



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

General Information

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

State AT Program Title	DakotaLink
State AT Program URL	http://www.dakotalink.net
Mailing Address	P.O. Box 218
City	Sturgis
State	SD
Zip Code	57785
Program Email	atinfo@dakotalink.net
Phone	605-977-1779
TTY	605-347-5212

Lead Agency

Agency Name	South Dakota Department of Human Services
Mailing Address	3800 East Hwy 34 Hillsview Plaza, C/O 500 E. Capitol
City	Pierre
State	SD
Zip Code	57501
Program URL	http://dhs.sd.gov/

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	Black Hills Special Services Cooperative
Mailing Address	P.O. Box 218

City	Sturgis
State	SD
Zip Code	57785
Program URL	https://bhssc.org

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Hudson, Page
Title	Program Manager
Phone	605-977-1779
E-mail	phudson@dakotalink.net
Program Director at Lead Agency (last, first)	Weiss, Eric
Title	Director, Division of Rehabilitation Services
Phone	605-773-4644
E-mail	eric.weiss@state.sd.us
Primary Contact at Implementing Agency (last, first) - If applicable	Hauge, Joe
Title	Executive Director
Phone	605-347-4467
E-mail	jhaug@bhssc.tie.net

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Rechtenbaugh, Shawnie
Title	Secretary, South Dakota Dept. of Human Services
Phone	605-773-5990
E-mail	Shawnie.Rechtenbaugh@state.sd.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? 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)? 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? 1
6. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
 - 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council.
Disability Rights South Dakota is the non-profit legal services agency dedicated to protecting and advocating for rights and inclusion of South Dakotans with disabilities.
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 7

Advisory Council Calculation

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

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

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

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

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

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$262,550.00	60.00%	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	\$175,038.00	40.00%	
c. Total Expenditures	\$437,588.00		
d. Total Award	\$437,588.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$8,750.00	5.00%	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 **\$448,176.00**

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	\$203,885.00	\$20,203.00	\$0.00	\$224,088.00
All State Leadership Activities	\$194,088.00	\$30,000.00	\$0.00	\$224,088.00
Total	\$397,973.00	\$50,203.00	\$0.00	\$448,176.00
Transition Training & Technical Assistance	\$12,408.80	\$10,000.00	\$0.00	\$22,408.80

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.)
- Other State Financing that creates AT savings (cooperative buying programs, etc.)

2. Which Reutilization Activities do you conduct?

- Device Exchange
- Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module E: Financial Loan

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

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? (This fee is separate from and addition to the financial loan made.)

Yes

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)

- Receive financial support from this entity

State Entities/Agencies (select any/all)

- Receive financial support from this entity

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

6. The lowest interest percentage for loans as established by the policies of the activity. 5.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 5.0000%

8. The lowest loan amount (in dollars) provided as established by the policies of the activity. \$3500.00

9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$23935.00

10. Describe the activity.

The DakotaLink Assistive Technology Loan Fund offers low-interest, extended-term loans to enable individuals with disabilities in South Dakota a financing option specifically designed to purchase assistive technology equipment and devices, home access improvements, or vehicle access modifications. Individuals with disabilities in South Dakota and their family members may apply for loans to purchase wheelchairs, electric scooters, hearing aids, augmentative communication devices, electronic print enlarging devices and for other equipment made for people with disabilities

11. The online page for this specific activity can be found at: <https://www.dakotalink.net/at-funding>

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.

- Telecommunications Equipment Distribution Program (EDP)-State
- Deaf/Blind Telecommunications EDP-Federal

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

The Statewide AT Program (State AT)

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

Regional sites (Regional)

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

Both

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

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)

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

The DakotaLink AT Loan Fund will review the application making sure the applicant intends to use the loan to purchase assistive technology for a South Dakota resident with a disability and has the ability to repay the loan. The DakotaLink AT Loan Fund will use the information on this application form only to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. At the end of this application in PART 6 is a complete list of required attachments that must accompany the application in order to begin the application process. You can call the office staff if you have any questions before applying. The DakotaLink AT Loan Fund manager with the advice of a loan review committee will decide if you meet the standard criteria for a loan and notify you of a decision in writing.

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

<https://www.dakotalink.net/at-funding>

Module G: Other State Financing Activities that Create AT Savings

1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that create AT savings that are conducted.

- AT Lease Program

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

The Statewide AT Program (State AT)

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

Regional sites (Regional)

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

Both

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Module G: Other State Financing Activities that Create AT Savings (Continued...)

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

6. Describe the activity/activities.

The Telecommunications Equipment Distribution program is to provide accessible telephone services for individuals who are deaf, deaf-blind, have severe hearing loss or are speech-impaired. This is accomplished through a combination of both the Telecommunications Relay Services (TRS) and the Telecommunications Equipment Distribution Program (TED). Special equipment is available based on income eligibility to enhance telephone communication. The Program provides telecommunication devices such as amplified phones, loud ringers with or without flashing lights, captioned phones, TTY's and other equipment including iPhone & iPads which may be need to communication through the phone system. Application Rapid City Area, Application Pierre Area, Application Aberdeen Area, Application Sioux Falls Area. The Telephone Adaptive Device (TAD) program is for people with disabilities other than deafness, deaf/blind, hard of hearing and in some cases speech impairment) Special equipment is available based on income eligibility to enhance telephone communication. The Program provides telecommunication devices such as fully voice activated phones, picture dialing phones, large button phones and other equipment including iPhone & iPads which may be need to communication through the phone system. Deaf Blind Program. The iCanConnectSD is a program established by the Federal Communications Commission (FCC) to distribute a wide array of assistive technology to people who are deaf-blind and require special equipment to make a phone call, send an email or access the Internet.

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

<https://www.dakotalink.net/at-partners/sd-partners>

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.

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
- Receive financial support from this entity

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
- The Statewide AT Program is involved in the transaction

6. Describe the activity.

DakotaLink provides the citizens of South Dakota a web-based device exchange system called SDAT4ALL. This exchange service provides a platform to purchase, sell, or donate Assistive Technology devices. Individuals may also borrow devices listed as available for loan to try an item before committing to making a purchase. Individuals may also request a demonstration of a wide variety of Assistive Technology devices to assist in making informed decisions. Developed by the State of Nebraska this exchange system is shared collaboratively with participating states through a Memorandum of Understanding that outlines the responsibilities and rights of all participating states including cost shares for administering and upgrading the central server site. This Memorandum of Understanding is reviewed annually, and changes made upon majority vote of the participating member States.

7. The online page for this specific activity can be found at: <https://www.sd.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.

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

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- Device ownership is transferred to the recipient
- Device is loaned for as long as the recipient needs it with no ownership transfer

6. Describe the activity.

3. Describe the activity. South Dakota Department of Social Services, Division of Medical Services has established a program for the reuse of durable medical equipment commonly purchased for individuals eligible for Medicaid. The intent of this program is to use Medicaid funding in a more efficient and effective manner by recycling and reusing equipment that is no longer needed by the original recipient. Individuals may identify items no longer in use and donate them to Medical Equipment Reuse and Recycle (MERR). MERR then cleans and restores devices to manufacturers specifications. Equipment is listed in the MERR inventory online. <https://www.sd.at4all.com>. Equipment is then redistributed to individuals in need. Priority is given to South Dakota Medicaid recipients, but anyone may be eligible to receive donated medical equipment. A fee for refurbishment costs is charged to non-Medicaid recipients to support program costs.

7. The online page for this specific activity can be found at: <https://www.sd.at4all.com/items/ItemSearch.aspx?Search=&Sortby=DateDesc&State=SD&TransactionTy>

Module J: Device Loan

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

The Statewide AT Program (State AT)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are shipped via mail or other delivery service

6. Describe the activity.

Most Assistive Technology device loan requests come from disability service professionals seeking devices for individuals they are working with who have specific needs. Individuals requesting device loans are encouraged to involve professionals working with them in the loan process and utilize the knowledge of those professionals to assist in the proper use and evaluation of the AT device. DakotaLink staff use a pre-loan screening process to ensure that the device being sought for loan is appropriate and familiar to the consumer. Individuals are encouraged to come to one of the regional centers to receive a device demonstration if they are unfamiliar with the device they wish to borrow. DakotaLink uses several methods to ensure consumers get the device they request and need. Devices may be sent by mail or shipped by common carrier. By policy, DakotaLink pays the cost of shipping or mailing to the individual and the individual is required to pay the costs to return the device back to the program. Individuals may also pick up a device at one of the four demonstration centers or the device may be delivered to a consumer by a staff member should circumstances warrant.

7. The online page for this specific activity can be found at: <https://www.sd.at4all.com/Items/LoanList.aspx>

Module K: Device Demonstration

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

The Statewide AT Program (State AT)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

Demonstrations are available by appointment at any of DakotaLink's four regional demonstration centers. Demonstrations may also be conducted through prior arrangement at any site agreed to by a consumer, family member, or professional requesting a device demonstration.

6. The online page for this specific activity can be found at: <https://www.sd.at4all.com/Items/DemonstrationList.aspx>

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)

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)

I plan to coordinate and collaborate with the AT3 Center to provide ICT training to the Bureau of Information Technology on creating Accessible Websites. I will provide connections to the archived training sessions (webinars) so they can access them at their convenience. Performance measures will be collected at the end of each session.

Planned Transition Training or Other Training Activity (optional)

In the Spring of 2022 DakotaLink provides training for what is called "CATCH THE WAVE" events. These are one-day conferences designed specifically for high school students who have a disability and are considering post-secondary education at a college or technical institute. This event is for students, parents, special educators, school counselor, and any other interested parties. We provide demonstrations and presentations at these events throughout the state.

Planned Statewide Conference or Other Training Activity (optional)

DakotaLink always participates in the Fall Conference. Serving the Vocational Rehabilitation needs of people with mental and physical impairments throughout South Dakota, The South Dakota RehabACTion Network is an organization composed of community professionals, private professionals, educators, families, persons with disabilities, as well as friends and businesses in the area, working in a combined effort to make a positive impact in the public VOC Rehab program. We are a network of individuals in the community that showcases results of contributions made by employment specialists, vocational rehabilitation counselors, evaluators, teachers, rehab technicians, therapists, adjustment specialists, secretaries, trainers, and many other selfless, hard-working individuals who have committed their time, effort and expertise to helping persons with disabilities gain back independence through quality vocational rehabilitation services.

3. The online page for this specific activity can be found at: <https://www.sd.at4all.com/Training/TrainingList.aspx>

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)
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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 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)

DakotaLink will consult with the Department of Human Services (DRS) to provide technical assistance in support of the Telecommunications Adaptive Device (TAD) program. Our efforts are to improve and better serve the intended recipients of the service. Under DRS the Telecommunications Adaptive Device Program provides adaptive telephones to those with physical and sensory disabilities. DakotaLink will expand our support to iPads and iPhones with apps related to their disability. DakotaLink consults with this program on a weekly basis. Going forward, individuals with disabilities will gain improved access to their telecommunications needs as a result of our combined efforts. As a direct result of this program these individuals will also gain better access to the internet and their direct communication needs as well.

Planned Other Technical Assistance Activity (optional)

DakotaLink will attend at least 8 transition events called Catch the Wave. During these events DakotaLink technicians consult with Transition Liaisons to improve how these individuals can benefit from Assistive Technology. We then provide the process to acquire this technology usually through the State Vocational Rehabilitation Program. Hundreds of transitioning students attend these events. DakotaLink also attends the Youth Leadership Forum annually in Aberdeen South Dakota. Many transitioning students work on their self-advocacy and leadership skills during this event. DakotaLink technicians will provide technical assistance to the Transition Services Liaison Project of South Dakota. There will be about 20 of these events we will assist with this year.

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)

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)

DakotaLink will provide over 500 newsletters, posts on 1000 listsrvs/blogs/social media. Provide presentations expos and conferences to reach as many people possible. For Recycle and Reuse, we will have 3 Printed materials, 125 Internet information and 50 Presentation/Expo and Conferences.

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

DakotaLink maintains a statewide toll-free telephone line, website and four demonstration centers to provide information and assistance to individuals in need of Assistive Technology devices and services. DakotaLink's demonstration centers are strategically located in communities within a hundred miles radius of 85% of the state's population in order to maximize access for the majority of South Dakota citizens. Informational articles are submitted for publication in disability support group newsletters and item specific updates for a variety of listserv web connections sponsored by education, employment, and community living agencies in South Dakota.

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 SD.
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.