

# National Assistive Technology Act Data System State Plan - Full Report

## Tennessee 2021

## **General Information**

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

State AT Program Title	Tennessee Technology Access Program
State AT Program URL	https://www.tn.gov/humanservices/ds/ttap.html
Mailing Address	505 Deaderick St., James K. Polk Building, 15th Floor
City	Nashville
State	TN
Zip Code	37243
Program Email	TN.TTAP@tn.gov
Phone	615-313-5183
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## **Lead Agency**

Agency Name	Tennessee Department of Human Services		
Mailing Address	505 Deaderick St., James K. Polk Building		
City	Nashville		
State	TN		
Zip Code	37243		
Program URL	http://tn.gov/humanservices		

## **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		

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

## **Program Director and Other Contacts**

Program Director for State AT Program (last, first)	Kimberly Lilley
Title	Executive Director
Phone	615-532-4103
E-mail	kim.lilley@tn.gov
Program Director at Lead Agency (last, first)	Kevin Wright
Title	Assistant Commissioner, Div of Rehab Services
Phone	615-741-3599
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Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

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

Name (last, first)	
Title	
Phone	
E-mail	

## **Certifying Representative**

Name (last, first)	Kimberly Lilley		
Title	Executive Director		
Phone	615-532-4103		
E-mail	kim.lilley@tn.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)?	<u>No</u>
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 1 council? 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)? 3. How many representatives of a state Center for Independent Living are members of the advisory council?. 4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 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? 3 6.1 Description of additional representatives of other agencies and/or organizations are members of the advisory council. Representative - Disability Rights TN State Senator - Tennessee Senate State Representative - Tennessee House of Representatives 7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of 10 the advisory council?

#### **Advisory Council Calculation**

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	17
Percentage	58.82%

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.

## **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 <u>closed-out carryover fiscal year AT grant award (liquidated the previous December 31)</u>. 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	\$327,659.54	68.17%	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	\$152,997.46	31.83%	
c. Total Expenditures	\$480,657.00		
d. Total Award	\$480,657.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$9,824.86	6.42%	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 <u>preceding fiscal year AT grant award</u> 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 \$499,981.00

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	\$323,415.70	\$0.00	\$323,415.70
All State Leadership Activities	\$0.00	\$176,565.30	\$0.00	\$176,565.30
Total	\$0.00	\$499,981.00	\$0.00	\$499,981.00
Transition Training & Technical Assistance	\$0.00	\$25,544.40	\$0.00	\$25,544.40

# **Module D: State Level Activity Summary**

1. Which State Financing Activities do you conduct? None				
	Please indicate if flexibility or comparability is claimed for State Financing activities. Flexability			
2. Which	Reutilization Activities do you conduct?			
• D	vevice Reassignment or Open Ended Loan			
3. Do you conduct Short-term Device Loans? Yes				
4. Do you Yes	ı conduct Device Demonstrations?			

# 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.  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)	
<ul> <li>Have written agreement with this entity</li> <li>Provide financial support to this entity</li> </ul>	
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
  - Device is loaned for as long as the recipient needs it with no ownership transfer

#### 6. Describe the activity.

TTAP contracts with four non-profit assistive technology centers across the state to provide direct services within their respective regions. The devices reutilization inventory is comprised of a full range of the of assistive technology, including DME. Individuals, family members, professionals and other organizations serving individuals with disabilities can contact TTAP or partnering AT centers to make a device request. Professionals may directly provide specific information about the type of device needed for an individual. When specific information is not made available by a professional, qualified AT center staff help ensure appropriate devices are selected. Any necessary instruction on the basic operation of AT is provided when devices are distributed through openended loan or device refurbish / repair services. No fees are incurred by individuals for these services.

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

## **Module J: Device Loan**

1. Select the <u>one option</u> 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.  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)
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 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.

TTAP provides funding, oversight and serves as one intake point to operate a statewide device loan program through the network of the four assistive technology centers. Each technology center maintains their respective inventories and provides loaner devices to individuals and families regardless of disability type, economic status or geographic location. A network of professionals such as therapists and educators often help facilitate the loans to individuals they are serving in their communities. Access to the loaner devices allows individuals to try different devices in their own environment to help make informed decisions. Device loans may also serve as a temporary accommodation, for training purposes or until funding is acquired for devices. A variety of loaner devices are stored at each assistive technology center enabling more convenient, local access and are obtained no cost from each center. Device loans primarily occur through pick up at the local center, but arrangements for delivery or shipping can be arranged if required. When there is a critical need but a device is not located at the nearest center, TTAP facilitates obtaining the device from another center if available. Devices are typically loaned for 30 days, with a short extension possible if necessary. Individual centers monitor the status of the loans, and make contact about the return of the loan if not returned in advance of the loan expiration.

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

## **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. Regional sites (Regional)  3. Do you charge a fee for this activity? No  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 Provide financial support to this entity  Federal Entities/Agencies (select any/all)  State Entities/Agencies (select any/all)	
Regional sites (Regional)  3. Do you charge a fee for this activity? No  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)	
Regional sites (Regional)  3. Do you charge a fee for this activity? No  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)	
A 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)	
A 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)	
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)	
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)	4. Identify the types of collaborations you have in place to conduct this activity.
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)	Banks/Financial Institution (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)	
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)	Independent Living Center (select any/all)
<ul> <li>Have written agreement with this entity</li> <li>Provide financial support to this entity</li> <li>Federal Entities/Agencies (select any/all)</li> </ul>	Easter Seals (select any/all)
Provide financial support to this entity  Federal Entities/Agencies (select any/all)	Disability/Assistive Technology Organizations (select any/all)
Provide financial support to this entity  Federal Entities/Agencies (select any/all)	Have written agreement with this entity
State Entities/Agencies (select any/all)	Federal Entities/Agencies (select any/all)
State 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.

TTAP-funded, regional assistive technology centers offer demonstrations of a wide variety of devices including aids for daily living, computer access, augmentative communication, low vision aids, educational supports, adapted toys and other technology. Individuals, family members, and professionals participating in device demonstrations are given an opportunity to learn about the benefits and differences of devices to help select the best solution for individual needs. Staff at each assistive technology center offer demonstrations in response to individual inquiries. Staff conduct demonstrations at the AT centers, but demonstrations may also occur in other locations where individuals with disabilities will use the technology or in coordination with larger events. Each center employs staff and consultants with expertise in a variety of types of assistive technology who have experience working with individuals with all types of disabilities and of all ages. No fees are incurred by individuals receiving demonstrations. TTAP and partnering centers will continue to foster relationships throughout their regions, with an effort to connect underserved populations.

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

# **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)
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 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)**

A TTAP partner center provided ICT training to an international mission organization serving over 50 countries in Western & Eastern Europe, Asia, South & North America, and Africa with team members from 40+ lands. An initial request to provide feedback on a video led to a discussion about the inaccessibility of their social media content. After the discussion, they were highly interested in making their images and videos on Facebook and Instagram accessible to people with visual impairments or difficulty hearing. A meeting for the training was then arranged with their executive team at their American headquarters in Humboldt, TN. The training introduced them to various ways to include closed captioning on their videos. They were also taught how to implement alternative text and photo descriptions when posting images, ensuring that people who are blind can obtain the full context of their posts. Techniques were also taught for producing videos, such as reading out loud any text printed on the screen so that people who are visually impaired do not lose context. The executive team at were very receptive to the training and hoped to begin updating their production methods to implement the accessibility improvements immediately. They intend to use what they have learned to reach more people through their messaging and strengthen their commitment to their values. This should help provide for more growth for their Humboldt-based organization to assist in carrying out its mission. A separate ICT training conducted by another TTAP partner center includes the Accessibility Awareness Summit occurring on Global Accessibility Awareness Day. This was a 7-hour event hosted with over 150 attendees. This event covered a range of diverse topics from experts in their respective fields. These topics included discussions and panels on accessibility in education, the workplace, and the digital & physical environment.

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

Planned for the early fall of 2022, a TTAP partner center will offer a virtual training to high school personnel, Vocational Rehabilitation Counselors, and others within the disability services offices across the state. This program will be geared towards transitioning high students who are Blind or Low Vision. The keynote speaker has successfully completed multiple degree programs and navigated higher education all while being blind. This speaker is effective not only with those who are low vision or blind, but for any transitioning high school student who has a disability.

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

A TTAP partner center provided a two-part training workshop on adapting toys and making switches for Occupational Therapy students from a local university. Part one of the workshop instructed them on how to adapt toys so that the toys can be activated by children with disabilities. The participants brought the toys and adapted the toys over the course of a three-hour hands-on training. These toys were then given away to children at the center's annual adapted-toy giveaway. Part two of the workshop involved teaching the participants about nurturing creativity, and then showing them how to create a functional switch for about \$0.50 using common materials. These are the types of trainings that have far-reaching impacts because these students will go on to work with many people over their career; and the training will help them to increase the quality of life for individuals they serve.

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

## **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)
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 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)

A TTAP AT partner center provided transition technical assistance (TA) when working in collaboration with the Vocational Rehabilitation sensory unit to develop a course for students with visual impairments transitioning from high school to college. TA was provided in cooperation with counselors and supervisors to create a curriculum to address key areas of concerns for the transitioning students. The resulting course provides in depth training on a variety of topics. The course includes opportunities for students to practice their new skills as well as explore multiple assistive technology devices and screen readers that can be beneficial as they prepare to embark on their post-secondary endeavors.

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

A TTAP partner center is providing technical assistance in the establishment of a project placing starter switch-adapted toy kits at children's hospitals across the state. The first project is at a 255-bed children's hospital located in West Tennessee that provides highly specialized medical care, often over long periods of time. Center staff are working with Child Life Specialists to make switch-adapted toys available to enable children with disabilities, along with children who may have serious illnesses or injuries, to engage in play. Examples include giving children the ability to blow bubbles, roll dice, or activate a musical or talking toy by pressing large buttons, tilting their head, performing any other method of movement. Center staff selected appropriate toys and switches, and modified the toys prior to delivery to the first hospital. Staff provided guidance on materials and resources to sustain the program, including where to obtain further switches and toys. The center has created information to be distributed to participants in the program regarding TTAP that will allow families to benefit from additional TTAP services. The end result of this project is intended to improve the overall care that children in Tennessee hospitals receive by bringing them independence, joy, and the healing power of play. The project will continue to expand, providing technical assistance other children's hospitals in the state. Furthermore, the project was discussed an outside entity that was delighted by the idea enough to commit additional funds to help support the project.

## **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)		

## 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)

TTAP conducts an annual event, the Resource Ability Assistive Technology Access Fair, each October. This event features a keynote speaker, words from Department of Human Services leadership, and customer stories highlighting the importance of assistive technology. Historically, assistive technology and other relevant exhibitors are available to interact with participants at the conclusion of the program. October of 2020 and 2021 events were conducted in a virtual format, with vendor information shared via the program each year and live AT demonstration highlights in 2021. The intent is to resume an in-person event in future years. Average attendance at the events is approximately 300. Attendees include users of AT, Vocational Rehabilitation staff, K-12 and college staff, employers, and other interested in assistive technology.

#### Planned Other Public Awareness Activity (optional)

Staff from a TTAP partner center attended the 1890 AgrAbility Regional Conference with a focus on minority farmers and those with disabilities. The conference had a total of about 100 attendees. Staff demonstrated a variety of low tech and high-tech assistive technology and how it would impact the populations present. The attendees divided into smaller groups, creating the opportunity to ask questions and engage directly with the technology. Details were also provided on the various programs available through TTAP in the smaller groups and at the larger scale presentation to the entire cohort of attendees. Throughout the two-day conference, attendees were able to meet one-on-one with the staff members and ask specific questions about devices, services, and programs as well.

## **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)
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 O: Information and Assistance (Continued...)**

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

## 2. Describe the activity

TTAP is equipped to provide information and assistance from the main office as well as through the four regional assistive technology centers. The TTAP Funding Specialist located at the state office is responsible for providing in-depth information to those inquiring via phone, email or at events about local, state and national funding resources. A comprehensive compilation of resources sorted by funding need is maintained for reference and reviewed annually for updates. Staff at the AT centers directly respond to email and phone inquiries about assistive technology questions, provide referrals to necessary resources, offer troubleshooting when appropriate, and share information related to funding.

#### **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 TN.
- 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.