



National Assistive Technology Act Data System

State Plan - Full Report

New Mexico 2021

General Information

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

State AT Program Title	New Mexico Technology Assistance Program
State AT Program URL	www.tap.gcd.state.nm.us
Mailing Address	625 Silver Ave SW, Suite 100 B
City	Albuquerque
State	NM
Zip Code	87102
Program Email	tracy.agiovlasitis@state.nm.us
Phone	505-841-4464
TTY	

Lead Agency

Agency Name	New Mexico Governor's Commission on Disability
Mailing Address	491 Old Santa Fe Trail, Lamy Building
City	Santa Fe
State	NM
Zip Code	87501
Program URL	www.gcd.state.nm.us

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)	Agiovlasitis, Tracy
Title	AT PROGRAM MANAGER
Phone	505-841-4451
E-mail	tracy.agiovlasitis@state.nm.us
Program Director at Lead Agency (last, first)	Ross, Stan
Title	Governor's Commission on Disability Director
Phone	505-321-5650
E-mail	stan.ross@state.nm.us
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)	Ross, Stan
Title	Governor's Commission on Disability
Phone	505-321-5650
E-mail	stan.ross@state.nm.us

Certifying Representative

Name (last, first)	Ross, Stan
Title	Governor's Commission on Disability Director
Phone	505-321-5650
E-mail	stan.ross@state.nm.us

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? 0
5.1 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 5.
 The last Public Education Department (PED) representative referred no longer works for the agency. The PED and GCD Director are recruiting a new representative currently.
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.
 A representative from Disability Rights New Mexico is a member that covers assistive technology advocacy and support in their job duties .
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	\$300,000.00	64.53%	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	\$164,894.00	35.47%	
c. Total Expenditures	\$464,894.00		
d. Total Award	\$464,894.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$10,000.00	6.06%	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 **\$477,118.00**

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	\$300,000.00	\$0.00	\$300,000.00
All State Leadership Activities	\$0.00	\$177,118.00	\$0.00	\$177,118.00
Total	\$0.00	\$477,118.00	\$0.00	\$477,118.00
Transition Training & Technical Assistance	\$0.00	\$11,000.00	\$0.00	\$11,000.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan

2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module E: Financial Loan

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

Other entities e.g. contractors (Others)

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

One central location (Central)

3. Do you charge a fee for this activity? (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)

Independent Living Center (select any/all)

- Have written agreement with this entity

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. N/A

9. The highest loan amount (in dollars) provided as established by the policies of the activity. N/A

10. Describe the activity.

Our Statewide AT Program offers individuals with disabilities living any where in New Mexico an affordable loan solution that enables the purchase of equipment needed to succeed in life or provide needed accessibility. San Juan Center for Independence is the contractor to administer the financial loan to obtain assistive technology needed to engage in school, business or community engagement. In accordance with the AT Act, this allows access to, and funding options for, assistive technology.

11. The online page for this specific activity can be found at: <http://www.tap.gcd.state.nm.us/financial-loans>

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.

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
- Provide financial support to this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module I: Device Refurbish and Reassignment and/or Open-ended Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- Device ownership is transferred to the recipient

6. Describe the activity.

Through our partner, the Adelante Development Center, we provide durable medical equipment (DME) and computers for individuals with disabilities statewide who do not have other options to obtain the equipment. Donated DME is collected, properly sanitized, and offered to those in need at no cost. A monetary donation is suggested, especially with receipt of a motorized wheelchair with new batteries, but not required by the recipient. A doctors note is required for any motorized wheelchair for health and safety. Any monetary donations offered are used to maintain this project titled "Back in Use". Donated computers with minimum system requirement are collected, physically and digitally sanitized, and Microsoft Suite is installed. This project is titled "DiverseIT" and utilizes individuals with disabilities to refurbish the computers that are offered to those in need at no cost. All equipment is provided with instructions on use and DME is properly fitted to each individual.

7. The online page for this specific activity can be found at: <http://www.tap.gcd.state.nm.us/device-reutilization/>

Module J: Device Loan

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

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

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

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

3. Do you charge a fee for this activity?

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)

- Have written agreement with this entity
- Provide financial support to 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 shipped via mail or other delivery service

6. Describe the activity.

Our Statewide AT Program provides short-term assistive technology (AT) device loans to individuals with disabilities statewide through a main office and two satellite offices. We partner with Western New Mexico University, located in southwestern New Mexico (NM), and the Northeast Regional Educational Cooperative, located in northeastern NM, as the satellite offices. AT devices are requested in person, by telephone, by email, by fax or through an on-line database platform. When the request is not a direct result of a device demonstration, the item(s) requested are discussed with the consumer to ensure it is the best option for the desired goals. Devices are checked for functionality, including any software or applications added, and all extension parts (such as charging cords) are in place. An application is processed, providing both verbal and written guidelines regarding the loan and proper use of the device(s) to the consumer. Devices are loaned for 42 days, with options to extend that period if needed per arrangements with staff. Consumers are contacted a minimum of two times during the loan period to check on use of the device, troubleshoot issues and ensure return of the device as agreed. When devices are returned, they are sanitized immediately, and any digital personal identification information is removed. This service is provided free of charge, inclusive of any devices that are provided via FedEx. To provide state of the art devices, our staff conducts research and/or consumers request new AT throughout the year. The new AT and those that are in high demand are reviewed for purchase when funds are available. The device loan library maintains devices to assist with speech, vision, hearing, learning, cognition, daily living, mobility, environmental adaptations, and recreational sports.

7. The online page for this specific activity can be found at: <http://www.tap.gcd.state.nm.us/device-loans>

Module K: Device Demonstration

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

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

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

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

3. Do you charge a fee for this activity?

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)

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

Our Statewide AT Program provides device demonstrations to individuals with disabilities statewide through a main office and two satellite offices. We partner with Western New Mexico University, located in southwestern New Mexico (NM), and the Northeast Regional Educational Cooperative, located in northeastern NM, as the satellite offices. Several devices of the same type are compared side by side with individuals with disabilities, along with any support professionals, families, or advocates. The goals of the consumer are discussed as they relate to the varied features of each device and the individual with a disability abilities. The individual with a disability and any support persons in attendance, have a hands-on trial use of each assistive technology (AT) device in order to choose the best option to meet those goals. These are provided most frequently in person and our program is newly offering the option for video trial in areas of our rural state. The video option will ideally have the devices in the location of the individual with a disability for their hands-on trial. However, if this is not an option due to time or location restraints, each device will be slowly demonstrated closely in view for each feature with ample time for questions and answers. Additional information, including Quick References, YouTube videos or written guidelines by our staff, will be provided to assist the individual in their decision of the best option. Device demonstrations are provided for individuals with disabilities who may be connected with any other services such as vocational rehabilitation, assisted living locations, brain injury resource centers, long-term care facilities, secondary and higher education institutions, independent living centers, senior centers, intellectual developmental disability providers, disability advocacy groups and any other organization supporting individuals with disabilities of any age that we provide outreach to. Newer AT devices are added to the program as funding allows and kept separate from the items loaned as much as possible. If there is only one of any specific device that is used for demonstration and it is requested as a device loan, an individual may borrow it in order to provide the appropriate trial in their environment. If a choice is made for the best option by the individual with a disability, information on vendors, funding sources or service providers to assist in obtaining the chosen device is provided as well. This service is provided at no cost to the individual.

6. The online page for this specific activity can be found at: <http://www.tap.gcd.state.nm.us/device-demonstrations/>

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)

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

Our Statewide AT Program offers Information Communication Technology (ICT) training throughout the year including the importance, development and application of accessible communication technologies. The assessment and creation of accessible of websites, multimedia, social media, and documents is provided as requested by small and large organizations or groups. It is also routinely provided as a part of certification training annually by the The Great Plains ADA Center. This initiative is to increase Americans with Disabilities Act (ADA) Certified Coordinators throughout the state of New Mexico.

Planned Transition Training or Other Training Activity (optional)

Our Statewide AT Program provides trainings to individuals with disabilities and professionals statewide through a main office and two satellite offices. We partner with Western New Mexico University, located in southwestern New Mexico (NM), and the Northeast Regional Educational Cooperative, located in northeastern NM, as the satellite offices to supplement our centrally located office. Training on devices is offered to schools in all areas of the state on a small scale, often connected to transitioning students. This training is provided to educators, ancillary therapists and students as requested. It may be also include training on general benefits of assistive technology (AT), AT services, practices related to AT or funding sources for AT. The main office location also provides training on speech generating devices to Speech and Language Professional students at the University of New Mexico as part of their regular curriculum.

Planned Statewide Conference or Other Training Activity (optional)

Our Statewide AT Program sponsors an annual Assistive Technology Conference (ATC) for statewide participation by all professionals, educators, individuals with disabilities, their families and advocates. The primary target audience is for professionals, evidenced by the provision of Continued Educational Units (CEUs) for most disciplines, including Occupations Therapist, Speech Language Professionals, Physical Therapists, Social Service professionals and Vocational Rehabilitation Counselors. Experts outside of our direct staff are secured with a request for proposals for educational sessions which may include training on specific devices, the assessment of individuals for AT, related services for transition students, general benefits of AT, options to acquire needed AT and other related topics. The ATC held in the central location of the state and a cost is involved only to cover the expenses to host the event. Between two to four small half day trainings are offered as requested in rural locations of the state tailored to the request of the area. These usually include specific device training or assessment of individuals for AT. There are no CEUs offered and there is no cost involved.

3. The online page for this specific activity can be found at: <http://www.tap.gcd.state.nm.us/trainings/>

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
- Provide financial support to 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)

We are working with the Legislative Council on their website accessibility with plans to address documents in the future as well. We are doing disability sensitivity awareness, and ICT training for their general staff and for the IT/webmaster staff as well. We are collaborating with DRNM, (Disability Rights New Mexico) on this project.

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

2. Provide a short description of at least one and no more than two planned 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)

Our Statewide AT Program will provide statewide traveling outreach events to include information about the many disability services available with The AT Program and other services of the Governor’s Commission on Disability offers, such as the residential accessibility program, disability sensitivity training and awareness, and other services. This will be provided especially for the rural areas and held in senior and community centers. Other available disability resource partners, such as the Developmental Disabilities Center Special Education Ombudsman, New Mexico Aging and Long-term Services Departments, or other disability service groups will be recruited to participate as appropriate or requested. These events will ideally include a public forum option to gather information of the ideas, needs, and challenges in those communities as well.

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)

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

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 responds to all calls from the main office and satellite offices from consumers in need of information. These calls may include general information regarding services they want to access that may or may not be our services. Any staff member may answer the phone or receive an email inquiry and will respond within no more than one working day. If the request is outside of our services, a referral for appropriate assistance is provided including some information about the service and who to talk to with contact information for that agency or organization. Sometimes the call may be for troubleshooting with particular assistive technology devices or services, and we will provide direct guidance and referral information appropriately. Both types of assistance are documented as they increase the knowledge for consumers in need and strengthen our community. A resource guide is maintained by all AT Program staff to provide current information of resources to all consumers.

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 NM.
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.