



**National Assistive Technology Act Data System**  
**State Plan - Full Report**  
**Florida 2024**

**General Information**

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

<b>State AT Program Title</b>	Florida Alliance for Assistive Services and Technology
<b>State AT Program URL</b>	www.faast.org
<b>Mailing Address</b>	2145 Delta Blvd, Suite 200
<b>City</b>	Tallahassee
<b>State</b>	FL
<b>Zip Code</b>	32303
<b>Program Email</b>	info@faast.org
<b>Phone</b>	1-844-353-2278
<b>TTY</b>	1-877-506-2723

**Lead Agency**

<b>Agency Name</b>	Florida Department of Education Division of Vocational Rehabilitation
<b>Mailing Address</b>	325 W Gaines St. Suite 1144
<b>City</b>	Tallahassee
<b>State</b>	FL
<b>Zip Code</b>	32399
<b>Program URL</b>	www.rehabworks.org/

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	Florida Alliance for Assistive Services and Technology
<b>Mailing Address</b>	2145 Delta Blvd, Suite 200

<b>City</b>	Tallahassee
<b>State</b>	FL
<b>Zip Code</b>	32303
<b>Program URL</b>	<a href="http://www.faast.org">www.faast.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Reed, Eric
<b>Title</b>	Executive Director
<b>Phone</b>	8504873278 x107
<b>E-mail</b>	ereed@faast.org
<b>Program Director at Lead Agency (last, first)</b>	Patterson, Tametria
<b>Title</b>	Contract Manager
<b>Phone</b>	(850) 245-3369
<b>E-mail</b>	Victoria.Aguilar@vr.fldoe.org
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Reed, Eric
<b>Title</b>	Executive Director
<b>Phone</b>	8504873278
<b>E-mail</b>	ereed@faast.org

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

<b>Name (last, first)</b>	Anzo, Hannah
<b>Title</b>	State AT Program Director
<b>Phone</b>	8504873278
<b>E-mail</b>	hanzo@faast.org

### Certifying Representative

<b>Name (last, first)</b>	Reed, Eric
<b>Title</b>	Executive Director
<b>Phone</b>	8504873278
<b>E-mail</b>	ereed@faast.org

## 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)? Yes

**1. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.**

The Florida Alliance for Assistive Services and Technology, Inc. (FAAST) is a 501(c)3 nonprofit based in Tallahassee, Florida. FAAST is the implementing agency for Florida's AT Act program and holds a contract with the Lead Agency, the Florida Division of Vocational Rehabilitation (DVR). Contract Number 24-101 is both the state and federal funding for the AT program and is effective from October 1, 2023, to September 30, 2026. The contract includes quarterly deliverables that are reported to DVR at the end of every quarter. If the deliverables in the contract are not met, FAAST receives financial consequences in the amount described in the contract.

**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

<b>1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council?</b>	1
<b>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)?</b>	1
<b>3. How many representatives of a state Center for Independent Living are members of the advisory council?.</b>	1
<b>4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council?</b>	0
<p><b>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.</b>            The former representative left the state workforce development in March 2024 and workforce development leadership has not appointed a new advisory council representative yet.</p>	
<b>5. How many representatives of the State educational agency are members of the advisory council?</b>	0
<p><b>5.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 5.</b>            The former representative of the Department of Education passed away in 2023 and the department has not yet appointed a new advisory council representative.</p>	
<b>6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity?</b>	No
<p><b>6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council?</b></p>	
	0
<b>7. How many representatives of the following agencies and/or organizations are members of the advisory council?</b>	0
(At least one is required by the AT Act.)	
<b>7.1 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 7</b>	
A representative for an organization representing veterans has been submitted to the state for appointment to the advisory council but the state has not formalized this yet.	
Medicaid state agency	0
State agency administering Developmental Disabilities Act	0
State agency administering or organization funded under Older Americans Act	0
Organization representing veterans	0
University Center for Excellence in Developmental Disabilities (UCEDD)	0
State Protection and Advocacy System	0
State Council on Developmental Disabilities	0
<b>8. How many additional representatives of other agencies and/or organizations are members of the advisory council?</b>	2
Early Intervention/Child Services state agency	0
State Deaf/Hard of Hearing Commission/Office	0
State Insurance agency	0
State Library/Secretary of State/Talking Books agency	0
State ADA Office/Disability Commission/Advocacy Office	0
State Legislators	0
State Parent Training Information Center (IDEA funded)	0
Other (description required in text box below)	2
Describe Other Agency	one individual who is a representative of industries interested in assistive technology (vision AT vendor). the other is employed through a University, is an SLP and works on the MTSS program.
<b>9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council?</b>	8

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	8
Total number of individuals on the advisory council	13
Percentage	61.54%

**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.** Yes

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

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 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.

<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>	\$530,406.00	63.54%	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>	\$304,334.00	36.46%	
<b>c. Total Expenditures</b>	\$834,740.00		
<b>d. Total Award</b>	\$834,740.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$17,042.00</b>	5.60%	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 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 **\$877,307.00**

<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	\$559,580.00	\$0.00	\$559,580.00
<b>All State Leadership Activities</b>	\$0.00	\$317,727.00	\$0.00	\$317,727.00
<b>Total</b>	\$0.00	\$877,307.00	\$0.00	\$877,307.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$16,669.00	\$0.00	\$16,669.00



## Module D: State Level Activity Summary

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

- Financial Loan

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

- Device Exchange
- Device Reassignment or Open Ended Loan

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

Yes

### 4. Do you conduct Device Demonstrations?

Yes

## Module E: Financial Loan

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

The Statewide AT Program (State AT)

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

One central location (Central)

3. Do you charge a fee for this activity? (This fee is separate from and addition to the financial loan made.)

No

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

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

- 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.

- Revolving loans
- Loan guarantees

**6. The lowest interest percentage for loans as established by the policies of the activity.** 5.5000%

**7. The highest interest percentage for loans as established by the policies of the activity.** 6.5000%

**8. The lowest loan amount (in dollars) provided as established by the policies of the activity.** \$50.00

**9. The highest loan amount (in dollars) provided as established by the policies of the activity.** \$40000.00

**10. Describe the activity.**

Direct, revolving loan program offering loans up to \$25,000 and terms up to 60 months for any type of AT purchase. Fixed rate of 5.50% for all loans. No loan minimum amount. Bank guarantee loan program offering loans up to \$40,000 and terms up to 84 months for primarily vehicle purchases. Fixed rate of 6.50% for all loans. FAAST is required to maintain a reserve account at the bank with a minimum of 30% of outstanding bank loan balances.

**11. The online page for this specific activity can be found at:** <https://faast.org/services/financial-loans/>





## Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

One central location (Central)

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

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

## Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option that best describes what happens when a device is exchanged. (select all that apply)

- The transaction is direct consumer-to-consumer

### 6. Describe the activity.

For Exchange Activities, FFAST hosts an Assistive Technology List where individuals can post items to the webpage for others to claim. FFAST is not involved in these 3rd party transactions.

7. The online page for this specific activity can be found at: [https://www.floridafaast.org/?\\_gl=1\\*1cd7hj1\\*\\_ga\\*MTkyNTI5Nzc1NS4xNzI2Njc0MzY3\\*\\_ga\\_THH0WG](https://www.floridafaast.org/?_gl=1*1cd7hj1*_ga*MTkyNTI5Nzc1NS4xNzI2Njc0MzY3*_ga_THH0WG)

## 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.**

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
- Provide financial support to this entity

**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 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.

Our new ReUse Program Model we are launching in Fiscal Year 2024-25 is a reimbursement model to help support device refurbishment and repair activities at Centers for Independent Living in Florida. Most of these CILs are already conducting some sort of durable medical equipment loan closet or distribution program. Some of these donated devices are in need of repair before they can be reutilized so FAAST has MOUs with the CILs to reimburse the cost of the repairs to make these donated devices ready to go back out into the community.

7. The online page for this specific activity can be found at: <https://faast.org/services/device-reuse-and-reutilization/>

## Module J: Device Loan

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

Both the Statewide AT Program and other entities/contractors (Both)

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

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

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

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
- Provide financial support to this entity

**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)

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

### Private Entities (select any/all)

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

### 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.

FAAST contracts with Non-Profit Organizations around Florida to be our Regional Demonstration Centers (RDC). We have 12 Regional Centers, and they all have their separate inventory to help serve their regions. Community members can go into an RDC and receive a device loan. While there, they can also receive a demonstration, training, and Information & Assistance. FAAST also has a statewide library at the FAAST Headquarters in Tallahassee, FL. This statewide library helps reach the gaps of the regional model, shipping directly to the borrowers instead of going to an RDC.

7. The online page for this specific activity can be found at: <https://faast.org/services/short-term-device-loans/>

## Module K: Device Demonstration

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

Other entities e.g. contractors (Others)

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

Regional sites (Regional)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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

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 K: Device Demonstration (Continued...)

### Local/Community Entities (select any/all)

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

### Private Entities (select any/all)

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

### Other (select any/all)

#### 5. Describe the activity.

FAAST contracts with Non-Profit Organizations around Florida to be our Regional Demonstration Centers (RDC). We have 12 Regional Centers, and they all have their separate inventory to help serve their regions. Community members can go into an RDC and receive a demonstration. While there, they can also receive a device loan, training, and Information & Assistance. FAAST also has a statewide library at the FAAST Headquarters in Tallahassee, FL. This statewide library helps reach the gaps of the regional model, shipping devices they may need for a demonstration to the centers to support their libraries.

6. The online page for this specific activity can be found at: <https://faast.org/services/device-demonstrations/>

## 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)**

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

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

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

**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)**

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

**Hospitals and Health Care Systems (select any/all)**

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

**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)

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

### Private Entities (select any/all)

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

### 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)**

Our Training and Community Development Director has started a series of training all of our regional demonstration center staff on mainstream technology accessibility, for example, she has started with the accessibility features found on an Apple iPhone or the Windows accessibility features. Through training the trainers and giving them the materials to train individuals on these topics we can hope for a statewide reach of these topics.

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

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

**3. The online page for this specific activity can be found at:** <https://faast.org/services/public-awareness-training/>

## 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)**

- Have written agreement with this entity

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

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

**State Agency 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)**

**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)**

FAAST has been invited to sit on the board of a Florida Agribility Grant Program to help assist them with Assistive Technology to help raise awareness for accessibility surrounding Farmers and Agriculture.

**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)

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)**

FAAST is turning 30 this year! So we are having a statewide Anniversary open house to help get people in our doors, share our services and assistive technology with them. All of our Regional Demonstration Centers will have an open house the same day, October 22nd.

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

## Module O: Information and Assistance

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

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

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

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

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

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

- Have written agreement with this entity
- 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)**

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

**Early Intervention Programs (select any/all)**

**Hospitals and/or Health Systems (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)

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

### Private Entities (select any/all)

### Other (select any/all)

## 2. Describe the activity

FAAST contracts with Non-Profit Organizations around Florida to be our Regional Demonstration Centers (RDC). We have 12 Regional Centers Community members can contact an RDC and receive information and assistance. They can also receive a demonstration, training, and device loans. FAAST also has a statewide help desk at the FAAST Headquarters in Tallahassee, FL. This statewide help desk helps reach the gaps in the regional model, answering our info@faast.org emails, website inquiries, and our statewide phone number.

## 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 FL.
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.