West Central Ohio Assistive Technology Center

State Support Team Region 6 1045 Dearbaugh Ave, Suite #1 Wapakoneta, OH 45895 419-738-9224 or 800-686-2945 FAX: 738-9199

May 6, 2019

Ken Schmiesing Celina City Schools 585 East Livingston St Celina OH 45822

Dear Dr. Schmiesing,

Enclosed is a contract to continue your membership in the West Central Ohio Assistive Technology Center (ATC) Consortium. This contract must be signed by you and your treasurer and returned to us by July 1, 2019. An invoice has been sent to your treasurer with a copy of this letter.

Also enclosed is a list of the Assistive Technology Steering and Selection Committee members and a brochure giving you an overview of how the Consortium works.

During the 2018-2019 school year 30 districts participated, which provided the Assistive Technology Center with \$27,000. The ATC Committee appreciates your commitment to this project and looks forward to continued funding from your district. The mission of this project is to provide assistive devices to students in the participating districts who need alternative means to communicate in the classroom, home and community, and have been unable to obtain funding from other sources.

If you have any questions regarding the Assistive Technology Center, please do not hesitate to contact me at 1-800-686-2945.

Sincerely,

Rebecca Rees Director

Enclosures

Cc: Tom Sommer, Treasurer

ASSISTIVE TECHNOLOGY CONTRACT

In accordance with Sections 3313.842 and 3375.14 of the Ohio Revised Code, the Auglaize County Educational Service Center agrees to act as Fiscal Agent for the West Central Ohio Assistive Technology Center (housed at State Support Team Region 6).

The Auglaize County Educational Service Center agrees to:

- 1. Provide Administrative Services through the West Central Ohio Assistive Technology Center, including Supervision and Fiscal Management.
- 2. Will operate the ATC in accordance with policies and procedures adopted by the participating school districts.
- 3. Will establish an Advisory Council with representatives from the Region.

The Participating School Districts will provide the following:

- 1. A signed one-year commitment to participate commencing July 1, 2019. The commitment will be reviewed and evaluated annually.
- 2. The cost will be \$900 per district (currently participating) for the 2019-2020 school year, with initial buy-in of \$1,600 plus penalty per district not participating from the inception of the program, due July 1, 2019, commencing July 1, 2019.
- 3. Each district will approve the slate of committee members as submitted herein.

Allen County

Kim Nellis

Auglaize County

Kelly Schattschneider

Champaign County

PLEASE NOTE: There are no guarantees of funding.

Julie Hartsel

Hardin County

Craig Ludwig

Logan County

Mary Lou Lange Sue Bruns/Betsv Crites

Mercer County

Chris Barr

Shelby County SST6 Staff

The Assistive Technology Library will provide extended loan of assistive technology equipment for individual student utilization.

By signing this contract, the local district agrees that the person(s) implementing/installing the equipment is an employee of your agency and is qualified to use assistive technology or agrees to be trained in the use of the equipment. If equipment is damaged, lost, or stolen, items will be replaced or repaired at the expense of the local education agency.

Entered into this ______, day of ________, 2019.

Superintendent, Auglaize County

Treasurer, Auglaize County

Superintendent, Participating District

Treasurer/Fiscal Officer, Participating District

Participating District

Director, State Support Team Region 6

State Support Team Region 6 Auglaize County E.S.C.

1045 Dearbaugh Ave, Suite 1 1045 Dearbaugh Ave, Suite 2
Wapakoneta, OH 45895 Wapakoneta, OH 45895 (800) 686-2945

(419) 738-3422

ASSISTIVE TECHNOLOGY CENTER

INVOICE

TO: Celina City Schools Dr. Ken Schmiesing

DATE DUE: July 1, 2019

Commitment to Assistive Technology Library, July 1, 2019 to June 30, 2020

Total Due: \$ 900.00

MAKE CHECK PAYABLE TO: AUGLAIZE COUNTY E.S.C.

**** Enclose a copy of this invoice with your payment **** Also enclose your Assistive Technology Contract.

Thank you.