



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

**General Information**

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

<b>State AT Program Title</b>	Georgia Tools for Life
<b>State AT Program URL</b>	<a href="https://gatfl.gatech.edu/">https://gatfl.gatech.edu/</a>
<b>Mailing Address</b>	512 Means St, NW
<b>City</b>	Atlanta
<b>State</b>	Georgia
<b>Zip Code</b>	30318
<b>Program Email</b>	jennifer.ro@gatfl.gatech.edu
<b>Phone</b>	4043856570
<b>TTY</b>	800-497-8665

**Lead Agency**

<b>Agency Name</b>	Georgia Institute of Technology   College of Design   CIDI
<b>Mailing Address</b>	512 Means Street
<b>City</b>	Atlanta
<b>State</b>	Georgia
<b>Zip Code</b>	30318
<b>Program URL</b>	<a href="http://www.gatfl.gatech.edu/">http://www.gatfl.gatech.edu/</a>

**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>	Jennifer Ro
<b>Title</b>	Director
<b>Phone</b>	4043855367
<b>E-mail</b>	jennifer.ro@gatfl.gatech.edu
<b>Program Director at Lead Agency (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	4043855367
<b>E-mail</b>	
<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>	Brooks, Lakita
<b>Title</b>	Contracting Officer - Office of Sponsored Project
<b>Phone</b>	404.385.2080
<b>E-mail</b>	lakita.brooks@osp.gatech.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?. 2
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.  
Although there is a representative from the State Workforce development board that receives invitations to our AC meetings, this representative has not attended or responded in the past 2 years. Over the past several years since COVID, there has been significant staff turnover at TFL making it difficult to maintain connection with this organization. TFL will reach out to this individual to gauge his interest in participating on the AC. If unable to participate, TFL will seek other representatio
5. How many representatives of the State educational agency are members of the advisory council? 1
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? Yes
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 2
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 2  
(At least one is required by the AT Act.)
- |   |   |
|---|---|
| Medicaid state agency   | 0 |
| State agency administering Developmental Disabilities Act                   | 0 |
| State agency administering or organization funded under Older Americans Act | 1 |
| Organization representing veterans  | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System  | 1 |
| State Council on Developmental Disabilities                                 | 0 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
- |  |   |
|--|---|
| 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)         | 1   |
| Describe Other Agency                                  | Kim McRae- Culture Change Network of GA, focusing on needs of aging and those with dementia |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 10

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	10
Total number of individuals on the advisory council	19
Percentage	52.63%

**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>	\$409,477.12	60.36%	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>	\$268,880.62	39.64%	
<b>c. Total Expenditures</b>	\$678,357.74		
<b>d. Total Award</b>	\$678,358.00		
<b>e. Lapsed Amount</b>	\$0.26	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$16,370.55</b>	6.09%	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 **\$703,505.00**

<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	\$424,138.91	\$0.00	\$424,138.91
<b>All State Leadership Activities</b>	\$0.00	\$279,366.09	\$0.00	\$279,366.09
<b>Total</b>	\$0.00	\$703,505.00	\$0.00	\$703,505.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$23,361.16	\$0.00	\$23,361.16



## 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.

Other entities e.g. contractors (Others)

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.

- Loan guarantees

**6. The lowest interest percentage for loans as established by the policies of the activity.** 2.5000%

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

**8. The lowest loan amount (in dollars) provided as established by the policies of the activity.** \$250.00

**9. The highest loan amount (in dollars) provided as established by the policies of the activity.** \$20000.00

**10. Describe the activity.**

The CreditAble program serves as Georgia's Alternative Financing Program designed to provide individuals with disabilities and their families the opportunity to access funds at favorable terms, including low-interest rates and extended repayment periods. These funds are intended for the acquisition of assistive technology, adaptive equipment, and associated services (home modifications or vehicle modifications as defined by CreditAble Policies). The CreditAble program is supported through a partnership between FODAC and GA's statewide AT program, Tools for Life.

**11. The online page for this specific activity can be found at:** <https://fodac.org/creditable/>







## 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?**

Yes

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

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

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

- 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 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)

- Have written agreement with this entity

### Provide a description of the other collaborations.

Ablegamers & adaptive gaming accessories

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.

FODAC accepts community donations of home medical equipment and AT. When received, the equipment is sanitized, refurbished, and stored in their warehouse. Equipment is provided to clients on a first come basis after an initial one-time registration fee. Items in good condition are transferred to the client at no cost. For those items that need repair, refurbishing or slight modification for specific client needs, FODAC charges a nominal fee based on the service and specific parts needed. FODAC also extends its reach to other parts of the state through their ability to deliver equipment from their central office (Tucker, GA) to other partner locations. They are also able to deliver larger items for a nominal fee to homes within a certain radius. Our partner CIL in Augusta, Walton Options, has a similar program at a smaller scale. FODAC is able to deliver items to Augusta Walton Options when items donated to FODAC are needed in the Augusta area. For AT Items that are updated at TFL, we will often provide these items on "open loan" when they can still be useful.

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

<https://fodac.org/medical-equipment/> <https://www.waltonoptions.org/programs/assistive-technology-home-modifications/> <https://ablegamers.org/impact/>



## 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)**

**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)**

- Have written agreement with this entity

**Other (select any/all)**

- Have written agreement with this entity

### Provide a description of the other collaborations.

TFL receives referrals from Ablegamers Foundation

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

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

### 6. Describe the activity.

The State AT device program is operated by Tools for Life and is conducted at our offices and other ATRC. There is a vast array of AT devices in the AT Inventory. They include a range of equipment including switches and mounts, computer access devices, environmental controls, hearing devices, home modifications, vision devices and augmentative communication devices. We receive inquiries about specific AT or specific needs for all age groups. They include persons with disabilities, caregivers, agencies/facilities, hospitals/clinics, employers, and schools. For specific AT requests, we are able to provide demos, virtual or in-person, as needed to facilitate a meaningful trial during the loan. Loan periods are up to six weeks and a form must be signed indicating the name of the AT, the cost, and that the borrower will be responsible for the AT. Our AT Inventory is regularly updated and prioritized by frequently requested items and by AT to support the needs of clients and entities of targeted outreach. No fees are charged to borrow devices. Items are shipped and returned by commercial delivery service. Heavy or costly devices must be delivered or picked up in person. Loans are tracked in a database with regular follow-up to ensure timely return. All devices are sanitized and ensured are in working order prior to the next loan.

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

<https://gatfl.gatech.edu/services> <https://www.waltonoptions.org/programs/assistive-technology-home-modifications/> <https://ablegamers.org/impact/>

## Module K: Device Demonstration

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

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

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

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)**

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

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

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

**Private Entities (select any/all)**

- Have written agreement with this entity

**Other (select any/all)**

- Have written agreement with this entity

### **Provide a description of the other collaborations.**

TFL receives referrals from Ablegamers Foundation

### **5. Describe the activity.**

TFL and ATRC staff provide an overview of the basic AT solutions and then provide one-on-one guided exploration for matching AT to the individual's specific functional limitations. Several AT options, matched as appropriate, are compared. Afterwards, AT referrals and resources are provided to facilitate acquisition. In addition to our general device demonstration program, the State AT Program has agreements with the GaDOE and other ATRCs to provide AT demonstrations. The inventory for this program consists of the most popular and affordable AT needed for living, learning, working or playing. Scheduled device demonstrations are can be completed on-site or virtually.

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

<https://gatfl.gatech.edu/services> <https://www.waltonoptions.org/programs/assistive-technology-home-modifications/> <https://fodac.org/medical-equipment/>  
<https://www.shepherd.org/programs/center-assistive-technologies>  
<https://gpat.gadoe.org/Georgia-Project-for-Assistive-Technology/Pages/AT-Partnership-Tools-for-Life-Texthelp.aspx>

## 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)**

- Have written agreement with this entity
- 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)**

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

**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)**

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

## Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

- Have written agreement with 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)**

AccessGA is a joint initiative of the State ADA Coordinator's Office – Georgia State Financing and Investment Commission, the Georgia Institute of Technology's Center for Inclusive Design & Innovation, Georgia's AT Act Program – Tools for Life, and the Georgia Technology Authority. AccessGA's purpose is to support State of Georgia agencies with Information and Communication Technology (ICT) accessibility, promoting equal and timely access for employees and customers with a wide range of disabilities. We provide ICT Trainings.

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

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

**3. The online page for this specific activity** <https://accessit.gatech.edu/>  
**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)**

- 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 Departments of Education (select any/all)**

- Have written agreement with this entity
- 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)**

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

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

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

**Module M: Technical Assistance (Continued...)**

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

**Private Entities (select any/all)**

**Other (select any/all)**

- Have written agreement with this entity

**Provide a description of the other collaborations.**

Tools for Life collaborates with Ablegamers

**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)**

Tools for Life meets monthly and provides TA to GaDOE, Georgia's K-12 Districts, DBHDD, and IPSE on Transition. Additionally, TFL assists AAA/ADRCs with helping older adults age successfully in place or in the community of choice.

**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)**

- 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

**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)**

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

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

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

**Private Entities (select any/all)**

- Have written agreement with this entity

**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)**

TFL has a strategic approach to PA to increase overall targeted PA campaigns throughout the year to raise awareness of AT and Accessibility in Georgia. This is a multifaceted approach which includes social media campaigns, email campaigns, a monthly newsletter, videos on the TFL Youtube channel, utilizing our updated website, and exhibiting in person at events and conferences.

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

## Module O: Information and Assistance

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

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

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

- 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)**

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

**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)**

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

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

**Private Entities (select any/all)**

- Have written agreement with this entity

**Other (select any/all)**

- Have written agreement with this entity

### **Provide a description of the other collaborations.**

TFL receives referrals from Ablegamers Foundation

#### **2. Describe the activity**

Tools for Life has a dedicated staff that is focused on responding to the daily calls, emails, social media inquiries and requests received through the TFL website for Information and assistance. Each TFL staff has I&A as a part of their job responsibilities, also. Additionally, each of the TFL ATRCs have staff focused on I&A.

## 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 Georgia.
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.