

COLLEGE OF THE CANYONS

Distance Education Captioning & Transcription



EXPANDING ACCESS

ONLINE APPLICATION GUIDE

Table of Contents

Primary Contact _____	3
Secondary Contact _____	8
Applicant District Board-Authorized Approver _____	8
Primary Contact (<i>follow-up</i>) _____	9
DECT Approved Application _____	9
Request for Reimbursement/Payment Form _____	10

Contact:

Justin Manalang

DECT Program Coordinator

Tele: (661) 362-3177

Fax: (661) 362-3697

captioning@canyons.edu



COLLEGE OF THE CANYONS
**Distance
Education
Captioning &
Transcription**

DECT Online Application *Primary Contact*

After clicking the “DECT online application” button, the following screen will pop up.

DocuSign BEGIN SIGNING HELP

PowerForm Signer Information

Fill in the name and email for each signing role listed below.
Signers will receive an email inviting them to sign this document.
Please enter your name and email to begin the signing process.

Primary Contact

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Secondary Contact

Name:

Email:

Applicant College Board Authorized Approver

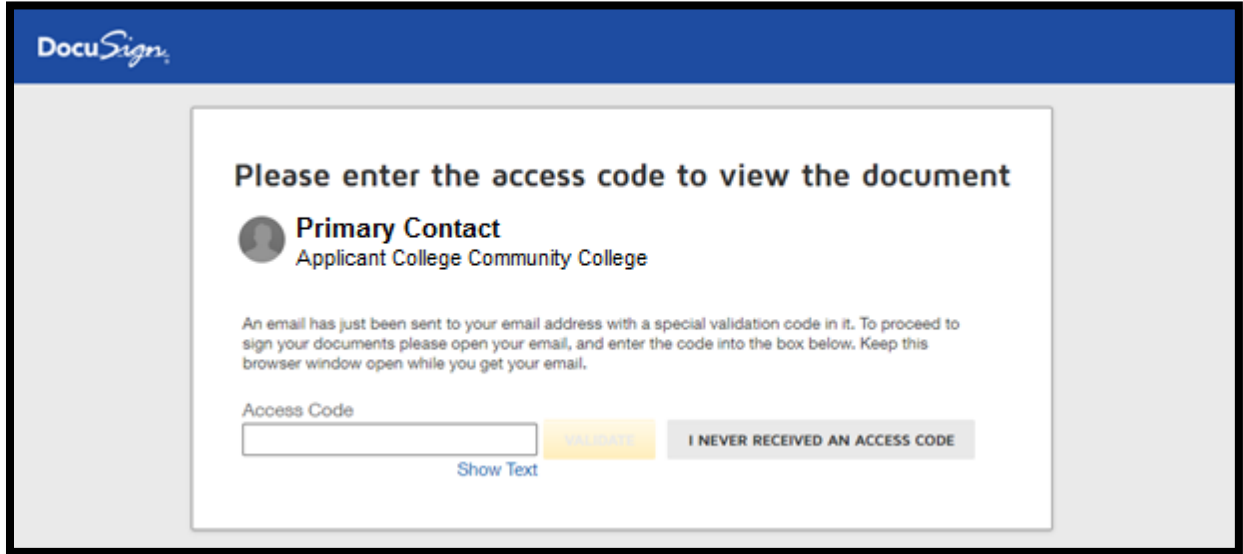
Name:

Email:

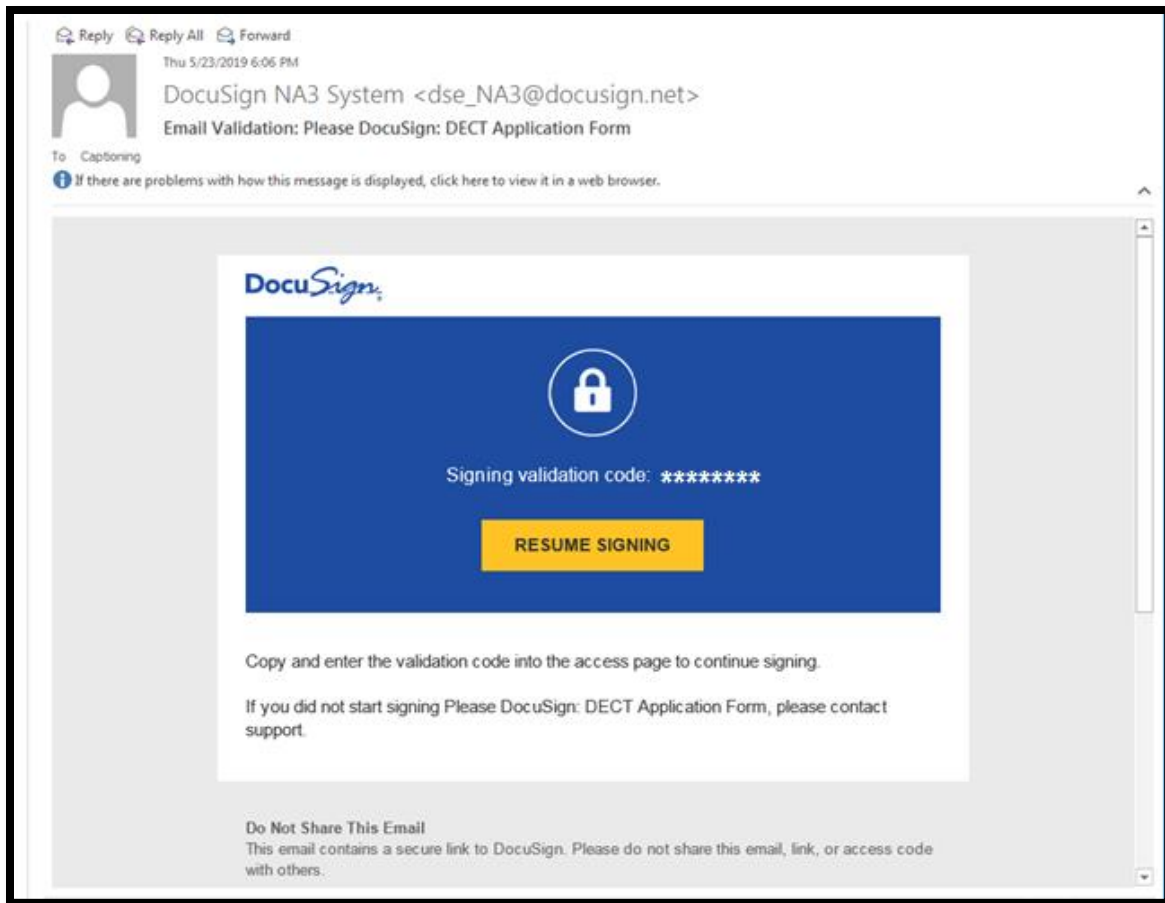
BEGIN SIGNING

Please type in the names and emails of the Primary Contact, Secondary Contact, and Applicant College Board-Authorized Approver. The information will be automatically added to the application in the appropriate fields. Once you finish inputting the names and emails, click the “Begin Signing” button.

After clicking the “Begin Signing” button, the following screen will pop up



You will receive an email from DocuSign with your “Signing validation code”. If you need to finish your application at a later time, you will return to this email to access your application in progress. Copy the Access code into the previous screen to view the application.



Once you enter your access code, the following screen will pop up:

Please Review & Act on These Documents DocuSign

Primary Contact
Applicant Distict Community College

Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures. **CONTINUE** **OTHER ACTIONS** ▾

DocuSign Envelope ID: D9A0AA44-47F7-4471-A7F2-56DA9F590F85

SANTA CLARITA COMMUNITY COLLEGE DISTRICT
Application and Agreement Form
Distance Education Captioning and Transcription Grant Funding

PROJECT # THIS BOX TO BE COMPLETED BY SANTA CLARITA CCD

1. APPLICANT DISTRICT INFORMATION

District Name			
College Name			
Street Address			
City, State, Zip			

PRIMARY CONTACT

Contact Name	Primary Contact		
Title	<input type="text"/>		
Email Address	PrimaryContact@college.edu		
Telephone #	<input type="text"/>	Fax #	<input type="text"/>

SECONDARY CONTACT

Contact Name			
Title			
Email Address			
Telephone #	<input type="text"/>	Fax #	<input type="text"/>

2. SUMMARY OF INFORMATION FOR SECTION(S) for funding is requested (if more than fifteen courses, provide the following

IMPORTANT: Clicking the “Begin Signing” button will start a new application. If you need to complete the application at a later time, **do not exit out of the web browser!** If you need to exit at any point during the process, please click “Other Actions” then “Finish Later” at the top of the screen. This will save your application in its current state, as well as send you an email with a link to resume your application.

Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures. **CONTINUE** **OTHER ACTIONS** ▾

SANTA CLARITA COMMUNITY COLLEGE DISTRICT
Application and Agreement Form
Distance Education Captioning and Transcription Grant Funding

OTHER ACTIONS ▾

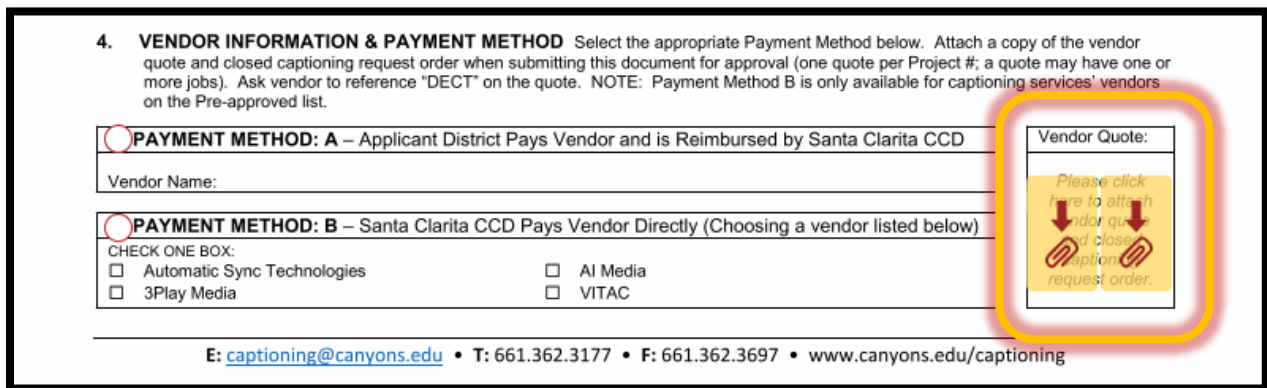
- Finish Later
- Print & Sign
- Decline to Sign

Begin by clicking the box marked “I agree to use electronic records and signature”

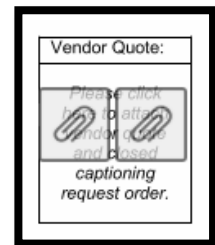


You are now ready to fill out the form. When filling out the application, the Primary Contact Name and Primary Contact Email will be automatically filled in. Any Required Fields will be outlined in RED, and any Optional Fields will be outlined in GRAY. Please fill out all pertinent information.

Attaching your DECT funding quote:



In order to attach your DECT funding quote from you Captioning Vendor, please click on the button on the bottom right corner of Page 1. A pop-up will appear, in which you can attach your DECT funding quote. Once you click done, the attachment will now be visible as the last page of your application. If you need to change your attachment or add additional pages, you can click the now Gray attachment button to bring up the previous pop-up, and make the appropriate changes.



Also, in order to attach the information for the content to be captioned, click the “Content for Captioning Information” attachment button. This is the same information that you provide to the Captioning Vendor when obtaining a quote for captioning. For Realtime/Synchronous Captioning, you can provide the schedule of classes of the students, and for Delayed/Asynchronous Captioning, you will include a list of the videos/content for captioning. If you are requesting captioning for instructor produced content, please attach a copy of the email to the vendor which indicates that it is for instructor produced content.

Course Information:

For each course that you are submitting for captioning, you will need to fill out the following

- Course Title
- Semester & Year
- Section Number
- Apportionment Eligible
- Anticipated Enrollment
- Delivery Mode
- Type of Media
- Minutes/Hours
- Total Time to be Captioned

PROJECT COURSES

PROJECT # THIS BOX TO BE COMPLETED BY SANTA CLARITA CCD

COURSE INFORMATION FOR CLASS(ES) for which captioned content is to be requested. NOTE: Applicant District is solely responsible for securing any and all required written releases and written permissions when such are required.

Course Title		Term: Semester & Year	
Section Number		APPORTIONMENT ELIGIBLE? <input type="radio"/> YES – If "NO", Project is NOT eligible	Anticipated Enrollment
Delivery Mode	<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> Via LMS <input type="checkbox"/> Telecourse <input type="checkbox"/> Interactive Video <input type="checkbox"/> In Class (Realtime) <input type="checkbox"/> Other (specify):		
Type of Media	<input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> PowerPoint Slides <input type="checkbox"/> Animation <input type="checkbox"/> Realtime Captioning / CART <input type="checkbox"/> Other (specify):		
		Total	-- select --
		to be Captioned	

Course Title		Term: Semester & Year	
Section Number		APPORTIONMENT ELIGIBLE? <input type="checkbox"/> YES – If "NO", Project is NOT eligible	Anticipated Enrollment
Delivery Mode	<input type="checkbox"/> Online <input type="checkbox"/> Hybrid <input type="checkbox"/> Via LMS <input type="checkbox"/> Telecourse <input type="checkbox"/> Interactive Video <input type="checkbox"/> In Class (Realtime) <input type="checkbox"/> Other (specify):		
Type of Media	<input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> PowerPoint Slides <input type="checkbox"/> Animation <input type="checkbox"/> Realtime Captioning / CART <input type="checkbox"/> Other (specify):		
		Total to be Captioned	

Only one course is visible when starting the application. If you have more than ONE course, begin typing the Course Title for the additional courses. Once you type in the title, additional fields will pop-up for you to complete. The application has space for fifteen (15) courses. If you need additional space, please fill out the "Additional Project Courses" form (available on the Forms page of the website) and please click the attachment button located at the Top Left corner of Page 6 of the application.

PROJECT COURSES

PROJECT # THIS BOX TO BE COMPLETED BY SANTA CLARITA CCD

If more than fifteen (15) courses, provide the following information on the "Additional Project Courses" sheet, available on the website, and attach in the box to the left

Please click here to attach additional courses

Optional

Course Title		Term: Semester & Year	
--------------	--	-----------------------	--

Once you finish inputting all the information and attachment(s), click "Finish" to submit your application. It will be sent in for review by the DECT office.

DECT Online Application *Secondary Contact*

Once the Primary Contact has finished the DECT application and has been reviewed by the DECT Office, an email will be sent to the Secondary Contact to notify him/her that the DECT application is ready for signature.

When filling out the application, the Secondary Contact Name and Secondary Contact Email will be automatically filled in. Any Required Fields will be outlined in RED, and any Optional Fields will be outlined in GRAY.

The Secondary Contact will need to fill in the following fields:

- Secondary Contact Title
- Secondary Contact Phone Number
- Secondary Contact Fax Number

Also, on Page 2 of the DECT application, the Secondary Contact will also need to sign under the “Applicant District Acknowledgements and Responsibilities.”

Once all of the above has been put in, click “Finish.” This completes all the actions required for the Secondary Contact, and will forward the application to the “Applicant District Board-Authorized Approver” for signatures.

DECT Online Application *Applicant District Board-Authorized Approver*

Once the Secondary Contact has finished the signing the DECT application, an email will be sent to the Applicant District Board-Authorized Approver to notify him/her that the DECT application is ready for signature.

When filling out the application, the Applicant District Board-Authorized Approver Name and Applicant District Board-Authorized Approver Email will be automatically filled in. Any Required Fields will be outlined in RED, and any Optional Fields will be outlined in GRAY.

The Applicant District Board-Authorized Approver will need to fill in the following fields:

- Applicant District Board-Authorized Approver Title

On Page 2 of the DECT application, the Secondary Contact will also need to sign under the “Applicant District Acknowledgements and Responsibilities.”

Once all of the above has been put in, click “Finish.” This completes all the actions required for the Applicant District Board-Authorized Approver, and will complete the initial application for the Applicant District. The application will be forwarded to the DECT Office for signatures and to finish the approval process. Once the application has been approved, the “Primary Contact” will receive a copy of the approved application and the Applicant District can begin captioning services.

DECT Online Application *Primary Contact*

Once the Secondary Contact and Applicant District Board-Authorized Approver have both signed the application, an informative email will be sent to the Primary Contact to inform him/her that both parties have signed the application and is pending approval from the DECT office.

The email will provide a link to view the document in its current state. Please click the link to view the document with its current signatures. No other actions are required and you do not need to save the application in its current state. A copy of the approved application will be automatically sent to you to save for your records

IMPORTANT: Please click the link provided in the email to view the document, or else your application will not progress forward for approval, and will remain pending. Once the link has been clicked, the application will be forwarded to the DECT office for signatures and approval.

DECT Online Application *Approved Application*

Once the application has been signed by all parties from the Applicant College and SCCCD, an email will be sent to both the Primary Contact and Secondary Contact to inform you that the application has been approved.

Also, a copy of the signed and approved application will be attached so that you can save a copy for your records. Once you receive the approval email, you may begin captioning!

APPROVAL PROCESS IS COMPLETE

DECT Online Application *Request for Reimbursement/Payment form*

When initially completing the application, you will fill out the following fields on the Request for Reimbursement/Payment form:

- *District Name **
- *College Name **
- *College Address **
- *College City, State, Zip **
- Payment Method

** These fields should be filled in automatically and should match the information from the first page*

The only field that you should need to fill in, is selecting the correct “Payment Method”

The Primary Contact, Secondary Contact, and Applicant Board-Authorized Approver will sign the Request for Reimbursement/Payment form at the END of the project.

Payment Method: A

For Payment Method: A, when you would like to request reimbursement for services under the approved project, please email the following to captioning@canyons.edu so that we can prepare the reimbursement form to the Applicant College for signature:

- A copy of the vendor’s invoice with Applicant District’s approval initials by each charge satisfactorily completed
- A copy of the Purchase Order and/or contract issued, when applicable to the Vendor
- A copy of the Applicant District’s payment check to the Vendor

Once all these have been received, the prepared Request for Reimbursement/Payment form will be sent to the Primary Contact, Secondary Contact, and Applicant Board-Authorized Approver for signature.

If you need to submit multiple requests for reimbursement, please follow the above steps for each additional request.

Payment Method: B

For Payment Method: B, the Request for Reimbursement/Payment form will be sent at the END of the project once all the work for the approve Project has been completed.

The prepared form with the total amount paid to the vendor will be sent to the Primary Contact, Secondary Contact, and Applicant College Board-Authorized Approver for signature.