



## National Assistive Technology Act Data System

### State Plan - Full Report

Indiana 2021

#### General Information

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

<b>State AT Program Title</b>	INDATA (INDiana Assistive Technology Act
<b>State AT Program URL</b>	www.eastersealstech.com
<b>Mailing Address</b>	4740 Kingsway Drive
<b>City</b>	Indianapolis
<b>State</b>	Indiana
<b>Zip Code</b>	46205
<b>Program Email</b>	tech@eastersealscrossroads.org
<b>Phone</b>	317-466-2013
<b>TTY</b>	317-466-2000

#### Lead Agency

<b>Agency Name</b>	Indiana Division of Disability and Rehabilitation
<b>Mailing Address</b>	402 West Washington St Rm W453
<b>City</b>	Indianapolis
<b>State</b>	Indiana
<b>Zip Code</b>	46204
<b>Program URL</b>	<a href="http://www.in.gov/fssa/ddrs/2636.htm">http://www.in.gov/fssa/ddrs/2636.htm</a>

#### Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	Crossroads Rehabilitation Center, Inc dba Easterseals Crossroads
<b>Mailing Address</b>	4740 Kingsway Drive

<b>City</b>	Indianapolis
<b>State</b>	Indiana
<b>Zip Code</b>	46205
<b>Program URL</b>	<a href="http://www.eastersealstech.com">www.eastersealstech.com</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Norton, Brian
<b>Title</b>	Director of Assistive Technology
<b>Phone</b>	317-466-2013
<b>E-mail</b>	bnorton@eastersealscrossroads.org
<b>Program Director at Lead Agency (last, first)</b>	Koleszar, Theresa
<b>Title</b>	Director, Bureau of Rehabilitative Services
<b>Phone</b>	317-232-1432
<b>E-mail</b>	Theresa.Koleszar@fssa.in.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Norton, Brian
<b>Title</b>	Director of Assistive Technology
<b>Phone</b>	317-466-2013
<b>E-mail</b>	bnorton@eastersealscrossroads.org

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

<b>Name (last, first)</b>	Norton, Brian
<b>Title</b>	Director of Assistive Technology
<b>Phone</b>	317-466-2013
<b>E-mail</b>	bnorton@eastersealscrossroads.org

### Certifying Representative

<b>Name (last, first)</b>	Koleszar, Theresa
<b>Title</b>	Director, Bureau of Rehabilitative Services
<b>Phone</b>	317-232-1432
<b>E-mail</b>	Theresa.Koleszar@fssa.in.gov

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

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

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

A contract between the state of Indiana and Easterseals Crossroads details the services to be provided under this program. Monthly written reports are provided to the state by Easterseals Crossroads. Meetings occur periodically between Easterseals Crossroads and the Lead Agency.

**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?   | 2 |
| 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)? | 2 |
| 3. How many representatives of a state Center for Independent Living are members of the advisory council?.  | 1 |
| 4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council?  | 1 |
| 5. How many representatives of the State educational agency are members of the advisory council?  | 1 |
| 6. How many additional representatives of other agencies and/or organizations are members of the advisory council?  | 0 |
| 7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council?  | 8 |

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	8
Total number of individuals on the advisory council	15
Percentage	53.33%

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

## Module C: Actual Expenditures and Budgeted Allocations

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

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

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

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$326,778.21	64.24%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
<b>b. All State Leadership Activities</b>	\$181,940.79	35.76%	
<b>c. Total Expenditures</b>	\$508,719.00		
<b>d. Total Award</b>	\$508,719.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$9,330.46</b>	5.13%	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 **\$527,588.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$0.00	\$341,574.14	\$0.00	\$341,574.14
<b>All State Leadership Activities</b>	\$0.00	\$186,013.86	\$0.00	\$186,013.86
<b>Total</b>	\$0.00	\$527,588.00	\$0.00	\$527,588.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$11,261.57	\$0.00	\$11,261.57

## 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 **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

- |   |            |
|---|------------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | N/A        |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | N/A        |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | \$500.00   |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | \$35000.00 |

**10. Describe the activity.**

Easterseals Crossroads operates an Alternative Financing Program (AFP) to allow purchasers of assistive technology equipment and services to access low-interest and extended-term financial loans. The AFP program operates as a loan guarantee program in coordination with, Star Financial, an Indiana-based lending partner. Applicants must meet eligibility requirements (Indiana resident, has a disability, or family member of a person with a disability). Loan amounts range from \$500 and \$35000 and must be used for assistive technology equipment and/or services. The loan length depends on the loan amount and type of equipment being purchased. Interest rates float based on US Prime Interest rate.

- |  |  |
|--|--|
| <b>11. The online page for this specific activity can be found at:</b> | <a href="http://www.eastersealstech.com/funding">www.eastersealstech.com/funding</a> |
|--|--|





## 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.

Easterseals Crossroads operates an equipment exchange program through an online database (AT4ALL) to help facilitate the transfer/exchange of devices that are no longer needed by their current user to persons who would benefit from them. Registered users of the AT4ALL database may post items for exchange and/or items wanted. Contact information is provided so arrangements can be made to obtain desired devices. All exchanges are made direct consumer to consumer.

7. The online page for this specific activity can be found at: [www.indata.at4all.com](http://www.indata.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.**

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)

- Have written agreement with this entity

### Private Entities (select any/all)

### Other (select any/all)

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

- Device ownership is transferred to the recipient

### 6. Describe the activity.

Easterseals Crossroads operates an equipment reuse program where donated computers and assistive technology devices are provided to individuals with disabilities. All donated devices are refurbished to industry standards and redistributed to persons with disabilities who are in need. Program participants must be residents of Indiana and provide documentation of disability. For computer donations, certificates of data destruction are available, and pick-up and drop-off services are offered. This service is free to the donor and/or recipient.

**7. The online page for this specific activity can be found at:** [www.eastersealstech.com/depot](http://www.eastersealstech.com/depot)



## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

No

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

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

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

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

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

- Have written agreement with this entity

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

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

- Have written agreement with 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.

Easterseals Crossroads operates a device loan program and is available to persons with disabilities, family members, service providers, school districts, or any other interested party. Items available for loan 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 and the entire inventory is viewable online at [www.indata.at4all.com](http://www.indata.at4all.com). A typical loan period is 30 days, but this can be extended depending on the situation and the borrower's circumstances. Items are shipped and returned by commercial delivery service except for a few exceptionally heavy devices that must be delivered and picked up in person. All short-term 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. The online database of available devices is continually updated, and priority is given to purchasing devices to reduce waiting lists and provide current high-demand items. No fees are charged to borrow devices.

**7. The online page for this specific activity can be found at:** [www.eastersealstech.com/loanlibrary](http://www.eastersealstech.com/loanlibrary)

## 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?**

Yes

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

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

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

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

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

- Have written agreement with 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.

Easterseals Crossroads operates a device demonstration program for persons with disabilities, their family members, service providers, school districts, or anyone with an interest in assistive technology devices and tools. Device demonstrations are available in person or online depending on the equipment being demonstrated and/or the consumer's preferences/situation. If a requested device is not available, the person making the request will be notified. Equipment requests are documented and inform future equipment purchases in the Loan Library program.

6. The online page for this specific activity can be found at: <https://www.eastersealstech.com/devicedemo>

## 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)**

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

- Have written agreement with this entity

### Provide a description of the other collaborations.

Easterseals Crossroads will occasionally bring in

**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)

A Web Accessibility Webinar for Developers is held once a year and provides attendees an overview of disability, assistive technology, and accessibility law and guidelines. Participants also learn techniques for designing, developing, and testing accessible websites including basic content, structure, images, forms, tables, CSS, and ARIA.

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

A full-day training focused on assisting students and parents as they transition from high school was conducted in April 2021. The focus of this training was to provide first-hand, practical advice about the challenges and changes students will face as they transition to higher ed or into the workforce. During this training students also learned about software, apps, and extensions to help with reading, writing, notetaking, and arithmetic.

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

**3. The online page for this specific activity can be found at:** [www.eastersealstech.com/fulldaytrainings](http://www.eastersealstech.com/fulldaytrainings)

## 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

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

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

- Have written agreement with this entity

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

- Have written agreement with 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)**

Easterseals Crossroads acts as a subject matter expert (SME) on the Indiana Housing Community Development Association's Moving Forward program. The purpose of the Moving Forward program is to provide integrated affordable housing that increases the quality of life for individuals with intellectual and developmental disabilities (IDD). The program looks to end generational poverty through energy and transportation solutions and additionally uses innovative technology to create living spaces that allow more independence, reduce barriers to participation, and increase the quality of life for individuals with IDD.

**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)**

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

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

- Have written agreement with this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

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

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

The INDATA Project produces three widely distributed and popular podcasts, Assistive Technology Update, Assistive Technology Frequently Asked Questions, and Accessibility Minute. These shows have a highly engaged audience in over 160 countries. In 2020 ATUpdate was recognized by Feedspot.com as the #1 Assistive Technology Podcast in the world. Additionally, the INDATA YouTube Channel has 3000+ subscribers and features 650+ "Tech Tip" videos that have been viewed over 1.8 million times.

### 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

Easterseals Crossroads answers incoming requests for information and assistance on an ongoing basis. Requests are handled by providing information directly or by making referrals to appropriate resources. Requests are received directly from consumers (via our toll-free phone number, website, email, or other means), and regional partners. Requests that cannot be readily handled are presented to the team for resolution or referred to a social worker within our agency or another appropriate agency. In order to continue to develop this program and continue to stay up-to-date with the latest developments in the field, collaboration with other state programs and continuing education for program staff are ongoing.

## 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 Indiana.
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.