



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**Nevada 2021**

**General Information**

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

<b>State AT Program Title</b>	Nevada Assistive Technology Collaborative
<b>State AT Program URL</b>	<a href="http://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_(NATC)/Nevada">http://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_(NATC)/Nevada</a>
<b>Mailing Address</b>	9670 Gateway Drive, Suite 100
<b>City</b>	Reno
<b>State</b>	Nevada
<b>Zip Code</b>	89521
<b>Program Email</b>	jrosenlund@adsd.nv.gov
<b>Phone</b>	7756870835
<b>TTY</b>	7756882969

**Lead Agency**

<b>Agency Name</b>	Aging and Disability Services Division
<b>Mailing Address</b>	9670 Gateway Drive, Suite 100
<b>City</b>	Reno
<b>State</b>	Nevada
<b>Zip Code</b>	89521
<b>Program URL</b>	<a href="https://adsd.nv.gov/Programs/Physical/Physical/">https://adsd.nv.gov/Programs/Physical/Physical/</a>

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
<b>Name of Implementing Agency</b>	

<b>Mailing Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Program URL</b>	

**General Information (Continued...)**

**Program Director and Other Contacts**

<b>Program Director for State AT Program (last, first)</b>	Rosenlund, John
<b>Title</b>	Social Services Program Specialist III
<b>Phone</b>	7756870835
<b>E-mail</b>	jrosenlund@adsd.nv.gov
<b>Program Director at Lead Agency (last, first)</b>	John Rosenlund
<b>Title</b>	NATC Director; SSPS III
<b>Phone</b>	7756870835
<b>E-mail</b>	jrosenlund@adsd.nv.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

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

<b>Name (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

**Certifying Representative**

<b>Name (last, first)</b>	John Rosenlund
<b>Title</b>	NATC Director; SSPS III
<b>Phone</b>	7756870835
<b>E-mail</b>	jrosenlund@adsd.nv.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)? No
2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? No
3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan? No

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 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 potential member's application is pending approval.
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.  
 Director of the Nevada Assistive Technology Collaborative is a member of this council.
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 3

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	3
Total number of individuals on the advisory council	7
Percentage	42.86%

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. No

**9. Explanation of why the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B).**

There is a potential member pending approval that is an individual user. We have had two additional inquiries requesting applications that appear to either be Assistive Technology users or family member representative. The NATC programs promote participation to consumers of program services and continue efforts to maintain compliance of section 4(c)(2)(B) as well as the council's bylaws.

## 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>	\$352,426.62	79.91%	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>	\$88,610.38	20.09%	
<b>c. Total Expenditures</b>	\$441,037.00		
<b>d. Total Award</b>	\$441,037.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$12,368.27</b>	13.96%	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 **\$454,921.00**

<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>	\$35,049.51	\$354,544.26	\$0.25	\$389,594.02
<b>All State Leadership Activities</b>	\$13,963.15	\$51,363.83	\$0.00	\$65,326.98
<b>Total</b>	\$49,012.66	\$405,908.09	\$0.25	\$454,921.00
<b>Transition Training &amp; Technical Assistance</b>	\$2,252.12	\$6,729.56	\$0.00	\$8,981.68

## 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 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)

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)

**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.

- Revolving loans
- Loan guarantees

- |   |            |
|---|------------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | 1.0000%    |
| <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>  | N/A        |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | \$50000.00 |

**10. Describe the activity.**  
The Care Loan Fund Program is designed to provide Nevadans with disabilities more options to purchase Assistive Technology statewide. The program offers direct loans through at a preferred interest rate, using standard loan approval guidelines with special considerations regarding credit issues related to a person’s disability. Direct lending is possible for loans \$10,000 and lower. There are also lending options with a banking partner for loans up to \$50,000. The program is self-sustaining and requires no additional funding for operations and has sufficient resources for lending at this time.

**11. The online page for this specific activity can be found at:** <https://carechest.org/site/programs-2020/>

## 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.

- Last Resort Fund

### 2. Select the one option that best describes who conducts this activity/activities.

Other entities e.g. contractors (Others)

### 3. Select the one option that best describes from where this activity/activities is conducted.

Regional sites (Regional)

### 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)

- 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 F: Other State Financing Activities that Directly Provides AT (Continued...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**6. Describe the activity/activities.**

The AT/IL Program is a statewide program that supports an individual's choice to live in their community with the use of Assistive Technology (AT). The program's focus is on removing daily living barriers. The program can help individuals define their Independent Living goals and determine the appropriate Assistive Technology (AT) needed to care for themselves, or receive care, in their homes and their community. The program has resources to provide a variety of AT when no other resources are possible. Individuals that are currently in a care facility, or at high risk of placement in a facility, can be prioritized (if funding is available) for the services that are necessary for them to live independently in the community. It is our intent to make sure each consumer is well informed. We want you to know how the program works and what you can expect. A major goal of ours is to promote the Independent Living Philosophy emphasizing consumer control where people with disabilities are the best experts on their own needs and how to live, work, and take part in their communities. Particularly about services that powerfully affect their day-to-day lives and access to independence. What is Offered? Assistance developing Independent Living goals and plan Assistance identifying appropriate Assistive Technology (AT) Information, referrals, and technical assistance Assistance identifying resources for AT needed Assisting consumers to identify the options so they can make an informed choice Assistance finding contractors and/or vendors for the AT necessary Provide Assistive Technology needed for daily living, home and community access; including home modifications, durable medical equipment, vehicle modifications, visual aids, mobility devices, and personal communication technology

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

<https://adsd.nv.gov/Programs/Physical/ATforIL/ATforIL/>





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

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

### 6. Describe the activity.

Nevada Assistive Technology Collaborative (NATC) community partner CARE Chest of Sierra Nevada has been providing both recycled and new Assistive Technology (AT) for 30 years in northern and rural Nevada. Recently expanding their organization statewide and into Las Vegas, the most populated urban area in the state. CARE Chest offers an extensive durable medical equipment (DME) reuse program. AT includes but is not limited to wheelchairs, scooters, shower chairs, hoist lifts, walkers, hospital beds, reach/grab devices, bathing devices, transfer rails, eating/meal preparation, and other devices that help a person to live more independently with their disability. The program is not limited to adaptive daily living and mobility devices, any type of AT may be donated and available. However, demand has led the program in the direction it has targeted. Individuals interested in donating a device can simply drop their item off at the organizations or in some cases can have the item picked up. Those who need a device can apply over the telephone and find out what devices are available and in stock. When an item is not immediately available, the client is placed on a waiting list for that specific item. Referral can also be made to the AT/IL program where state funds can be utilized to purchase the AT. Most often items are donated by the community or returned by existing clients who no longer need them. All items are tested, repaired and sanitized before being offered for use. New AT is also provided through CARE Chest and are funded almost exclusively with private dollars, through fundraisers, corporate contributions and grants from private foundations.

7. The online page for this specific activity can be found at: <https://carechest.org/site/programs-2020/>



## Module J: Device Loan

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

Other entities e.g. contractors (Others)

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

Regional sites (Regional)

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

No

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

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

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

**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 delivered or picked up in-person

### 6. Describe the activity.

The Nevada Assistive Technology Collaborative (NATC) community partner the University of Nevada Reno's Nevada Center for Excellence in Disabilities provides the Nevada Assistive Technology Resource Center's (NATRC) statewide. The NATRC maintains and distributes Assistive Technology (AT) devices for short term loans. The program is designed to provide individuals with the resources needed to make an educated and consumer driven choices regarding assistive technology and services that will best meet their needs. Consumers receiving AT device loans will receive at the very least minimal demonstration and hands-on training with a device before the device is loaned out. Once the device is provided consumers are encouraged to contact program staff if they have any further questions or if any issues arise. The consumer can borrow devices for two weeks. If there is not another need for the device the loan can be extended for additional time. AT Device loans to other professionals and persons other than consumers are left to the discretion of our community partners if they identify that there is a role they can participate in to benefit the end users they will accommodate. Devices can also be loaned for short term accommodations.

**7. The online page for this specific activity can be found at:** <https://www.unr.edu/nced/projects/nced-natrc>

## Module K: Device Demonstration

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

Other entities e.g. contractors (Others)

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

Regional sites (Regional)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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.

The Nevada Assistive Technology Collaborative (NATC) community partner the University of Nevada Reno's Nevada Center for Excellence in Disabilities provides the Nevada Assistive Technology Resource Center's (NATRC) statewide. The NATRC's provide comprehensive Assistive Technology (AT) demonstrations throughout the state. The program provides individuals with the resources needed to make an educated and consumer driven choice regarding assistive technology and services. Device demonstrations occur wherever it is most appropriate for the consumer. This can be in the home, another organizations space, or on site.

6. The online page for this specific activity can be found at: <https://www.unr.edu/nced/projects/nced-natrc>

## 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)**

The NATRC will establish and present training for persons that require accessible documents for the purpose of being part of the state's legislative processes. The training will go through the options of obtaining information throughout the legislative process and the ability to keep abreast of the latest version of bills or materials posted or produced. The Legislative Counsel Bureau (LCB) is responsible to produce and provide legislative materials and often on extremely short time frames in order to support the states short legislative session.

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

The NATRC plans to provide transition training for Nevada's Centers for Independent Living (CILs), the state's Money Follows the Person, and Medicaid FOCIS staff on the importance of Assistive Technology and Assistive Technology services when working with consumers that are transitioning from a care facility setting to a community living setting, focusing on best AT practices and informed consumer choice.

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

The NATRC plans to provide general AT awareness trainings for the state's Vocational Rehabilitation counselors.

**3. The online page for this specific activity can be found at:** <https://www.unr.edu/nced/projects/nced-natrc>

## 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...)**

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**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 NATRC plans to provide technical assistance for Nevada’s Centers for Independent Living (CILs), the state’s Money Follows the Person, and Medicaid FOCIS staff for creating policies and protocols for the identification and provision of Assistive Technology and Assistive Technology services when working with consumers that are transitioning from a care facility setting to a community living setting.

**Planned Other Technical Assistance Activity (optional)**

The NATRC plans to provide the state’s Vocational Rehabilitation technical assistance in creating policies and protocols for the identification and provision of Assistive Technology and Assistive Technology services



## 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)**

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

**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 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 NATC partners have planned a statewide public awareness campaign for all programs and services. The campaign is the largest public awareness plan ever. The campaign will include radio ads, newspaper and magazine ads and articles, videos (consumer stories and program services in action), podcasts, consumers attending and promoting their experiences and may include hiring a marketing consultant or agency.

**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

The Nevada Assistive Technology Collaborative (NATC) community partner the University of Nevada Reno's Nevada Center for Excellence in Disabilities provides the Nevada Assistive Technology Resource Center's (NATRC) statewide. The NATRC is the primary partner for information and assistance activities. A consumer or entity can contact the programs and staff by phone, email, or in person. A typical contact will involve information gathering from staff to ensure that the consumer is directed to the appropriate resources as well as all services available through the NATC.

## 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 Nevada.
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.