



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

General Information

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

State AT Program Title	Guam System for Assistive Technology
State AT Program URL	https://www.gsatcedders.org/
Mailing Address	Office of Graduate Studies, Sponsored Programs, & Research 303 University Drive UOG Station
City	Mangilao
State	Guam
Zip Code	96913
Program Email	gsat@guamcedders.org
Phone	(671) 735-2490
TTY	(671) 735-2491

Lead Agency

Agency Name	Guam Center for Excellence in Developmental Disabilities Education, Research, and Service
Mailing Address	Office of Graduate Studies, Sponsored Programs, & Research 303 University Drive UOG Station
City	Mangilao
State	Guam
Zip Code	96913
Program URL	https://www.guamcedders.org/

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)	De Leon, June
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Program Director at Lead Agency (last, first)	De Leon, June
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Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

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Certifying Representative

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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)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council? 0
 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.
 Guam does not have an Independent Living Center
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? 2
 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
 Representative of Guam Developmental Disabilities Council and a Representative of Guam Legal Services Corporation - Disabilities Law Center
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 6

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	6
Total number of individuals on the advisory council	11
Percentage	54.55%

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	\$76,238.69	60.04%	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	\$50,736.31	39.96%	
c. Total Expenditures	\$126,975.00		
d. Total Award	\$126,975.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$2,566.93	5.06%	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 **\$127,233.00**

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	\$4,636.24	\$69,436.93	\$2,266.64	\$76,339.81
All State Leadership Activities	\$3,090.83	\$46,291.28	\$1,511.08	\$50,893.19
Total	\$7,727.07	\$115,728.21	\$3,777.72	\$127,233.00
Transition Training & Technical Assistance	\$154.54	\$2,314.56	\$75.55	\$2,544.65

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 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 **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

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)

- Have written agreement with 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.

- Loan guarantees

- | | |
|--|-----------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 2.1300% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 2.1300% |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | \$100.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$5000.00 |

10. Describe the activity.

The Akudi Loan Program is an alternative financing loan program that offers last resort funding. The Akudi Loan program has two initiatives: the Guam Options for Alternative Loans - Assistive Technology GOAL-AT and Get Guam Teleworking (GGT). GOAL-AT offers funding for assistive technology devices and services and GGT funds go towards the purchase of supplies and equipment for individuals with disabilities who want to start their own business or expand an existing business. Loan Assurance must be provided that the purchases made through the loan will have a direct and positive impact on the disability. Access to the loan program is provided to individuals with disabilities regardless of disabilities, age, or income level. Borrowers must be legally able to enter into contract. To be eligible for the program, applicants must be a Guam resident, provide a verification of disability, and a verification of income from the borrower. The Guam System for Assistive Technology (GSAT) will provide assistance to the Akudi Loan Program. GSAT will make applications forms available in alternative format and provide awareness of the loan program. Once application form are completed and received, the Loan Review Committee with the financial advice from the lending institution and the community based organization, meets to determine approval or disapproval of the loan request. Additional supporting documents may be needed and requested by the Loan Review Committee. A decision may take up to 30 days from the current time the application is received at the GSAT office. The Loan Review Committee may recommend to the Akudi Loan Program Board for approval of loans that exceed the maximum amount if such exceptions are justified and should serve the purpose of the program.

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

<https://www.gsatcedders.org/akudi-we-exist-to-assi>

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)

Yes

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)

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.

The Guam System for Assistive Technology (GSAT) has an existing Memorandum of Understanding (MoU) with the Helen Keller National Center (HKNC) under the Guam National Deaf-Blind Equipment Distribution Program (NDBEDP) to provide services to clients who are deaf-blind living in Guam. The NDBEDP provides assessments and demonstrations of assistive technology equipment for distance communication to qualified individuals who are deaf/hard of hearing and blind/visually impaired. When an AT equipment is selected to best meet the needs of the individual, they are purchased through NDBEDP, shipped to the Assistive Technology center, and the AT Coordinator conducts the training and technical assistance of the AT equipment to the qualified individual. The GSAT coordinator enters data and training information into the Klas Database. The fees for GSAT furnishing the services under the agreement are contracted on an as needed basis only.

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

<https://www.icanconnect.org/how-to-apply/guam/>

Module H: Device Exchange

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)

State 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

6. Describe the activity.

GSAT supports a device exchange specifically for Guam. GSAT's device exchange is open to the public and directly serves individuals with disabilities and their family members. Guam's System of Assistive Technology (GSAT) supports an online and call-in system that may be a source for "previously-owned" assistive devices, usually available at a lower cost than buying new. This service helps get used assistive technology devices such as wheelchairs, walkers, lifts, hospital beds, and other devices out of storage and into the hands of people with disabilities who need them. From this site, sellers can post their listings, including photos. Buyers can view the listings and obtain contact information about the sellers. This service is provided through the Recycled and Exchanged Equipment Online Classifieds ("REES Classifieds") located on the GSAT website www.gsatcedders.org. GSAT has a listserv of clients that are updated continuously. To find out what is available, individuals can also contact the GSAT office at (671)735 - 2490 (v) or (671)735- 2491 (TTY). Guam System for Assistive Technology (GSAT) will promote its device reutilization program through print, radio, television media, in person at all public awareness presentations and device demonstrations, through the GSAT program website, and social media networking sites. GSAT will continue to work collaboratively and to establish agreements with various disability, health, public, and private agencies to promote the device reutilization program and refer clients to avail of GSAT's services.

7. The online page for this specific activity can be found at: gsatcedders.org/programs-services/grees/

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)

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

6. Describe the activity.

A client will demonstrate a need for a device by contacting the Guam System for Assistive Technology through email, phone, or visiting the Assistive Technology Center. He/She can request a device by name or type. If an individual is unfamiliar with Assistive Technology (AT), a qualified program staff will conduct a client intake and offer suitable AT to meet his/her needs. For areas like speech communication and vehicle modification/transportation, the recommendation must come from a certified professional. GSAT will provide demonstrations, technical assistance, and follow up/follow-along support to ensure successful use of the device.

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

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)

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.

GSAT conducts and maintains a device loan program that is available to all Guam residents throughout the year. Budget allocations for this activity will be used to purchase new and highly requested AT devices. Residents will have access to these devices and can avail of short-term loans of these devices for a period of 30 days at no cost. The borrower will be held responsible for any damages or replacement of the devices in the event it is damaged, lost, or stolen as a result of the borrower's negligence or improper use. The borrower will be billed and held responsible for the cost of the device if they fail to return the equipment on the agreed upon due date. When the borrower returns the AT equipment, they are asked to respond to a survey that determines their decision about the Assistive Technology device or service after the device loan. GSAT will continue to work collaboratively with other agencies, both public, and private, to promote the program and for referrals. GSAT reserves the right to loan certain AT, such as augmentative and alternative communication devices, to professionals only. If a client requests for such, they must contact the professional he/she is working with, or a qualified GSAT staff can make a referral to one. All short term loans are entered into the National Assistive Technology Act Database System (NATADS) and tracked accordingly. The program includes a wide variety of equipment for learning, daily, living, communication to control the environment, vision, aids for the deaf and hard of hearing, that are used for employment, school, or the community. GSAT will create a listserv targeted to a specific disability group for devices available through the short term loan program. The Equipment Catalog can also be viewed on the program's website.

7. The online page for this specific activity can be found at: <https://www.gsatcedders.org/equipment-catalog/>

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)

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.

GSAT conducts device demonstrations throughout the year at the GSAT Center and at various sites throughout the community. Trained staff will provide device demonstrations at no cost to ensure clients make an informed decision on the appropriate Assistive Technology device. Generally, demonstrations are done upon requests from individuals with disabilities, family members, University classroom students, and disability/health related agencies and organization. GSAT conducts an annual AT conference and expo, that are open to the public, where referrals can be made for device demonstrations. Not all devices that are available in the demonstration program are available for loan this may include software programs, bathroom aids for daily living, or AT equipment that requires installation in homes or vehicles. Individuals will be advised of this prior to the demonstration.

6. The online page for this specific activity can be found at: <https://www.gsatcedders.org/equipment-catalog/>

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)

- Receive financial support from this entity

State Entities/Agencies (select any/all)

Module L: Training (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 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)

Creating Accessible Documents and Website Accessibility Training to Government of Guam Agencies

Planned Transition Training or Other Training Activity (optional)

Transitioning AT Services from High School to Life After High School Workshops on Education, Employment, Independent Living, and Recreation and Play

Planned Statewide Conference or Other Training Activity (optional)

GSAT Annual Assistive Technology Conference

3. The online page for this specific activity n/a
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)

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 M: Technical Assistance (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 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)

Upon request, the Guam System for Assistive Technology will provide technical assistance to federal/state government agencies, non-profit organizations, and private/business entities on Guam.

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)

State Entities/Agencies (select any/all)

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

- Receive financial support from 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)

Assistive Technology Expo Television Broadcast - AT Tech Talks

Planned Other Public Awareness Activity (optional)

Guam System for Assistive Technology (GSAT) conducts public awareness activities throughout the year at our AT center and various sites around the community. GSAT uses a multifaceted approach to increase awareness about the availability and benefits of assistive technology devices and services, funding options for the procurement of AT, and policies related to AT. GSAT uses mailings, Internet, social media networking sites, exhibits, presentations, television, radio and trainings to carry out public awareness activities. Print publications are also disseminated in the local stores, community partners, policy makers, and through meal programs offered by the senior citizen centers.

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)

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

Guam System for Assistive Technology (GSAT) receives inquiries and requests for assistance on specific AT products, devices, services; selecting an AT product, device or service; obtaining funding for AT devices or services; AT policy/ practice information; and other related disability topics. If the inquiry or request for assistance is beyond the scope of what GSAT can provide, the program will conduct research or make a referral as needed. At the initial contact with clients, they are asked how they hear about the program. This is a necessary step, as it will assist the program to determine the best course of action to put awareness efforts.

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 Guam .
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.