



National Assistive Technology Act Data System

State Plan - Full Report

Idaho 2021

General Information

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

State AT Program Title	Idaho Assistive Technology Project
State AT Program URL	http://idahoat.org
Mailing Address	1187 Alturas Dr
City	Moscow
State	ID
Zip Code	83843
Program Email	idahoat@uidaho.edu
Phone	1-800-432-8324
TTY	

Lead Agency

Agency Name	University of Idaho
Mailing Address	875 Perimeter Dr
City	Moscow
State	ID
Zip Code	83844
Program URL	

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)	Carson, Janice
Title	Program Director
Phone	208-885-6104
E-mail	janicec@uidaho.edu
Program Director at Lead Agency (last, first)	Shaver, Deborah
Title	Director, Office of Sponsored Programs
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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

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Shaver, Deborah
Title	Director, Office of Sponsored Programs
Phone	208-885-6651
E-mail	dshaver@uidaho.edu

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? 1
 - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
Idaho Medicaid
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 7

Advisory Council Calculation

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

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

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

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

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

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$288,496.00	65.04%	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	\$155,085.00	34.96%	
c. Total Expenditures	\$443,581.00		
d. Total Award	\$443,581.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$19,607.52	12.64%	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 **\$455,683.00**

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	\$318,846.00	\$8,245.00	\$327,091.00
All State Leadership Activities	\$0.00	\$128,592.00	\$0.00	\$128,592.00
Total	\$0.00	\$447,438.00	\$8,245.00	\$455,683.00
Transition Training & Technical Assistance	\$0.00	\$6,675.42	\$0.00	\$6,675.42

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)

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. | 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. | \$500.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$10000.00 |

10. Describe the activity.
The financial loan program has two components to it. Consumers with disabilities fill out the financial loan application for assistive technology, through the IATP, and the application is then forwarded to one of our banking partners by IATP staff. If it meets the banks financial loaning criteria, the loan goes through at a low interest rate. If the loan does not meet the banks financial loaning criteria, it is sent back to IATP and a loan guarantee review committee determines if the loan will be guaranteed for the consumer. There is not an income level criteria to participate.

11. The online page for this specific activity can be found at: <https://idahoot.org/get-AT/finance-loans>

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.

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

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

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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 State AT Program implements the iCanConnect- NDBEDP. The state program provides multiple types of assistive technology needed by individuals who are deaf/blind for distance communication. All funding used to purchase this equipment is provided by federal sources outside of the AT Act dollars. AT Act dollars are used for the administration of the program. There are no fees for the program; however, there is are eligibility criteria for the program. The central location for this program is in our Moscow office and a secondary location is in Boise. We have lending library equipment in both locations.

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

<https://idahoat.org/get-AT/iCanConnect-ID>

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.

This is a free service to Idahoans who would like to exchange devices for money or to give them away for free. The Idaho AT Project only provides a platform for consumer to carry out the activities via our AT4ALL site.

7. The online page for this specific activity can be found at: <https://idaho.at4all.com/>

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

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
- Receive financial support from this entity

State Entities/Agencies (select any/all)

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

Module 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.

Idaho's CILs provide primarily free open-ended loans for low tech equipment such as shower chairs and as well some scooters, which have been donated to them. The equipment is loaned out for as long as the consumer needs them and then taken back to clean for another consumer. One out of three CILs take advantage of the Idaho AT4All website to conduct this program through inventory control, consumer accounts, internal automated lending, backend tracking, and public interface. Further, the Idaho AT Project staff provide problem solving and database usage support, at no cost to their program. They use a federally required database to do federal reporting; thus, they are concerned with duplicative work. We are working to bring the two CILs back onto our beautiful AT4ALL site, since it is a consumer facing database that allows for more consumer control. The Idaho AT Project provides free open-ended loans focused primarily on high tech equipment and software, to local education agencies (LEAs) with funding from the Idaho State Department of Education Sped Division. Further, older high tech equipment is also put on open-ended loan to consumers who are deaf, blind, or deaf/blind with funding from the Federal Communication Commission. All equipment is sanitized when returned in preparation for a new consumer. We are continuing to grow this program. The Idaho AT Program, through funding from the Idaho State Department of Education Sped Division, also provides refurbished computers to special education programs in local education agencies (LEA) and students with disabilities, who fall under the umbrella of IDEA. There is no charge for this program and device ownership is turned over to the receiving LEA or student with disabilities.

7. The online page for this specific activity can be found at: <https://idaho.at4all.com/item> <https://idahoat.org/get-AT/Computers-for-Kids>

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.

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)

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

State Entities/Agencies (select any/all)

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

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

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 short-term loan program is operated by the Idaho AT Project and is available to any agencies, entity or school districts in the state. Equipment is available for loan that meets the needs of adults and children of all ages with all types of disabilities. Entities must have an approved short-term loan program agreement on file with the program assuring acceptance of specific responsibilities to be able to borrow devices. The program includes a wide range of equipment including switches and mounts, computer access devices, environmental controls, hearing devices, vision devices and augmentative communication devices and the entire inventory is viewable online. Items are picked up in person or sent by mail. All loans are tracked in a database with routine follow-up to ensure timely return of devices. All devices are sanitized and checked for functionality before being loaned out again. The device loan program inventory is updated annually through state and federal dollars. No fees are charged to borrow devices. In addition, the Idaho AT Project, provides annual funding to the CIL located in southeast Idaho. Assistive technology is purchased and housed at the CIL, so they can be loaned locally to Idahoans as requested via the Idaho AT4All website. It is important to note, the Idaho AT Project maintains ownership of the equipment. When the equipment is returned it is sanitized and checked for functionality before being loaned out again. No fees are charged to borrow devices.

7. The online page for this specific activity can be found at: <https://idaho.at4all.com/>

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.

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

In addition to our general statewide, including southwest Idaho, device demonstrations are completed by AT Program staff. We have agreements with the Idaho State Department of Education and Federal Communication Commission to provide demonstration services to their stakeholders. The inventory for this program consists of a vast array of devices to meet the needs of the individual consumer's functional needs. Regularly scheduled device demonstrations are done in the three AT Resource Centers across the state, in LEAs, at a distance, and in consumer's homes. At a distance demonstrations are completed via an online video platform. The consumer can see the devices, ask questions, and request general and specific manipulation of the device. When devices are identified that will meet individual needs, referrals and resources are provided to support acquisition. There are no fees for demonstrations.

6. The online page for this specific activity can be found at: <https://idahoat.org/explore-AT/at-demos>

Module L: Training

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

State Entities/Agencies (select any/all)

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

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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)

The Idaho AT Program has ongoing face-to-face and at a distance ICT accessibility training occurring across the state. There has been and continues to be a focus on state agency needs. In addition, we take requests from individual agencies to provide training and provide limited accessibility testing.

Planned Transition Training or Other Training Activity (optional)

The Idaho AT Program has facilitated the states AT/Secondary Transition conference for the last 16 years. This conference occurs in March of each year and is rotated annually to one of three locations around the state. The conference is focused on secondary transition students, teachers, and families with the main funding coming from the Idaho At Program, Idaho State Department of Education and Idaho Division of Vocational Rehabilitation. Knowledge growth is measured each year.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity can be found at: <https://idahoat.org/resources/info-comm> <https://idahoat.org/Tools-Fair>

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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)

The AT Program continues to review the TA needs of the K12 IDEA focused population. This often includes a review of state-level data from a variety of resources. At the current time on TA is occurring in the area of AAC through program planning and development of curriculum and materials.

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)

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

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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 Idaho AT Project conducts multiple public awareness activities including an open house for the National AT Awareness Day, social media activities, health fairs, secondary transition fairs, and information tables at multiple conferences, including many focused on K12. One activity in particular is participating in a Secondary Transition Institute hosted by the Idaho State Department Education and Vocational Rehabilitation.

Planned Other Public Awareness Activity (optional)

Module O: Information and Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

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

Our Statewide AT Program has three regional sites, in which information and assistance occurs. Staff have a broad range of knowledge to answer questions, either by phone or email, to support consumers needs focused on assistive technology. If a question is beyond the area of expertise for one staff person, they are quickly provided support by another member focused in the particular subject area.

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 ID.
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.