systemwide program funds are intended to supplement campus resources to purchase assistive devices or adaptive equipment for CSU employees with disabilities.

2. Assistive devices and/or adaptive equipment purchased with program funds should be used to facilitate the performance of job-related activities only.

3. Funding requests should be for permanent employees. Campuses must ensure that individuals requesting funds are in permanent positions with funding at least through the current fiscal year and the likelihood of being rehired the following year.

4. Funding requests should be for existing employees and not for projected employees. The primary exception to this rule is when a campus has developed or is developing a specific program or activity designed for outreach and recruitment of disabled persons for available positions.

5. Program funds will not be provided to purchase equipment or devices for the personal use of employees; for example, walking canes, hearing aids and glasses.

6. Program funds will not be provided to cover costs associated with medical or mechanical engineering evaluations to determine appropriate accommodations for employees with disabilities.
7. Program funds will not be provided to purchase computers. The program only provides funding for adaptive computer components and software.

8. Program funds will not be provided to purchase any item considered to be standard office equipment such as chairs, desks and office machinery.

9. Program funds will not be provided to purchase any item costing $100 or less. Campuses should acquire these items without support of program funds.

10. Equipment supplies, maintenance work and rental fees will be the responsibility of the campus receiving the funding award.

11. Funding for auxiliary assistance will be provided for a maximum of 48 weeks per year for a 12-month employee and 34 weeks per year for an academic year employees.

PROPERTY/OWNERSHIP OF EQUIPMENT

1. Although assistive equipment is usually purchased for the primary use of specific CSU employees, the equipment will remain the property of the CSU Disabled Employees/Auxiliary Aid Program, on loan to the campus and assigned a particular employee.

2. In the event that an employee is promoted, transferred or assumes new job assignments or responsibilities within the CSU, the equipment purchased on behalf of that employee may continue to be used by the employee as long as a need for the equipment remains.

3. In the event that it becomes necessary to transfer or move equipment to another campus, the cost of shipping the equipment may be requested through the Disabled Employees Program (DEP).

REQUEST PROCEDURES

1. All requests for funding must be submitted by the deadlines established for Phase I and Phase II in the annual “Request for Proposals to Purchase Assistive Equipment/Auxiliary Assistance for Employees with Disabilities” Human Resources and Operations coded memorandum.

2. All requests for program funding must be processed through the Campus DEP. Requests submitted without the signature of the appropriate Campus DEP Coordinator or designee will be returned to the individual requesting funds.
REQUEST CRITERIA

1. Verification of disability is required for individuals with visible and nonvisible disabilities. Verification may be provided through a statement from a physician, a health care practitioner, or a rehabilitation professional. The verification statement should be included in the original proposal.

2. All requests for auxiliary assistance must specify the hourly rate, number of hours per week and number of weeks per year.

3. All requests should include an original and ten copies. (This includes all documentation supporting the request.) Incomplete requests will be returned to the campus.

CAMPUS REQUIREMENTS

1. Failure to use or obligate the funds may result in the reversion of the funds to systemwide provisions with subsequent reallocation to another campus.

2. All campuses should conduct a yearly inventory of assistive devices and adaptive equipment purchased with program funds and submit a status report to the systemwide Director of Diversity Programs.
1995/96 ASSISTIVE DEVICE EQUIPMENT/AUXILIARY ASSISTANCE
INFORMATION/REQUEST FORM

1. Campus: ________________________________

2. Name: ________________________________

3. Job Classification: _____________________________________________________________

4. Working Job Title: _____________________________________________________________

5. Department/Phone Number: ____________________________________________________

6. Status of Position: _Faculty _Staff _Mgmt. Personnel Plan (MPP)
____________________Temporary (indicate end date of appt. and if position is eligible for renewal)

7. Disabling condition(s):

8. Is disabling condition permanent?

9. What are the essential job functions for which reasonable accommodation is being requested?

10. Has disability been verified? Please indicate in what form (e.g., statement from medical
doctor; health practitioner, rehabilitation professional)

11. Form completed by: Name: ________________________________ Date ______

12. Form approved by: Name: ________________________________ Date ______
   Campus DEP Coordinator

--- OVER ---
PHASE I - REQUEST FOR AUXILIARY ASSISTANCE

1. Describe the functions for which assistance is being requested, e.g., reading/ note-taking, interpreting, driving.

2. Cost/Hour; Hours/Week; Weeks/Year:

3. Amount requested from Disabled Employees Program: $_______ Campus Match: $_______

PHASE II - REQUEST FOR EQUIPMENT

1. Specify equipment vendor and cost in as much detail as possible. Please list all components and prices separately. Alternative documentation should be attached to form.

2. Describe how equipment will be utilized.

3. Amount requested from Disabled Employees Program: $_______ Campus Match: $_______

Note: Campuses are expected to provide maintenance and repair for all equipment funded under this program. If form is not completed full, it will be returned which will delay funding.
Date: August 7, 1995

To: Presidents

From: June Cooper
Vice Chancellor
Human Resources and Operations

Subject: 1995/96 Disabled Employees Program Proposal Review Committee
Recommendations - Phase I

The Disabled Employees Program Proposal Review Committee has evaluated and
made Phase I recommendations regarding requests for funding under HR 95-10.

In concurrence with recommendations of the committee, this office is pleased to
inform you of the requests that have been approved. A summary of the Phase I
requests and allocations is provided in Attachment A, which indicates the allocations
funded for your campus. Please note that the allocations specified in Attachment A
will be transferred via an allocation order from the Chancellor’s Office to campus
budgets for Institutional Support Programs.

The campuses are encouraged to develop and submit proposals for Phase II. These
proposals should be sent to Laurie Faure at the above address by October 20,
1995.

Thank you for your continued interest and participation in this program designed to
supplement campus resources to accommodate disabled employees. Any comments
or questions regarding this memorandum may be directed to Ms. Laurie Faure at
(310) 985-2667.

JMC:jj

Distribution:
Vice Presidents, Academic Affairs
Associate Vice Presidents/Deans
Faculty Affairs
Personnel Supervisors
Business Managers
Payroll Supervisors

(with attachments)
Disabled Employees Program Coordinators
Disabled Student Services Coordinators
Affirmative Action Directors
<table>
<thead>
<tr>
<th>Campus</th>
<th>Auxiliary Aid</th>
<th></th>
<th>Equipment</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requested</td>
<td>Approved</td>
<td>Requested</td>
<td>Approved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bakersfield</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chico</td>
<td>2,063</td>
<td>2,063</td>
<td>0</td>
<td>0</td>
<td>2,063</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominguez Hills</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fresno</td>
<td>26,304</td>
<td>19,236</td>
<td>2,495</td>
<td>2,495</td>
<td></td>
<td>21,731</td>
<td></td>
</tr>
<tr>
<td>Fullerton</td>
<td>4,576</td>
<td>4,170</td>
<td>0</td>
<td>0</td>
<td>4,170</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hayward</td>
<td>7,478</td>
<td>5,758</td>
<td>0</td>
<td>0</td>
<td>5,758</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humboldt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Long Beach</td>
<td>41,962</td>
<td>24,378</td>
<td>0</td>
<td>0</td>
<td></td>
<td>24,378</td>
<td></td>
</tr>
<tr>
<td>Los Angeles</td>
<td>11,880</td>
<td>10,972</td>
<td>0</td>
<td>0</td>
<td></td>
<td>10,972</td>
<td></td>
</tr>
<tr>
<td>Monterey Bay</td>
<td>1,920</td>
<td>1,920</td>
<td>1228</td>
<td>840</td>
<td></td>
<td>2,760</td>
<td></td>
</tr>
<tr>
<td>Northridge</td>
<td>39,839</td>
<td>18,773</td>
<td>0</td>
<td>0</td>
<td></td>
<td>18,773</td>
<td></td>
</tr>
<tr>
<td>Pomona</td>
<td>1,170</td>
<td>1,170</td>
<td>0</td>
<td>0</td>
<td></td>
<td>1,170</td>
<td></td>
</tr>
<tr>
<td>Sacramento</td>
<td>12,632</td>
<td>9,022</td>
<td>0</td>
<td>0</td>
<td></td>
<td>9,022</td>
<td></td>
</tr>
<tr>
<td>San Bernardino</td>
<td>8,365</td>
<td>3,819</td>
<td>0</td>
<td>0</td>
<td></td>
<td>3,819</td>
<td></td>
</tr>
<tr>
<td>San Diego</td>
<td>8,431</td>
<td>8,035</td>
<td>0</td>
<td>0</td>
<td></td>
<td>8,035</td>
<td></td>
</tr>
<tr>
<td>San Francisco</td>
<td>52,146</td>
<td>46,066</td>
<td>0</td>
<td>0</td>
<td></td>
<td>46,066</td>
<td></td>
</tr>
<tr>
<td>San Jose</td>
<td>36,880</td>
<td>23,400</td>
<td>0</td>
<td>0</td>
<td></td>
<td>23,400</td>
<td></td>
</tr>
<tr>
<td>San Luis Obispo</td>
<td>17,088</td>
<td>4,759</td>
<td>0</td>
<td>0</td>
<td></td>
<td>4,759</td>
<td></td>
</tr>
<tr>
<td>San Marcos</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Sonoma</td>
<td>6,932</td>
<td>6,932</td>
<td>0</td>
<td>0</td>
<td></td>
<td>6,932</td>
<td></td>
</tr>
<tr>
<td>Stanislaus</td>
<td>12,803</td>
<td>11,898</td>
<td>0</td>
<td>0</td>
<td></td>
<td>11,898</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>292,469</strong></td>
<td><strong>202,371</strong></td>
<td><strong>3,723</strong></td>
<td><strong>3,335</strong></td>
<td></td>
<td><strong>205,706</strong></td>
<td></td>
</tr>
</tbody>
</table>
The California State University
Office of the Chancellor
400 Golden Shore
Long Beach, CA 90802-4275
(310) 985-2665

Code: HR 95-10
Supplement 2

Date: November 29, 1995

To: Presidents

From: June Cooper
Vice Chancellor
Human Resources and Operations

Subject: 1995/96 Disabled Employees Program Proposal Review Committee
Recommendations - Phase II

The Disabled Employees Program Proposal Review Committee has evaluated and
made Phase II recommendations regarding requests for funding under HR 95-10.

In concurrence with recommendations of the committee, this office is pleased to
inform you of the requests that have been approved. A summary of the Phase II
requests and allocations is provided in Attachment A, which indicates the allocations
funded for your campus. Please note that the allocations specified in Attachment A
will be transferred via an allocation order from the Chancellor’s Office to campus
budgets for Institutional Support Programs.

Thank you for your continued interest and participation in this program designed to
supplement campus resources to accommodate disabled employees. Any comments
or questions regarding this memorandum may be directed to Ms. Laurie Faure at
(310) 985-2667.

JMC:jj

Distribution:
Vice Presidents, Academic Affairs
Associate Vice Presidents/Deans
Faculty Affairs
Personnel Supervisors
Business Managers
Payroll Supervisors

(with attachments)
Disabled Employees Program Coordinators
Disabled Student Services Coordinators
Affirmative Action Officers
### 1995-96 DISABLED EMPLOYEES PROGRAM - PHASE II SUMMARY

<table>
<thead>
<tr>
<th>Campus</th>
<th>Auxiliary Aid</th>
<th></th>
<th>Equipment</th>
<th></th>
<th>Total Allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requested</td>
<td>Approved</td>
<td>Requested</td>
<td>Approved</td>
<td></td>
</tr>
<tr>
<td>Bakersfield</td>
<td>0</td>
<td>0</td>
<td>2,885</td>
<td>1,700</td>
<td>1,700</td>
</tr>
<tr>
<td>Chico</td>
<td>864</td>
<td>0</td>
<td>2,495</td>
<td>1,248</td>
<td>1,248</td>
</tr>
<tr>
<td>Dominguez Hills</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fresno</td>
<td>2,535</td>
<td>120</td>
<td>14,942</td>
<td>2,200</td>
<td>2,320</td>
</tr>
<tr>
<td>Fullerton</td>
<td>0</td>
<td>0</td>
<td>5,371</td>
<td>2,436</td>
<td>2,436</td>
</tr>
<tr>
<td>Hayward</td>
<td>0</td>
<td>0</td>
<td>19,845</td>
<td>3,250</td>
<td>3,250</td>
</tr>
<tr>
<td>Humboldt</td>
<td>0</td>
<td>0</td>
<td>285</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Long Beach</td>
<td>4,590</td>
<td>0</td>
<td>2,334</td>
<td>1,159</td>
<td>1,159</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>0</td>
<td>0</td>
<td>588</td>
<td>588</td>
<td>588</td>
</tr>
<tr>
<td>Maritime Acad.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Monterey Bay</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Northridge</td>
<td>38,894</td>
<td>0</td>
<td>3,336</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pomona</td>
<td>0</td>
<td>0</td>
<td>2,088</td>
<td>588</td>
<td>588</td>
</tr>
<tr>
<td>Sacramento</td>
<td>0</td>
<td>0</td>
<td>1,500</td>
<td>750</td>
<td>750</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>1,381</td>
<td>1,381</td>
<td>1,904</td>
<td>1,718</td>
<td>3,099</td>
</tr>
<tr>
<td>San Diego</td>
<td>0</td>
<td>0</td>
<td>8,170</td>
<td>4,095</td>
<td>4,095</td>
</tr>
<tr>
<td>San Francisco</td>
<td>6,418</td>
<td>0</td>
<td>9,554</td>
<td>2,550</td>
<td>2,550</td>
</tr>
<tr>
<td>San Jose</td>
<td>3,175</td>
<td>0</td>
<td>9,761</td>
<td>5,836</td>
<td>5,836</td>
</tr>
<tr>
<td>San Luis Obispo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### 1995-96 DISABLED EMPLOYEES PROGRAM - PHASE II SUMMARY

<table>
<thead>
<tr>
<th>Campus</th>
<th>Auxiliary Aid</th>
<th></th>
<th></th>
<th>Equipment</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requested</td>
<td>Approved</td>
<td>Requested</td>
<td>Approved</td>
<td>Total</td>
<td>Allocated</td>
</tr>
<tr>
<td>San Marcos</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sonoma</td>
<td>0</td>
<td>0</td>
<td>4,500</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>1,020</td>
<td>0</td>
<td>4,825</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>58,877</strong></td>
<td><strong>1,501</strong></td>
<td><strong>94,383</strong></td>
<td><strong>28,118</strong></td>
<td><strong>29,619</strong></td>
<td></td>
</tr>
</tbody>
</table>