



## National Assistive Technology Act Data System

### State Plan - Full Report

Alaska 2021

#### General Information

##### Statewide AT Program (Information to be listed in national State AT Program Directory)

<b>State AT Program Title</b>	Assistive Technology of Alaska
<b>State AT Program URL</b>	www.atlaak.org
<b>Mailing Address</b>	1500 W 33rd Ave., Suite 120
<b>City</b>	Anchorage
<b>State</b>	AK
<b>Zip Code</b>	99503
<b>Program Email</b>	atla@atlaak.org
<b>Phone</b>	907-563-2599
<b>TTY</b>	907-563-0699

#### Lead Agency

<b>Agency Name</b>	Department of Labor & Workforce Development - Division of Vocational Rehabilitation
<b>Mailing Address</b>	1111 W. 8th St., Ste 210
<b>City</b>	Juneau
<b>State</b>	AK
<b>Zip Code</b>	99801
<b>Program URL</b>	<a href="http://www.labor.state.ak.us/dvr/at-prog.htm">http://www.labor.state.ak.us/dvr/at-prog.htm</a>

#### Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	Assistive Technology of Alaska
<b>Mailing Address</b>	1500 W 33rd Ave., Suite 120

<b>City</b>	Anchorage
<b>State</b>	AK
<b>Zip Code</b>	99503
<b>Program URL</b>	<a href="http://www.atlaak.org">www.atlaak.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Rail, Mystie
<b>Title</b>	Executive Director
<b>Phone</b>	907-563-2599
<b>E-mail</b>	mystie@atlaak.org
<b>Program Director at Lead Agency (last, first)</b>	Mayes, Duane
<b>Title</b>	Program Director
<b>Phone</b>	907-334-5963
<b>E-mail</b>	duane.mayes@alaska.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Rail, Mystie
<b>Title</b>	Executive Director
<b>Phone</b>	907-563-2599
<b>E-mail</b>	mystie@atlaak.org

### Person Responsible for completing this form if other than Program Director

<b>Name (last, first)</b>	Rail, Mystie
<b>Title</b>	Executive Director
<b>Phone</b>	907-563-2599
<b>E-mail</b>	mystie@atlaak.org

### Certifying Representative

<b>Name (last, first)</b>	Caputo, Jason
<b>Title</b>	Project Assistant
<b>Phone</b>	907-465-6933
<b>E-mail</b>	jason.caputo@alaska.gov

## Module A: Change in Lead Agency or Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? Yes

**1. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.**

1. A detailed legal subcontract is established between DVR and ATLA that describes all AT services, goals, and expectations and is submitted annually. 2. Ongoing and constant communication and oversight between AT Program Director, Jason Caputo, and Executive Director at the Implementing Entity, Mystie Rail, and her staff at ATLA. This includes regular contact and site reviews to ensure adequate progress of the above scope/services, goals, objectives, etc. 3. The direct ongoing participation of both the above entities in all AT Advisory Committee meetings with specific accountable benchmarks/goals/objectives reported out at all monthly meetings and are tied into the subcontract, state AT plan, and internal goals developed by the AT Advisory Committee.

**2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?** No

**3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan?** No

## Module B: Advisory Council

- |   |   |
|---|---|
| 1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council?   | 3 |
| 2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? | 0 |
| 3. How many representatives of a state Center for Independent Living are members of the advisory council?.  | 1 |
| 4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council?  | 1 |
| 5. How many representatives of the State educational agency are members of the advisory council?  | 1 |
| 6. How many additional representatives of other agencies and/or organizations are members of the advisory council?  | 0 |
| 7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council?  | 7 |

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	7
Total number of individuals on the advisory council	13
Percentage	53.85%

8. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes

## Module C: Actual Expenditures and Budgeted Allocations

### 1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY19. The grant began 10/1/2018 with the first year ending on 9/30/2019, the first carryover year ended on 9/30/2020 and the second carryover year ended on 9/30/2021 with the 3 month liquidation period ending 12/31/2021.

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$272,422.81	60.74%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
<b>b. All State Leadership Activities</b>	\$175,190.22	39.06%	
<b>c. Total Expenditures</b>	\$447,613.03		
<b>d. Total Award</b>	\$448,515.00		
<b>e. Lapsed Amount</b>	\$901.97	0.20%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$8,759.51</b>	5.00%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

## Module C: Actual Expenditures and Budgeted Allocations (Continued...)

### 2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the preceding fiscal year AT grant award along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over a 24 month period.

For the State Plan submitted in the spring of 2022, you will report the closed-out grant award for FY20. The grant began 10/1/2019 with the first year ending on 9/30/2020, the first carryover year ended on 9/30/2021 and the second carryover year ended on 9/30/2022 with the 3 month liquidation period ending 12/31/2022.

The total grant award for was **\$458,722.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$273,372.46	\$0.00	\$520.24	\$273,892.70
<b>All State Leadership Activities</b>	\$184,829.30	\$0.00	\$0.00	\$184,829.30
<b>Total</b>	\$458,201.76	\$0.00	\$520.24	\$458,722.00
<b>Transition Training &amp; Technical Assistance</b>	\$9,241.47	\$0.00	\$0.00	\$9,241.47

## Module D: State Level Activity Summary

### 1. Which State Financing Activities do you conduct?

- Other State Financing that directly provides AT (telecommunications programs, etc.)

### 2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

### 3. Do you conduct Short-term Device Loans?

Yes

### 4. Do you conduct Device Demonstrations?

Yes





## Module F: Other State Financing Activities that Directly Provides AT

### 1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that directly provide AT that are conducted.

- Telecommunications Equipment Distribution Program (EDP)-State
- Deaf/Blind Telecommunications EDP-Federal
- Other (Describe)

### Provide a description of the other activity/activities conducted.

TechAbility - a one-time state appropriation to provide assistive technology to Alaska Mental Health Trust beneficiaries.

### 2. Select the one option that best describes who conducts this activity/activities.

The Statewide AT Program (State AT)

### 3. Select the one option that best describes from where this activity/activities is conducted.

One central location (Central)

### 4. Do you charge a fee for this activity/activities? (select one)

No

### 5. Identify the types of collaborations you have in place to conduct this activity/activities.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

State Entities/Agencies (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

## Module F: Other State Financing Activities that Directly Provides AT (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Other (select any/all)

### 6. Describe the activity/activities.

akRelay ATLA is contracted through Sprint Relay and paid through a surcharge collected from customers of local exchange carriers in the State of Alaska. It is through this contract that ATLA is able to provide the outreach and support to consumers to complete applications for the Technology Equipment Distribution Program for Alaskans who are deaf, hard-of-hearing, deaf-blind or have a speech impairment to receive assistive devices such as CapTel or amplified phones, an iPad with appropriate applications and a case, a flash or iBox, and other accessories to access mobile devices. akCC ATLA is the certified agency for iCanConnect (ICC): The National Deaf Blind Equipment Distribution Program in Alaska. The focus of ICC is to ensure that individuals, with limited incomes, and who experience a combined vision and hearing loss, can access the telephone, advanced communications, and information services. Technology Specialists conduct assessments with eligible individuals and make recommendations based on individual needs. Equipment provided through ICC may include but is not limited to devices that facilitate communication such as iPads, computers, Braille devices, and alert systems. TechAbility ATLA provides a "lifetime loan" of equipment for people that meet the target population criteria and are able to self-disclose they can be identified as an Alaskan Mental Health Trust beneficiary in at least one of the following qualifying populations: chronic alcoholism, Alzheimer's disease or related dementia, developmental disabilities, mental health illness, or traumatic head injury resulting in permanent brain injury. Through this capital appropriation provided by the Department of Health and Social Services called TechAbility, a qualified AT specialist will provide a consultation based on individual functional limitations, assistive technology (AT), training, and follow-up to beneficiaries who experience impairments that impact their independent living needs. This is not a formal assessment or evaluation, but rather a starting point to locate devices that may help them become more independent at home or in the community. ATLA will predetermine equipment provided through the TechAbility Program so as to offer a wide range of choices based on ease of use, functionality, dependability, and quality. AT will be made available to the consumer to use for as long as they find it beneficial in providing increased independence and improvement to their quality of life. The TechAbility Program will offer information on the value of the reutilization of AT to the consumer. Should the consumer or caregiver feel, at any time, that the AT provided is no longer needed, they will be encouraged to return it to ATLA to be placed in a reuse system, as long as it is still in good working order. All AT returned will be properly sanitized and repaired according to national best practice guidelines provided by the Assistive Technology Act. Devices will then be offered to any Alaskan who experiences a disability or impairment that could benefit from the AT but does not currently have funding to purchase. All funding used to purchase assistive technology is provided by state and federal sources outside of the AT Act for our Alaska Relay, Alaska Can Connect, and TechAbility programs. AT Act funds are used to support the administration of the programs. There are no fees associated with this program but there are financial eligibility criteria for the Alaska Relay and Alaska Can Connect programs.

### 7. The online page for this specific activity can be found at:

<https://www.atlaak.org/programs/akrelay>  
<https://www.atlaak.org/programs/akcanconnect>  
<https://www.atlaak.org/programs/techability>





## Module I: Device Refurbish and Reassignment and/or Open-ended Loan

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

**2. Select the one option that best describes from where this activity is conducted.**

One central location (Central)

**3. Do you charge a fee for this activity?**

No

**4. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

- Have written agreement with this entity

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

## Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity

### Private Entities (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

### Other (select any/all)

### 5. Select the option(s) that describe how a reutilized device is provided to a recipient. (select all that apply)

- Device ownership is transferred to the recipient
- Device is loaned for as long as the recipient needs it with no ownership transfer

### 6. Describe the activity.

ATAAP (Device ownership is transferred to the recipient) The Assistive Technology Acquisition Assistance Program (ATAAP) was launched in 2017 due to seed money provided by the MatSu Health Foundation. The objective of ATAAP is to coordinate and navigate resources for individuals who are not eligible for current ATLA leveraged grant programs and need assistance in the proper acquisition of AT beyond what the current AT Act is able to provide. The funding was used to create a full-time position of an Acquisition Coordinator whose primary position purpose is to research, curate, and gather funding resources through private, local, state, and national organizations for individuals with AT needs. The Acquisition Coordinator obtains funding on the individual's behalf or other resources for unmet AT needs through reuse, loans, and other local and national organizations. All funding used to purchase assistive technology is provided by private, state, or federal sources outside of the AT Act. AT Act funds are used to support the administration of the program. There are no fees associated with this program and expanded services will be for individuals who are unable to obtain needed AT through any other source and considered a service to assist in the discovery of funds of last resort. Evergreen (Device is loaned for as long as the recipient needs it with no ownership transfer.) The ALS Association Evergreen Chapter has a Memorandum of Agreement with ATLA to operate a device reassignment program for individuals with ALS in the state. We administer a library of communication and daily living devices set aside for Alaskans that experience ALS. When the Evergreen coordinator identifies an individual in need, they contact and inform ATLA of the devices that could assist the person. The ATAAP Coordination then arranges to provide the devices and support their use to the individual. ATLA tracks all devices as they are transferred through the program, including contacting the individual with the device on a regular basis to determine if it is benefiting from it. When the device is no longer needed or can be used by the consumer, ATLA collects it for sanitization and maintenance in preparation for the next Alaskan ALS consumer. AT Act funds are used to administer the program and no fees are charged for the device reassignment.

**7. The online page for this specific activity can be found at:** <https://www.atlaak.org/programs/ataap> <https://www.atlaak.org/partnering-programs/als-association-evergreen-chapter>

## Module J: Device Loan

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

**2. Select the one option that best describes from where this activity is conducted.**

One central location (Central)

**3. Do you charge a fee for this activity?**

No

**4. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**Federal Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity



## Module J: Device Loan (Continued...)

### Local/Community Entities (select any/all)

- Have written agreement with this entity

### Private Entities (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

### Other (select any/all)

### 5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are shipped via mail or other delivery service

### 6. Describe the activity.

ATLA's staff continues to provide the device loan program statewide. Consumers, family members, professionals, employers and the general public can use the device loan program simply by contacting staff by phone, email, or on our website. Devices are normally borrowed for a two-week period. If no one else is waiting for the borrowed device the loan time can be extended. Borrowers will be responsible for pick-up and return of the device(s) if they live locally. Items are shipped directly to the end user if they do not live in the immediate area of ATLA. Support is given to the borrower by ATLA staff who assist individuals with identifying and trying out equipment in the location they will use them: at home, work, school or recreational activities. It's a "try before you buy" approach, which will help individuals and funding agencies make wiser choices. Consumers can determine which device(s) best meet their needs. The devices loaned are tracked and reminder notices are generated to keep equipment available to as many people as possible. The tracking system also helps identify which devices are the most popular for loan. This information helps ATLA make purchasing decisions regarding which items to add to the loan program each year. To facilitate the tracking of over one thousand devices currently available through the loan program and used by hundreds of consumers, ATLA has developed a customized database program. This program allows for instant accountability on each piece of equipment and can provide numerous reports on device loan utilization. Since each loan is made under a written contract, a paper trail also provides an additional layer of tracking and accountability. Most individuals who make a loan request are working with an ATLA professional who has expertise related to the disability or limitation they are experiencing. The consumer is encouraged to involve those professionals in the loan process and utilize their knowledge to assist the consumer in the proper use and evaluation of the AT device. Staff use a pre-loan screening process to assure that the device being sought for loan is appropriate and, when needed, are available to provide instruction and information on the proper use of loaned devices. Regional AT staff provide one-to-one training on the use of the device, if needed. Follow-up on device use may be provided as well.

7. The online page for this specific activity can be found at: <https://www.atlaak.org/services/accessing>

## Module K: Device Demonstration

**1. Select the one option that best describes who conducts this activity.**

The Statewide AT Program (State AT)

**2. Select the one option that best describes from where this activity is conducted.**

One central location (Central)

**3. Do you charge a fee for this activity?**

No

**4. Identify the types of collaborations you have in place to conduct this activity.**

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

## Module K: Device Demonstration (Continued...)

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**Other (select any/all)**

### 5. Describe the activity.

ATLA provides general AT device demonstrations in the following ways: (1) AT Device Demonstration Centers at our central location in Anchorage; (2) Hands-on activities and labs offered at conferences, exhibits, and trainings; (3) Traveling AT device demonstration lab. Staff provide guidance and consultation to individuals with disabilities, family members, and professionals to assist them in making informed decisions about the selection and use of AT devices and services. Demonstration services are available on a walk-in basis, however consumers are encouraged to call and make an appointment during weekdays to ensure a qualified specialist is available to meet with them. Individuals who visit our AT demonstration center are given an opportunity for hands-on trial of the available AT devices that they feel would assist them in employment, education, community living or to meet their information technology and telecommunications needs. Individuals can then borrow devices through the ATLA device loan program to assist them in making an informed decision. If necessary, ATLA staff assist individuals to identify possible funding sources for the AT devices they have chosen. All of the devices available in the AT demonstration center are also made available for hands-on demonstration and trial on a regular basis at community events, conferences and in other settings. At these events, ATLA staff will schedule time for individualized demonstration and guided exploration of the devices to assist the individual in making an informed decision about the selection and use of AT devices and services, and to identify possible next steps the individual can take to obtain those devices and services. Some of these individuals will borrow devices from the AT device loan program as a direct result of their participation in the demonstrations. ATLA travels to communities throughout the state on a regular basis to provide hands-on AT demonstrations. Whenever possible, demonstrations are conducted in collaboration with local service providers who can assist in meeting the on-going AT needs of the consumer. Regardless of the method for delivering AT device demonstrations, ATLA programs are designed to offer individuals with disabilities, their families, and professionals the opportunity to experience a number of different devices while being guided by experts. Allowing them to compare and contrast different devices will help them to make an informed decision about what device to purchase or whether to purchase a device at all. To avoid depleting our demonstration and loan center, ATLA continues to seek additional funding to purchase AT items and durable carrying cases specifically for traveling. These AT devices are stored separately so items are available for use in providing demonstrations and awareness activities across the state when specialists travel.

**6. The online page for this specific activity can be found at:** <https://www.atlaak.org/services/determining>

## Module L: Training

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

## Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Have written agreement with this entity
- Receive financial support from this entity

Other (select any/all)

**2. Provide a short description of at least one and no more than three planned training activities. One of the activities described must be planned Information and Communication Technology (ICT) accessibility training that will provide the required ICT Training performance measures. If the Statewide AT Program is meeting the transition requirements of the AT Act through training, please describe that planned activity. If the Statewide AT Program sponsors or co-sponsors a statewide conference please include that event as one you describe.**

### **Planned ICT Accessibility Training (required)**

ATLA will provide Accessible Google and Microsoft document and presentation training to agencies, school systems, or other organizations. In addition, ATLA will also provide basic workshops on the creation and remediation of accessible PDF documents. All training opportunities will be offered either in-person or by distance delivery to accommodate attendees across the state.

### **Planned Transition Training or Other Training Activity (optional)**

### **Planned Statewide Conference or Other Training Activity (optional)**

**3. The online page for this specific activity can be found at:** <https://www.atlaak.org/services/training>

## Module M: Technical Assistance

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

## Module M: Technical Assistance (Continued...)

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**Other (select any/all)**

**2. Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.**

### **Planned Transition Technical Assistance or Other Technical Assistance Activity (required)**

ATLA provides broad-based technical assistance upon request to address a full range of accessible education materials, aging in place, and ICT issues. Examples of planned TA include but are not limited to working with the Statewide Independent Living Council and the Alaska State Division of Health and Human Services in their planning process to implement smart home technology in state Medicaid waiver legislation to improve aging in place, the transition of seniors who wish to remain in their home, or transition out of long-term care, nursing, or assisted living facilities.

### **Planned Other Technical Assistance Activity (optional)**

ATLA will continue to offer an array of technical assistance to state agencies, groups, and organizations. Technical assistance is provided to professionals and programs such as school systems, early intervention programs, adult service programs, allied health, hospitals, community colleges, universities, employers, military-related agencies, as well as other professional groups within Alaska. ATLA, in collaboration with the AT Advisory Council, will make every effort to strengthen and expand the current demonstration, loan, and reutilization efforts throughout the state. Our primary focus will continue to be on the more underserved targeted populations by actively seeking and increasing alternative leveraged funding opportunities.

## Module N: Public Awareness

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity



**Module N: Public Awareness (Continued...)**

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**Other (select any/all)**

**2. Provide a short description of at least one and no more than two planned major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor's Proclamation, please include that activity.**

**Major Annual Planned or Other Public Awareness Activity (required)**

ATLA will provide four newsletters; a general newsletter released monthly on a variety of AT solutions, programs, and resources; and three newsletters released tri-annually covering community living, education, and employment, respectively.

**Planned Other Public Awareness Activity (optional)**

## Module O: Information and Assistance

### 1. Identify the types of collaborations you have in place to conduct this activity.

**Banks/Financial Institution (select any/all)**

**Independent Living Center (select any/all)**

**Easter Seals (select any/all)**

**Disability/Assistive Technology Organizations (select any/all)**

**Federal Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**State Entities/Agencies (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

## Module O: Information and Assistance (Continued...)

**Local/Community Entities (select any/all)**

**Private Entities (select any/all)**

- Have written agreement with this entity
- Receive financial support from this entity

**Other (select any/all)**

### 2. Describe the activity

ATLA will continue to operate a statewide system for Information and Assistance. Individuals can contact ATLA's office by phone (voice/TTY), email, on-site, or through social media. Information is also available on the ATLA website and Facebook page at [www.atlaak.org](http://www.atlaak.org). People of all ages with all disabilities, as well as family members, service providers, and the general public, can access information from knowledgeable program staff on the availability, benefits, appropriateness, and cost of AT devices and services through ATLA's toll-free number and email address. Although ATLA has only one location, we provide information and assistance to individuals around the state. All ATLA staff are responsible for providing information and assistance, however, the administrative assistants input most of the referrals in an asynchronous database system. As soon as a new "intake" is placed in the database, specialists are able to view the demographic information and respond. When an individual contacts ATLA by phone they are provided with the information requested and/or directed to a specific staff member who can best meet their needs by answering their question. The callers may also be directed to another program or resource that can better meet their needs.

## Assurances and Measurable Goals

Section 4(d) of the AT Act prescribes the duties of the Lead Agency receiving a grant under section 4 of the AT Act and requires the State to provide a number of assurances in its application for funds. 34 CFR part 76 also requires that any State Plan include certain assurances. The Statewide AT Program certifying representative will attest to these assurances and other requirements below and by submitting the State Plan, will affirm that to the best of his or her knowledge and belief all information provided in the State Plan is true and correct and the State Plan fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the information.

### Assurances

As the Certifying Representative of the Lead Agency for the State of , I hereby assure the following:

1. The Lead Agency prepared and submitted this State Plan on behalf of the State of AK.
2. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan and if an Implementing Entity is identified it is designated to implement the required AT Act activities.
3. The State agency has authority under State law to perform the functions of the State under this program.
4. The State legally may carry out each provision of this plan.
5. All provisions of this plan are consistent with State law.
6. A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.
7. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
8. The agency that submits this plan has adopted or otherwise formally approved this plan.
9. The plan is the basis for State operation and administration of the program.
10. The Lead Agency will maintain and evaluate the program under this State Plan.
11. The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.
12. The Lead Agency will submit the annual progress report on behalf of the State.
13. The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.
14. The Lead Agency will control and administer the funds received through the grant.
15. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
16. Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.
17. The Lead Agency will ensure conformance with all applicable Federal and State accounting requirements.
18. The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.
19. Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.
20. A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.
21. The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E)
22. Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G)
23. The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements.
24. The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant.