

National Assistive Technology Act Data System State Plan - Full Report

Florida 2021

General Information

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

| State AT Program Title | Florida Alliance for Assistive Services and Technology |
|------------------------|--|
| State AT Program URL | www.faast.org |
| Mailing Address | 2145 Delta Blvd, Suite 200 |
| City | Tallahassee |
| State | FL |
| Zip Code | 32303 |
| Program Email | info@faast.org |
| Phone | 1-844-353-2278 |
| ТТҮ | 1-877-506-2723 |

Lead Agency

| Agency Name | Florida Department of Education Division of Vocational Rehabilitation |
|-----------------|---|
| Mailing Address | 325 W Gaines St. Suite 1144 |
| City | Tallahassee |
| State | FL |
| Zip Code | 32399 |
| Program URL | www.rehabworks.org/ |

Implementing Entity

| Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes | | | | |
|---|----------------------------|--|--|--|
| Name of Implementing Agency Florida Alliance for Assistive Services and Technology | | | | |
| Mailing Address | 2145 Delta Blvd, Suite 200 | | | |

| City | Tallahassee |
|-------------|---------------|
| State | FL |
| Zip Code | 32303 |
| Program URL | www.faast.org |

General Information (Continued...)

Program Director and Other Contacts

| Program Director for State AT Program (last, first) | Doyle, Whitney |
|---|---------------------------|
| Title | Executive Director |
| Phone | 8504873278 x107 |
| E-mail | wdoyle@faast.org |
| Program Director at Lead Agency (last, first) | Sims, Cacetha |
| Title | Contract Manager |
| Phone | 8502453373 |
| E-mail | Cacetha.Sims@vr.fldoe.org |
| Primary Contact at Implementing Agency (last, first) - If applicable | Doyle, Whitney |
| Title | Executive Director |
| Phone | 8504873278 |
| E-mail | wdoyle@faast.org |

Person Responsible for completing this form if other than Program Director

| Name (last, first) | Brock, Hannah | | | |
|--------------------|--------------------------|--|--|--|
| Title | State AT Program Manager | | | |
| Phone | 8504873278 | | | |
| E-mail | hbrock@faast.org | | | |

Certifying Representative

| Name (last, first) | Sims, Cacetha | | |
|--------------------|---------------------------|--|--|
| Title | Contract Manager | | |
| Phone | 8502453373 | | |
| E-mail | Cacetha.Sims@vr.fldoe.org | | |

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 Yes General Information)?

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

The Florida Alliance for Assistive Services and Technology, Inc. (FAAST) is a 501(c)3 nonprofit based in Tallahassee, Florida. FAAST is the implementing agency for Florida's AT Act program and holds a contract with the Lead Agency, the Florida Division of Vocational Rehabilitation (DVR). Contract Number 21-101 is both the state and federal funding for the AT program and is effective from October 1, 2020, to September 30, 2023. The contract includes monthly, quarterly, and annual deliverables that are reported to DVR at the end of every quarter. If the deliverables in the contract are not met, FAAST receives financial consequences in the amount described in the contract.

2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in vour previous State Plan?

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

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?. 3.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 3. The statute that governs FAAST, FS 413.407, states that a representative from the Florida Independent Living Council must be on the Advisory Council. The statute was amended on July 1, 2022, to remove the Florida Independent Living Council representative and replace them with a representative from a state Center for Independent Living. An applicant to represent a state Center for Independent Living was submitted to the Commissioner of Education for appointment in November 2021. FAAST is still wa | 0 |
| 4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 4.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 4. An applicant to represent CareerSource Florida was submitted to the Commissioner of Education for appointment in November 2021. FAAST is still waiting for that individual to be appointed. | 0 |
| 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. The advisory council has three representatives of business and industry concerned with assistive technology. They are from the Department of Education's assistive technology program, a speech-language pathologist, and a vision technology company owner. | |
| 7 How many individuals with disabilities who use assistive technology on their family members or quandians are members of | 0 |

7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of 9 the advisory council?

Advisory Council Calculation

| Description | Number |
|--|--------|
| Individuals with disabilities that use AT or their family members or guardians on the advisory council | 9 |
| Total number of individuals on the advisory council | 15 |
| Percentage | 60% |

8. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council Yes 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.

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 <u>closed-out carryover fiscal year AT grant award (liquidated the</u> <u>previous December 31)</u>. 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 | \$430,992.18 | 55.68% | 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 | \$343,109.82 | 44.32% | |
| c. Total Expenditures | \$774,102.00 | | |
| d. Total Award | \$774,102.00 | | |
| e. Lapsed Amount | \$0.00 | 0.00% | |
| f. Transition Training & Technical Assistance Set Aside | \$0.00 | 0.00% | 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 <u>preceding fiscal year AT grant</u> 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 \$816,871.00

| 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 | \$26,400.00 | \$622,085.40 | \$0.00 | \$648,485.40 |
| All State Leadership Activities | \$17,600.00 | \$150,785.60 | \$0.00 | \$168,385.60 |
| Total | \$44,000.00 | \$772,871.00 | \$0.00 | \$816,871.00 |
| Transition Training & Technical Assistance | \$880.00 | \$5,536.50 | \$0.00 | \$6,416.50 |

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

Financial Loan

2. Which Reutilization Activities do you conduct?

- Device Exchange
- 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 <u>one option</u> that best describes who conducts this activity. The Statewide AT Program (State AT)

2. Select the <u>one option</u> 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.) $\rm No$

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

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

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

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.

- · Revolving loans
- Loan guarantees
- · Interest buy-downs

| 6. The lowest interest percentage for loans as established by the policies of the activity. | N/A |
|--|------------|
| 7. The highest interest percentage for loans as established by the policies of the activity. | N/A |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | N/A |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$40000.00 |

10. Describe the activity.

FAAST provides both an alternative finance program and a telework loan program, collectively known as the New Horizon Loan Program, through four different types of AT Act activities. FAAST provides a direct loan program through a revolving loan fund, a bank guarantee loan program, a credit builder loan program, and an interest rate buydown program. The direct loan program provides financial loans for all types of AT with loans up to \$25,000. All underwriting and loan decisions are made within the FAAST organization. The bank guarantee loan program is primarily used for modified vehicle purchases, and the maximum loan amount is \$40,000. The bank partner is First Federal Bank of Florida, and they require a 30% loan reserve balance to be maintained. Final underwriting and loan decisions are made by the bank with FAAST recommendations. The credit builder loan is for individuals that do not meet the credit guidelines for the direct loan and is used to build credit. The interest rate buydown program is only used for home modification loans and has a maximum loan amount of \$15,000 and a buydown percentage of 2%. The buydown program is in partnership with a Florida-based non-profit, SELF, which has a strong history in affordable home modifications, energy efficiency modifications, and needed home repairs for various underserved populations. The loan decisions are made by SELF, and all loan risk is carried by SELF. The financing programs are open to all Floridians with disabilities statewide. Each program does have financial and credit underwriting criteria; however, the thresholds for the programs are significantly lower or less stringent than traditional financing, allowing FAAST to serve more significant numbers of the underserved population.

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

https://faast.org/services/financial-loans/

Module H: Device Exchange

1. Select the <u>one option</u> that best describes who conducts this activity. Both the Statewide AT Program and other entities/contractors (Both)

2. Select the <u>one option</u> 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? 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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The transaction is direct consumer-to-consumer
- The Statewide AT Program is involved in the transaction

6. Describe the activity.

FAAST contracts with five Centers for Independent Living across the state of Florida to assist with device exchange activities. On the FAAST website, there is an "AT Classifieds" section that allows any individual or organization in Florida to post an AT device to be exchanged. If users see a device that they would like to use/have, they can contact the owner of the listing directly to establish obtaining the device. Our contracts with the Centers for Independent Living require them to post regularly to the AT Classifieds and facilitate device exchanges if needed. Any individual in Florida can use the AT Classified list, as there are no qualifications to participate. The Statewide AT Program hosts the AT Classifieds on its website and maintains the regular approval of new devices added to the list. Individuals who post a device that they would like to sell at a cost can include the cost of the item on the AT Classified posting. FAAST is not involved in any monetary transfers of devices.

7. The online page for this specific activity https://www.floridafaast.org/classifieds can be found at:

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

1. Select the <u>one option</u> that best describes who conducts this activity. Both the Statewide AT Program and other entities/contractors (Both)

2. Select the <u>one option</u> 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? 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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

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

6. Describe the activity.

FAAST provides device refurbishment activities at its headquarters and contracts with five Centers for Independent Living (CILs) across the state to provide device refurbishment activities to individuals who have disabilities. FAAST and the CILs collect and store the AT devices in their office until an individual requests the item. The money that the CILs receive from FAAST can be used towards refurbishing and repairing AT devices; however, the CILs use funding outside of the FAAST program for their reuse activities as well. No fees are charged for this program.

7. The online page for this specific activity https://faast.org/services/device-reuse-and-reutilization/ can be found at:

Module J: Device 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. Regional sites (Regional)

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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

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

Private Entities (select any/all)

- Have written agreement with this entity
- Provide financial support to 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 delivered or picked up in-person

6. Describe the activity.

FAAST operates a short-term loan program serving Floridians in need of Assistive Technology. This program is available to any individual, family member, representative, or professional. Participants must have an approved short-term loan program agreement and ID on file with the program assuring acceptance of specific responsibilities to be able to borrow devices. Available equipment meets the needs of adults and children of all ages with all types of disabilities. The program includes a wide range of equipment, including switches and mounts, computer access devices, environmental controls, hearing devices, home modifications, vision devices, and augmentative communication devices. FAAST has 12 libraries that house the equipment for the short-term loans. FAAST also operates an online library through an e-commerce platform on the FAAST website; clients can view and request the available inventory directly from the site. Clients can also request short-term loans from the statewide library over the phone through FAAST's Statewide Help-Desk. The regional libraries serve the clients who visit one of the 12 Regional Demonstration Centers. After training or demonstration, the client can take home the devices to further explore the functions and compatibility. Each loan period is up to 35 days, extending for certain circumstances that require more time with the device, such as insurance evaluations. A participant can borrow up to four devices at one time. The Statewide Library ships and receives devices by commercial delivery service except for a few cumbersome devices that must be delivered and picked up in person. The Regional Center's libraries are pick up and drop off only. All loans are tracked in a database with routine follow-ups to ensure the timely return of devices. All devices are sanitized and checked for functionality before being loaned out again. All device loans include manufacturer's instructions, and device troubleshooting is available from FAAST staff or manufacturer referral. The device loan program inventory is updated as resources will allow, and priority is given to purchasing devices to reduce waiting lists and provide current high-demand items. There are no fees to borrow equipment from FAAST.

7. The online page for this specific activity https://faast.org/library/ can be found at:

Module K: Device Demonstration

1. Select the <u>one option</u> that best describes who conducts this activity.

Other entities e.g. contractors (Others)

2. Select the <u>one option</u> that best describes from where this activity is conducted. Regional sites (Regional)

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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

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

Private Entities (select any/all)

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

Other (select any/all)

5. Describe the activity.

FAAST has 12 Regional Demonstration centers that demonstrate and compare features of AT devices to help make informed decisions when choosing the right device. Device demonstrations are available to individuals or representatives. All Centers have core inventory available to serve a broad range of requests. New devices are added to the center's inventory annually, so specialized equipment is unique to each Center. For specific requests, the State Headquarters supplements the Centers with equipment from the Statewide Lending Library.

6. The online page for this specific activity https://faast.org/services/device-demonstrations/ can be found at:

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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

Module L: Training (Continued...)

Local/Community Entities (select any/all)

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

Private Entities (select any/all)

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

FAAST hosts monthly AT training webinars with topics alternating between AT products/services, funding, transition, and Information and Communication Technology (ICT). We partner with different AT vendors and professionals from the industry to bring our audience varied topics. We partner with vendors of website accessibility tools or professionals who have experience with IT accessibility to bring our audience ICT training. We follow up these webinars with an automatic survery sent to the participants to collect required ICT Training Performance measures. We also have recordings of previous webinars on our Youtube Channel to act as a resource for people interested in a topic we have already presented.

Planned Transition Training or Other Training Activity (optional)

Our demonstration centers have a quarterly deliverable to train at least 5% of their training participants in transition. This initiative is to help increase focus on transition training and make it a priority for our program. The other 95% of their training participant deliverable can be met with training on the other three topics.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity https://faast.org/services/public-awareness-training/ can be found at:

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)

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

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

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

Private Entities (select any/all)

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

FAAST is working to grow the Regional Demonstration Center program and has worked with five new organizations to create assistive technology demonstration centers. FAAST is currently working with Hope Services in Pasco County to open it's 12th Regional Demonstration Center on October 1, 2022.

Planned Other Technical Assistance Activity (optional)

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)

Module N: Public Awareness (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 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 Annual Family Cafe Conference is Florida's largest cross-disability event held in Orlando, FL each June, serving thousands of people a year. FAAST purchases two exhibit booths at this event. A majority of attendees are Floridians, who can utilize our services with the information we provide.

Planned Other Public Awareness Activity (optional)

FAAST has been exploring public awareness activities at new annual events hosted by the Florida Association of Speech-Language Pathologists and Audiologists, the Florida Academy of Audiology, the National Federation of the Blind of Florida, Florida Partners in Policymaking, Florida Occupational Therapy Association, and the Florida DeafBlind Association.

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) • Have written agreement with this entity • Provide financial support to this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

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

Local/Community Entities (select any/all)

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

Private Entities (select any/all)

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

Other (select any/all)

2. Describe the activity

For information and assistance activities, there are several ways to contact FAAST about AT, our program, and other available AT resources. The main form of communication is the Statewide Help Desk, available through phone, email, or website. A full-time staff member with FAAST operates the Statewide Help Desk, directing the consumers to the appropriate center or resource. Consumers can also contact FAAST Headquarters through our social media pages. Additionally, each of the 12 Regional Demonstration Centers answers inquiries about their center via phone or email.

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 FL.
- 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.

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