



**National Assistive Technology Act Data System**

**State Plan - Full Report**

**U.S. Virgin Islands 2021**

**General Information**

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

<b>State AT Program Title</b>	Virgin Islands Technology Related Assistance for Individuals with Disabilities
<b>State AT Program URL</b>	www.viucedd.com
<b>Mailing Address</b>	2 John Brewers Bay
<b>City</b>	St. Thomas
<b>State</b>	Virgin Islands
<b>Zip Code</b>	00802
<b>Program Email</b>	kimberly.mills@uvi.edu
<b>Phone</b>	340-692-4265
<b>TTY</b>	

**Lead Agency**

<b>Agency Name</b>	Virgin Islands University Center for Excellence in Developmental Disabilities
<b>Mailing Address</b>	2 John Brewers Bay
<b>City</b>	St. Thomas
<b>State</b>	Virgin Islands
<b>Zip Code</b>	00802
<b>Program URL</b>	www.viucedd.com

**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>	Mills, Kimberly
<b>Title</b>	Executive Director
<b>Phone</b>	340-692-4265
<b>E-mail</b>	kimberly.mills@uvi.edu
<b>Program Director at Lead Agency (last, first)</b>	Mills, Kimberly
<b>Title</b>	Executive Director
<b>Phone</b>	340-692-4265
<b>E-mail</b>	kimberly.mills@uvi.edu
<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>	Mills, Kimberly
<b>Title</b>	Executive Director
<b>Phone</b>	340-692-4265
<b>E-mail</b>	kimberly.mills@uvi.edu

**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? 0
- 4.1 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 4.  
The Workforce Innovation and Opportunity Act, which is directed by the Department of Labor is currently inactive. In 2019 we have reached out the commissioner of the Department of Labor requesting that a member be appointed to serve on the advisory council. The commissioner reported that the Workforce Innovation and Opportunity board does not currently function but they were seeking to staff the position. The previous staff retires sometime before. Since then subsequent calls have been made t
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 Center of the Virgin Islands (Protection and Advocacy agency) Virgin Islands Disabilities Council Inc. Virgin Islands Association for Independent Living Work-Able, Inc.
7. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 5

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	5
Total number of individuals on the advisory council	9
Percentage	55.56%

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

## Module C: Actual Expenditures and Budgeted Allocations

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

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

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

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$82,073.00	65.00%	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>b. All State Leadership Activities</b>	\$44,193.00	35.00%	
<b>c. Total Expenditures</b>	\$126,266.00		
<b>d. Total Award</b>	\$126,266.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$6,313.00</b>	14.29%	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 **\$126,424.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$0.00	\$82,176.00	\$0.00	\$82,176.00
<b>All State Leadership Activities</b>	\$0.00	\$44,248.00	\$0.00	\$44,248.00
<b>Total</b>	\$0.00	\$126,424.00	\$0.00	\$126,424.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$6,321.00	\$0.00	\$6,321.00

## Module D: State Level Activity Summary

### 1. Which State Financing Activities do you conduct?

- Financial Loan

### 2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

### 3. Do you conduct Short-term Device Loans?

Yes

### 4. Do you conduct Device Demonstrations?

Yes



## Module E: Financial Loan

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

The Statewide AT Program (State AT)

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

No

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

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

- Have written agreement with this entity

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

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

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

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

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

**Module E: Financial Loan (Continued...)**

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

**5. This activity offers the following types of assistance. (select all that apply – at least one is required)**  
Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

- Interest buy-downs

- |   |            |
|---|------------|
| <b>6. The lowest interest percentage for loans as established by the policies of the activity.</b>      | 4.0000%    |
| <b>7. The highest interest percentage for loans as established by the policies of the activity.</b>     | 4.0000%    |
| <b>8. The lowest loan amount (in dollars) provided as established by the policies of the activity.</b>  | \$1000.00  |
| <b>9. The highest loan amount (in dollars) provided as established by the policies of the activity.</b> | \$15000.00 |

**10. Describe the activity.**  
Since 2004 Virgin Islands Assistive Technology Foundation, Inc. (VIATF) has worked in partnership with Banco Popular to facilitate our interest buy-down program which provides individuals with disabilities access to low interest loans to purchase assistive technology devices and services. When an inquiry or a referral is made for a cash loan, an intake is conducted either in-person, on the phone or virtually. The intake form includes contact information, income verification, type of service or device that is required and the associated costs. The client is then referred to Banco Popular, which is the designated bank for the purpose of providing low-interest loans for the program. The consumer provides the bank representative with a bank direction letter which outlines instructions and information the bank requires. The consumer is also responsible for providing the bank with a letter (invoice) of the cost of equipment/ device or service for purchase. On online application is conducted by the bank representative and clients are usually informed whether or not their loan was approved. If approved the client received a bank check in the amount requested. The check is also written out to the provider from which the consumer will purchase the service or products. The bank representative then follows up the program to confirm service rendered.

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

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)

**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.**

The re-use/device loan program offers mobility equipment which are limited to Walkers, Wheelchairs and Canes. Once items are available and a request is made an individual can have the equipment for as long as they need it. The program accepts donated items that are in good condition. Equipment are sanitized and stored for use.

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

## 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.**

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)



**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 program offers a 30-day short term loan for individuals with a disability. The equipment currently available are for individuals who are visually impaired, those who are deaf or hard-of hearing and children with communication and learning disabilities.

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

## 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.**

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)

## Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 5. Describe the activity.

When a comparable device (s) is available a demonstration of the two or more items are offered to provide consumer/ family member/caregiver with options so they can make an informed decision. This decision could be based on the person's level of comfort and understanding of the equipment, cost, maintenance and whether the device required internet connectivity for proper use. An device loan agreement is signed by the consumer who agrees to use the product for its intended purpose and not to lend the item to anyone. It is often the concern of users of the power source since in the Virgin Islands the power is sporadic.

6. The online page for this specific activity [www.viucedd.com](http://www.viucedd.com)  
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)**

**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)**

In conjunction with the Disability Advocacy and Business Partnership which includes the Small Business Development Center of the Virgin Islands, the USVI Economic Development Authority, the Disability Rights Center the Virgin Islands, VIUCEDD and the University of the Virgin Islands training series are planned each month of the year. VIUCEDD IT/AT Specialist conducts and participates in training on Information and Communication Technology (ICT) accessibility training, specifically targeting the business community. The trainer speaks on the importance of Web accessible sites that are developed so that people with disabilities can perceive, understand, navigate, and interact with the web page., VIUCEDD’s IT specialist, introduced we-base design identifiers, digital documentation, and related accessibility features.

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

Department of Human Services, Division of Vocational Rehabilitation

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

1st annual Caribbean Regional Conference on Disabilities scheduled for Fall 2023

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

## 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)**

**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)**

Planned technical assistant activities are provided for the Department of Human Services, Division of Vocational Rehabilitation, Head Start, The Association for Independent Living of the Virgin Islands, The Department of Education, Office of Special Education and the University of the Virgin Islands, University of the Virgin Islands University Bound Program

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

## Module N: Public Awareness

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

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

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

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

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

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

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



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

Local/Community Entities (select any/all)
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Private Entities (select any/all)
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Other (select any/all)
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**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 VIUCEDD participates in the annual Agriculture and Food Fair of the U.S. Virgin Islands. This three day event sponsored in part by the University of the Virgin Islands (UVI) is a three-day events that attracts approximately 30,000 fair goers. Government, private, non-profit and any organization that wishes sell, advertise, promote or expand their good and services are given the opportunity to participate. As one of UVI's program VIUCEDD had a display of resources that highlighted the state AT program. These items included devices for the deaf/blind population, emergency weather radios as we prepare for Hurricane season which began on June 1 and ends November 30. Information on the re-use program that solicits wheelchairs, canes and walkers. The re-use activities operates in conjunction with the gait and mobility clinic located in the St. Croix office at VIUCEDD. Another area of public awareness a checklist for Post-COVID conditions, and how individuals with disabilities are impacted, with hand-on presentation of the lungs.

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

Public awareness activities that are planned throughout the year are radio interviews on the program Community Digest, with host Adul Ali. VIUCEDD is given the opportunity to come talk about various activities and respond to questions and inquiries from listeners. The Community Digest is held each Saturday from 12pm to 4pm

## 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**

Our Statewide AT Program also known as the Virgin Islands Technology Related Assistance for Individuals with disabilities has two locations. On St. Thomas the program is in the Teachers' building on the Orville Kean Campus of the University of the Virgin Islands. The other program is located on the island of St. Croix and is also situated within the University of the Virgin Islands, Albert A. Sheen Campus. Residents of the territory may contact either sites by phone and speak to the IT/ AT specialist on St. Thomas or the assistant director on St. Croix who is responsible for the administration of the AT Program. Both positions are full-time. Once an inquiry/request for information and assistance is made the appropriate staff is contacted for proper follow up. Individuals may also contact any of the AT staff by email, or and program staff in general who would refer the request to the appropriate staff. Inquiries are responded to in real time and if additional time is needed for a more thorough response then a timeframe to complete the request is given.

## 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 Virgin Islands .
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.