



National Assistive Technology Act Data System
State Plan - Full Report
Connecticut 2021

General Information

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

State AT Program Title	Connecticut Tech Act Project
State AT Program URL	www.CTtechact.com
Mailing Address	55 Farmington Avenue, 12th Floor
City	Hartford
State	CT
Zip Code	06105
Program Email	arlene.lugo@ct.gov
Phone	860-803-0588
TTY	711

Lead Agency

Agency Name	Bureau of Rehabilitation Services
Mailing Address	55 Farmington Avenue, 12th Floor
City	Hartford
State	CT
Zip Code	06105
Program URL	www.CT.gov/BRS

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
Name of Implementing Agency	
Mailing Address	

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Lugo, Arlene
Title	Program Director
Phone	860-803-0588
E-mail	arlene.lugo@ct.gov
Program Director at Lead Agency (last, first)	Doukas, David
Title	Vocational Rehabilitation Director
Phone	860-424-4862
E-mail	David.Doukas@ct.gov
Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Doukas, David
Title	Vocational Rehabilitation Director
Phone	860-424-4862
E-mail	David.Doukas@ct.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)? No
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? 1
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)? 1
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? 3
 - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
Assistive Technology community providers, Department of Developmental Services, State Unit on Aging, the state Disability Rights organization along with several community members and AT users.
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 10

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	18
Percentage	55.56%

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.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$323,693.00	75.00%	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. All State Leadership Activities	\$107,898.00	25.00%	
c. Total Expenditures	\$431,591.00		
d. Total Award	\$431,591.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$11,440.00	10.60%	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 **\$445,611.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$0.00	\$0.00	\$334,208.75	\$334,208.75
All State Leadership Activities	\$0.00	\$0.00	\$111,402.25	\$111,402.25
Total	\$0.00	\$0.00	\$445,611.00	\$445,611.00
Transition Training & Technical Assistance	\$0.00	\$0.00	\$13,000.00	\$13,000.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- 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 E: Financial 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? (This fee is separate from and addition to the financial loan made.)

No

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

Banks/Financial Institution (select any/all)

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

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)

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. This activity offers the following types of assistance. (select all that apply – at least one is required)
Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

- Loan guarantees

6. The lowest interest percentage for loans as established by the policies of the activity. 4.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 4.5000%

8. The lowest loan amount (in dollars) provided as established by the policies of the activity. \$500.00

9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$30000.00

10. Describe the activity.

The Assistive Technology Loan Program (ATLP) is a financial loan to help individuals with disabilities or their family members purchase Assistive Technology devices and services needed to enhance independence and/or functioning in the community, education and/or employment. The Loan application is process by the state AT Act program staff who makes a recommendation of approval to the bank partner, or denies the loan if it does not meet our criteria. Grant funding is always sought to help reduce amount of loan for the applicant's benefit. The bank partner pulls a credit report and considers our recommendation and will either approve or deny the loan. If approved, closing is conducted electronically by the bank. Repayment is monitored by AT Act program staff. If loan is denied, the applicant may appeal the decision. The ATLP sub-committee will review and vote to offer the loan with a 100% guarantee. If denied by sub-committee, the decision is final and cannot be appealed again.

11. The online page for this specific activity can be found at: www.CTtechact.com/loan

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.

- Deaf/Blind Telecommunications EDP-Federal

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)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

Our National Deaf Blind Equipment Distribution Program is known as the Access Through Technology program in CT. Applications are processed by an the state AT Act program staff member who reviews applications, determines eligibility, coordinates assessments, reviews reports, approves purchases of equipment (which are made by the Program Director), coordinates installation, training and interpreter services as needed. Assessments, installation, training and troubleshooting are performed by contracted Assistive Technology community agencies. Referrals for this program are generally provided by the Bureau of Education Services for the Blind, other community agencies or family members / self-referrals. Equipment provided must be related to allowing the eligible individual to have access to telecommunications and can range from amplified or big button telephones, to smart phones and tablets, computer and adaptive software or Braille devices.

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

www.CTtechact.com/att

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

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

Other entities e.g. contractors (Others)

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?

Yes

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
- Provide financial support to 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)

Private Entities (select any/all)

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

6. Describe the activity.

Reuse activities are conducted by one of the state AT Act Program's community Assistive Technology partner agencies the New England Assistive Technology Center (NEAT). They accept donations of gently-used durable medical equipment, sanitize and repair if needed, recycling the equipment by selling at affordable rates and ensuring it gets into the hands of those who need it most.

7. The online page for this specific activity can be found at: <https://assistivetechnology.oakhillct.org/dme/>

Module J: Device Loan

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

Both the Statewide AT Program and other entities/contractors (Both)

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

A combination of a central location and regional sites (Combination)

3. Do you charge a fee for this activity?

Yes

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
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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 delivered or picked up in-person

6. Describe the activity.

The state AT Act program offers device lending directly with our own inventory of devices and through the majority of our contracted community AT partner agencies. One AT partners receives no funding for the service but receives device inventory from the AT Act program and the others receive funding to operate the program and to purchase inventory, while also receiving inventory directly from the AT Act program at time. Each contracted community AT partner agency operates their device lending programs a little differently from one another but in general an individual with a disability, family member, employer, educator or other entity can borrow an AT device(s) for a period of time from 2 weeks to 30 days and sometimes longer, to try the device out in their own environment to be able to determine if the device will perform as expected, reduce barriers and so they or a funding source can make a decision about purchasing the device.

7. The online page for this specific activity can be found at: <http://cttechact.com/device-loans/>

Module K: Device Demonstration

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

Both the Statewide AT Program and other entities/contractors (Both)

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

A combination of a central location and regional sites (Combination)

3. Do you charge a fee for this activity?

Yes

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
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

The state AT Act program offers device demonstrations directly with our own inventory of devices and through the majority of our contracted community AT partner agencies. One AT partners receives no funding for the service but receives device inventory from the AT Act program and the others receive funding to operate the program and to purchase inventory, while also receiving inventory directly from the AT Act program at times. Each contracted community AT partner agency operates their device demonstration programs a little differently from one another but in general an individual with a disability, family member, employer, educator or other entity can receive a device demonstration in order to make an informed decision about the device. Often times an AT device demonstration will take place as part of an AT partner's evaluation of an individual. Other times an AT device demonstration will take place after a public awareness event. Some AT partners charge fees, via membership fee or for other services where an AT demonstration might take place.

6. The online page for this specific activity can be found at: <http://cttechact.com/device-demo/>

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)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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)

Two state AT Act program partners are trained to specifically provide ICT training. The AT Act program sponsors the training so participants can attend at no cost. Two to four trainings will take place annually during this state plan period either virtually or in person. Trainings consist of intro to document and PDF accessibility, PowerPoint accessibility and social media. A higher level training may also be coordinated for those who attend the intro sessions.

Planned Transition Training or Other Training Activity (optional)

Two contracted AT partners, who are also Regional Education Service Centers (RESCs) in the state, collaborate with the other RESCs to host six Assistive Technology/Augmentative and Alternative Communication (AAC) Community of Practice meetings throughout the year with professionals in CT, including Teachers, Special Education Teachers, School Psychologists, Reading Specialists, and support services such as Speech and Language Pathologists, Occupational Therapists, Physical Therapists, AT Specialists, etc. The goal is to address issues and provide Training and Technical Assistance to professionals who work with students with disabilities and students in transition around Assistive Technology and AAC devices and services.

Planned Statewide Conference or Other Training Activity (optional)

The AT Act Program has sponsored our own AT conference in the past, due to COVID it is uncertain if this activity will take place during this state plan period. However, the AT Act Program is sponsoring statewide AT conferences through our community AT partners. One large statewide conference is scheduled to take place in July 2022, with local, regional and national speakers. The hope to attract over 300 participants. The audience will be made up of individuals with disabilities, their family members along with professionals in the field. The conference will focus on Assistive Technology for independence as well as employment. Additional AT conferences may be planned during this state plan period, to be hosted by AT partners, and will be sponsored by the state AT Act program.

3. The online page for this specific activity can be found at: <https://www.assistivetechtraining.org/tag/at-conference/>

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)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

Module M: Technical Assistance (Continued...)

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

Two contracted AT partners, who are also Regional Education Service Centers (RESCs) in the state, collaborate with the other RESCs to host six Assistive Technology/Augmentative and Alternative Communication (AAC) Community of Practice meetings throughout the year with professionals in CT, including Teachers, Special Education Teachers, School Psychologists, Reading Specialists, and support services such as Speech and Language Pathologists, Occupational Therapists, Physical Therapists, AT Specialists, etc. The goal is to address issues and provide Training and Technical Assistance to professionals who work with students with disabilities and students in transition around Assistive Technology and AAC devices and services.

Planned Other Technical Assistance Activity (optional)

The AT Act Program Director has joined the Connecticut Libraries and Partners for Digital Equity committee to provide technical assistance to the state Library system and the state's public libraries around how they can best support their patrons with disabilities and older adults through technology devices, technology access, access to the Internet and Assistive Technology. As the AT Act Program begins to implement Digital Divide Coordinators in the state, several CT state public libraries are implementing Digital Navigators who will "assist community members in internet adoption and the use of computing devices." The Program Director will provide TA around AT for access as well as digital accessible materials.

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)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

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)

The AT Act Program has sponsored our own AT conference in the past, due to COVID it is uncertain if this activity will take place during this state plan period. However, the AT Act Program is sponsoring statewide AT conferences through our community AT partners. One large statewide conference is scheduled to take place in July 2022, with local, regional and national speakers. The hope to attract over 300 participants. The audience will be made up of individuals with disabilities, their family members along with professionals in the field. The conference will focus on Assistive Technology for independence as well as employment. Additional AT conferences may be planned during this state plan period, to be hosted by AT partners, and will be sponsored by the state AT Act program.

Planned Other Public Awareness Activity (optional)

During the week of the National Assistive Technology Awareness Day, the AT Act and contracted partner agencies will plan a coordinated campaign to raise awareness of Assistive Technology through newsletters and social media, videos, photos and articles will be shared, distributed and reposted by one another to amplify our reach. We will also utilize media created at the national level as well as spotlight AT users and how Assistive Technology has enhanced their lives.

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)

- Have written agreement with this entity

Independent Living Center (select any/all)

- Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Receive financial support from this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

- Have written agreement with this entity
- Provide financial support to this entity

Provide a description of the other collaborations.

We have an MOA with a State University who provide

2. Describe the activity

All AT Act program contracted partner agencies share information about the AT Act program as a resource and for referrals. Other entities, such as the Centers for Independent Living, Area Agencies on Aging, 211 (Infoline), and other community entities, disability specific agencies, grant organizations, parent and consumer advocacy agencies and more, who may or may not have a written agreement with the AT Act Program, share information about our programs and services. These resources along with our website and social media presence generates calls and inquires for Information and Assistance. Every person who contact the AT Act Program is responded to via email or phone call by the AT Act Program Director or Processing Technician and is provided comprehensive information based on their inquiry. Information provided may be about specific AT Act programs and services, contracted partner agency programs and services or other resources that would be helpful to the individual based on their needs. In some instances, ongoing communication with the individual is sustained until their need is resolved. Other times they are handed off to another resource.

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 CT.
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.