

National Assistive Technology Act Data System

State Plan - Full Report

Alabama 2024

General Information

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

State AT Program Title	Accessing Potential Through Assistive Technology (APTAT)		
State AT Program URL	www.rehab.alabama.gov/services/vr/star		
Mailing Address	236 Goodwin Crest Drive		
City	Homewood		
State	Alabama		
Zip Code	35209		
Program Email	ashley.mcleroy@rehab.alabama.gov		
Phone	(205) 290-4466		
ТТҮ			

Lead Agency

Agency Name	Alabama Department of Rehabilitation Services	
Mailing Address	602 S. Lawrence Street	
City	Montgomery	
State	Alabama	
Zip Code	36104	
Program URL	https://www.rehab.alabama.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		
Mailing Address		

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General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	McLeroy, Ashley	
Title	Director	
Phone	(205) 290-4466	
E-mail	ashley.mcleroy@rehab.alabama.gov	
Program Director at Lead Agency (last, first)	Jenkins, Karen	
Title	Deputy Commissioner	
Phone	(334) 293-7108	
E-mail	karen.jenkins@rehab.alabama.gov	
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)	Burdeshaw, Jane Elizabeth	
Title	Commissioner	
Phone (334) 293-7200 E-mail JE.Burdeshaw@rehab.alabama.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 ager council?	ncy for Vocational Rehabilitation a	re members of the advisory	1
2. How many representatives of the designated State ager members of the advisory council (when there is such a se			1
3. How many representatives of a state Center for Independent Living are members of the advisory council?.			1
4. How many representatives of the State workforce developportunity Act are members of the advisory council? 4.1 Please provide the reason(s) the Advisory member and describe the actions that will be Our representative for the state workforce develfrom our council as he no longer served on the band application.	Council does not have this required taken to become in compliance for opment board changed jobs in July 20	d agency representative Question 4. 124 and had to step down	0
5. How many representatives of the State educational age			1
6. Do you have an alternative financing program (AFP) f the State AT Program and is operated by a non-profit en		territory that is separate from	Yes
6.1. If yes, how many representatives of an alt		are members of the advisory	0
6.2 Please provide the reason(s) the Advisory the actions that will be taken to become in con		agency representative member and	describe
7. How many representatives of the following agencies an		the advisory council?	3
(At least one is required by the AT Act.)	0		
Medicaid state agency	0		
State agency administering Developmental Disabilities Act	0		
State agency administering or organization funded	1		
under Older Americans Act Organization representing veterans	0		
University Center for Excellence in Developmental	0		
Disabilities (UCEDD) State Protection and Advocacy System	1		
State Council on Developmental Disabilities	1		
8. How many additional representatives of other agencies Early Intervention/Child Services state agency	s and/or organizations are members	of the advisory council?	2
State Deaf/Hard of Hearing Commission/Office		0	
State Insurance agency		0	
State Library/Secretary of State/Talking Books ager	ncy	0	
State ADA Office/Disability Commission/Advocacy	Office	0	
State Legislators		0	
State Parent Training Information Center (IDEA fu	nded)	0	
Other (description required in text box below)		2	
Describe Other Agency		One is with an organization that serve specific disability population, one ser our representative of private corporati an interest in disability awareness and accommodation	ves as ions with
9. How many individuals with disabilities who use assistive the advisory council?	ve technology or their family memb	ers or guardians are members of	11

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	11
Total number of individuals on the advisory council	20

Description	Number
Percentage	55%

Yes

10. 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. 11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users

services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

of types of services that an individual with a disability may receive, including home and community-based

<u>Yes</u>

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 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$329,391.21	66.00%	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	\$169,705.79	34.00%	
c. Total Expenditures	\$499,097.00		
d. Total Award	\$499,097.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$18,214.01	10.73%	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 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was \$515,253.00

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	\$399,004.34	\$0.00	\$399,004.34
All State Leadership Activities	\$0.00	\$116,248.66	\$0.00	\$116,248.66
Total	\$0.00	\$515,253.00	\$0.00	\$515,253.00
Transition Training & Technical Assistance	\$0.00	\$6,133.27	\$0.00	\$6,133.27

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- 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 Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module F: Other State Financing Activities that Directly Provides AT

1. Which of the following activity/activities are conducted? (select all that apply)
Identify all types of other state financing programs that directly provide AT that are conducted.
Last Resort Fund
2. Select the <u>one option</u> that best describes who conducts this activity/activities. Other entities e.g. contractors (Others)
3. Select the <u>one option</u> that best describes from where this activity/activities is conducted. One central location (Central)
4. Do you charge a fee for this activity/activities? (select one) No
5. Identify the types of collaborations you have in place to conduct this activity/activities.
Banks/Financial Institution (select any/all)
Independent Living Center (select any/all)
Easter Seals (select any/all)
Disability/Assistive Technology Organizations (select any/all)
Disability/135556170 Technology Organizations (select any/an)
Federal Entities/Agencies (select any/all)
Todalai Endadosi Igenado (delete anji ani)
State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)
Private Entities (select any/all) • Provide financial support to this entity
Other (select any/all)

6. Describe the activity/activities.

We provide financial support to Libby's Friends for the administration of the last resort funding program. Libby's Friends is an Alabama non-profit dedicated to reducing the financial burden of living with a disability. They provide grants to families and individuals to support costs of disability related expenses that insurance and other organizations do not cover. AT Act funds cover a portion of the program's administrative costs directly related to the purchase of assistive technology. All funding used to purchase the assistive technology is acquired by Libby's Friends through fundraising and private or corporate donations. Libby's Friends provides monthly data reports detailing the required federal data which includes participant geographic information, device types purchased, and grant amounts.

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

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 Fabrication Program
2. Saland the care quation that have described who can be considered this activities.
2. Select the <u>one option</u> that best describes who conducts this activity/activities. The Statewide AT Program (State AT)
3. Select the <u>one option</u> that best describes from where this activity/activities is conducted. A combination of a central location and regional sites (Combination)
A combination of a central location and regional sites (Combination)
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)
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Module G: Other State Financing Activities that Create AT Savings (Continued...)

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

6. Describe the activity/activities.

Through the purchase of tools and equipment we have the ability to fabricate low-cost devices at our facility that we can provide to individuals as requested. In addition, we provide maker's workshops where participants learn how to fabricate their own devices. The materials for the devices may be covered through AT Act funding, leveraged funding, or directly by the recipient. Maker's workshops may charge a fee to cover the cost of materials and operational expenses.

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

NA

Module I: Device Refurbish and Reassignment and/or Open-ended Loan

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

Local/Community Entities (select any/all)

· Provide financial support to this entity

Private Entities (select any/all)

• Provide financial support to this entity

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.

We contract with five organizations that operate durable medical equipment reutilization programs regionally. These organizations include Christmas Charities Year Round in Huntsville, Birmingham Metro Baptist Association in Birmingham, Easterseals of Central Alabama in Montgomery, Wiregrass Rehabilitation Center in Dothan, and Goodwill Gulf Coast in Mobile. AT Act Funds are use to provide financial support for a portion of the operation costs associated with the programs. The organizations will receive gently used equipment, clean it up, refurbish when feasible, and make available for individuals or organizations in need. Device inventory will be managed locally by each of the organizations and individuals may call or visit the most convenient location to acquire needed equipment. The program's reutilization data is to be submitted monthly to the APTAT director, who will compile the data for federal reporting. In addition, the APTAT program may receive occasional donations of gently used assistive technology that we will manage in central Alabama and coordinate statewide for device reutilization or open-ended loans. We will post these devices to our inventory management system at al.at4all.com so the general public or service providers can see what is available. The data from APTAT will be compiled with the subcontractor data. The goal is to reduce as many barriers to acquiring devices as possible, therefore no fees are charged to the recipient and no eligibility requirements must be met.

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

 $https://ccyr.org/waste-not-program/; \ https://www.bmbaonline.org/remedy; \\ https://eastersealscentralalabama.org/programs/care-project-medical-equipment/; \\ https://therealproject.com/about/; \ https://www.gesgc.org/medical-assistance/; \ al.at4all.com$

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. 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)
Have written agreement with this entity
Easter Seals (select any/all)
Disability/Assistive Technology Organizations (select any/all)
Have written agreement with this entity
Federal Entities/Agencies (select any/all)
State Entities/Agencies (select any/all)
 Have written agreement with this entity Receive financial support from this entity

Module J: Device Loan (Continued...)

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

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

The majority of devices are delivered or picked up in-person

6. Describe the activity.

1. The primary short term loan program is operated by APTAT, the state AT Act Program. Our device inventory is primarily purchased through leveraged funding with the intention of meeting a variety of needs and ages. We have devices for adapted play and recreation, communication, education, vocation, independent living, mental health and wellness, and more! The majority of devices can be borrowed by any individual in the state at no cost. Some devices are restricted to specific individual types for various reasons. For example, devices that require more specialized support like high tech communication, feeding, or mobility devices may be limited to loan by a service provider or appropriate professional who can provide trial and implementation support. Other devices, if donated to our library or purchased by a specific entity, may be restricted to loan by individuals who are served by those entities. For example, devices that were donated to us by the ALS Association or purchased through Department of Education Special Education funding, can only be loaned to individuals served by those organizations. Requests for devices can be made by phone, email, or our inventory website. Before processing the requests we may inquire about the individuals needs or purpose of the loan to ensure they are receiving the devices that best fit their goals. To preserve AT Act funding, we make our best efforts to coordinate pick up and drop off of devices at our main office in Birmingham or at local Alabama Department of Rehabilitation Services (ADRS) offices. We are often able to coordinate with traveling ADRS staff to transport devices. When we cannot locate a traveling staff person or the individual is not able to access a local ADRS office, we can ship items via United Parcel Service. 2. We have written agreements with four organizations who provide occasional short term loan activity support. These organizations include an independent living center, disability organization, and two universities that are located throughout Alabama. We provide the devices that they utilize for demonstration or short term loan. We retain ownership of the devices and they manage the activity of the devices and report associated data via our inventory website. While they primarily serve individuals who are clients of their direct services, they are available to support local borrowers outside of their client base as needed and can also serve as a local pickup and drop off point for APTAT.

7. The online page for this specific activity al.at4all.com can be found at:

Module K: Device Demonstration

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 <u>one option</u> 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
I. Identify the types of collaborations you have in place to conduct this activity.
Banks/Financial Institution (select any/all)
Independent Living Center (select any/all)
Have written agreement with this entity
Easter Seals (select any/all)
Disability/Assistive Technology Organizations (select any/all)
Have written agreement with this entity
Federal Entities/Agencies (select any/all)
State Entities/Agencies (select any/all)
Have written agreement with this entity

Module K: Device Demonstration (Continued...)

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

5. Describe the activity.

1. The primary device demonstration program is operated by APTAT, the state AT Act Program. Demonstrations can be scheduled with our staff via phone, email, or an online booking link. Demonstrations are typically held on site at our APTAT office so that we have the most direct access to our inventory. Occasional remote or virtual demonstrations can be provided when necessary. A demonstration consists of an initial consult to understand the individual's goals and then a trial of several relevant devices. Sessions are typically reserved for a three hour time slot so we can ensure individuals receive dedicated time for a thorough trial of devices. Following the session it is typically recommended for individuals to check out the preferred device for a short term loan so they have an extended trial period before they invest in the product or so that they have a temporary accommodation while their own device is being funded. We also provide referrals to vendors, funding sources, or service providers following the session. 2. To increase the capacity of our state to provide demonstrations we have written agreements with four organizations. These organizations include an independent living center, disability organization, and two universities that are located throughout Alabama. We provide devices that each organization houses on site at their location. We retain ownership of the devices and they manage the activity of the devices and report associated data via our inventory website. Their device inventory varies based on the type of services they provide. For example, the independent living center will have a larger variety of aids for daily living while the disability organization that provides therapy services may have devices more related to speech therapy. The organizations primarily serve individuals who are clients of their direct services, but are available with our support, to fulfill local requests outside of their client base.

6. The online page for this specific activity al.at4all.com **can be found at:**

Module L: Training/Educational Activities

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)
Provide financial support to this entity
State Units on Aging (select any/all)
Area Agencies on Aging (select any/all)
State Departments of Education (select any/all)
Local School Districts (select any/all)
Institutions of Higher Education (select any/all)
Hospitals and Health Care Systems (select any/all)
Early Intervention Programs (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)

We will provide at least one ICT training via webinar each year that will relate to website, social media, or other digital information accessibility. Recorded webinars will be archived online.

Planned Transition Training or Other Training Activity (optional)

We will continue to provide at least one webinar yearly related to transition in educational or independent living experiences. We will also continue to support in-person or conference/symposium based training for students transitioning into higher education or for adults transitioning into independent living.

Planned Statewide Conference or Other Training Activity (optional)

APTAT, the state AT Act Program, will continue to co-sponsor our statewide conference called AT Alabama. We will partner with United Ability and at least one additional targeted organization to coordinate a learning event and resource expo. Session topics for the learning event may vary depending on the targeted organization.

3. The online page for this specific activity unitedability.org/at-alabama 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)
and point and a second control (other may) and
Easter Seals (select any/all)
Disability/Assistive Technology Organizations (select any/all)
Provide financial support to this entity
State Agency on Aging (select any/all)
Area Agencies on Aging (select any/all)
State Departments of Education (select any/all)
Receive financial support from this entity
Local School Districts (select any/all)
Hospitals and/or Health Systems (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)

APTAT, the state AT Act program, will continue to provide technical assistance to organizations to improve and increase capacity of assistive technology services in our state. Because technical assistance can require significant experience and resources, AT Act funds will be used for subcontracts with organizations to reimburse portions of salary for professionals who can provide high level guidance in assistive technology service provision. These partnerships will allow us to have a broader range of professional experience and more time to allocate with the organizations.

Planned Other Technical Assistance Activity (optional)

Financial support from the Department of Education Special Education Services will allow us to work with local education agencies who need guidance on assistive technology service provision. These services will include remote and onsite meetings and trainings to local schools.

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)	
Provide financial support to this entity	
Entities in the statewide and local workforce development systems (select any/all)	
State Vocational Rehabilitation Agencies (select any/all)	
Aging and Disability Resource Centers (select any/all)	
Elementary and Secondary schools (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)

We will continue to co-sponsor the AT Alabama statewide conference for assistive technology which will include a resource expo that is open to the public. The resource expo provides an opportunity for families, individuals with disabilities, and service providers to learn more about assistive technology services and the latest in technology without financial burden of a full-conference event.

Planned Other Public Awareness Activity (optional)

We will continue to collaborate with other disability organizations to coordinate our Rural Roadshow, which are targeted events for our rural and underserved populations. These events will be scheduled in cities that are located in non-metro counties and in partnership with local entities that support the acquisition of assistive technology. The mini resource expos will include a mobile lending library where a small portion of our device inventory is transported to the event for attendees to learn more about assistive technology and affords them the opportunity to check out devices on site.

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)
Provide financial support to this entity
State Agency on Aging (select any/all)
Area Agencies on Aging (select any/all)
State Aging and Disability Resource Center/No Wrong Door System (select any/all)
State Public Health Department (select any/all)
State Departments of Education (select any/all)
Elementary and Secondary School Systems (select any/all)
Institutions of Higher Education(select any/all)
Early Intervention Programs (select any/all)
Hospitals and/or Health Systems (select any/all)
Federal Entities/Agencies (select any/all)
State Entities/Agencies (select any/all)
Provide financial support to this entity

Module O: Information and Assistance (Continued...)

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

2. Describe the activity

APTAT, the state AT Act program, will continue to use several modes of receiving and responding to information and assistance requests. We currently utilize two full-time program staff who respond to the majority of information requests and we receive additional support from part time staff including a shared administrative assistant and one to two subcontracted professionals. Generally, phone inquiries are received by the main Alabama Department of Rehabilitation Services (ADRS) switchboard and forwarded to either of the two full-time program staff or the administrative assistant. Emailed inquiries are received either directly to one of the full or part time staff or to our general APTAT email account. Inquiries received through the main ADRS website are forwarded to one of the full time staff by the site manager. Inquiries that require more specialized knowledge are forwarded to the most appropriate staff person. APTAT will plan to include a contact us option when developing or updating the program website. Because staff time is limited we will also include site pages with resources and answers to frequently asked questions to field some of the inquiries we receive. APTAT will plan to develop a more efficient system for collecting and reporting information and assistance data and review our current procedures to ensure inquiries are being responded to in a timely manner.

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 Alabama.
- 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.
- 25. The Lead Agency or Implementing Entity will conduct outreach to and as appropriate, collaborate with other State agencies that receive Federal funding for assistive technology including
 - a. The State educational agency receiving assistance under the Individuals with Disabilities Education Act (20 U.S.C.1400 et seq.);
 - b. The State vocational rehabilitation agency receiving assistance under title I of the Rehabilitation Act of 1973 (29 U.S.C. 720 et seq.);
 - c. The agency responsible for administering the State Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); The State agency receiving assistance under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.); and
 - d. Any other agency in a State that funds assistive technology.