



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

**General Information**

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

<b>State AT Program Title</b>	Guam System for Assistive Technology
<b>State AT Program URL</b>	<a href="https://www.gsatcedders.org/">https://www.gsatcedders.org/</a>
<b>Mailing Address</b>	Office of Graduate Studies, Sponsored Programs, & Research 303 University Drive UOG Station
<b>City</b>	Mangilao
<b>State</b>	Guam
<b>Zip Code</b>	96913
<b>Program Email</b>	<a href="mailto:gsat@guamcedders.org">gsat@guamcedders.org</a>
<b>Phone</b>	(671) 735-2490
<b>TTY</b>	(671) 735-2491

**Lead Agency**

<b>Agency Name</b>	Guam Center for Excellence in Developmental Disabilities Education, Research, and Service
<b>Mailing Address</b>	Office of Graduate Studies, Sponsored Programs, & Research 303 University Drive UOG Station
<b>City</b>	Mangilao
<b>State</b>	Guam
<b>Zip Code</b>	96913
<b>Program URL</b>	<a href="https://www.guamcedders.org/">https://www.guamcedders.org/</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>	De Leon, June
<b>Title</b>	Interim Director
<b>Phone</b>	(671) 735-2481
<b>E-mail</b>	june.deleon@guamcedders.org
<b>Program Director at Lead Agency (last, first)</b>	De Leon, June
<b>Title</b>	Interim Director
<b>Phone</b>	(671) 735-2483
<b>E-mail</b>	june.deleon@guamcedders.org
<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>	Abelon, Leah Grace
<b>Title</b>	CEDDERS Project Coordinator
<b>Phone</b>	(671) 735-2490
<b>E-mail</b>	leah.abelon@guamcedders.org

### Certifying Representative

<b>Name (last, first)</b>	Aguigui, Michelle
<b>Title</b>	Associate Director
<b>Phone</b>	(671) 735-2489
<b>E-mail</b>	michelle.aguigui@guamcedders.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)? 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? 0  
 3.1 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 3.  
 There is no longer a State Independent Living Council in Guam
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
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? No  
 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 0
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 4  
 (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 | 0 |
| Organization representing veterans  | 1 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 1 |
| State Protection and Advocacy System  | 1 |
| State Council on Developmental Disabilities                                 | 1 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
- |  |   |
|--|---|
| 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)         | 0 |
| Describe Other Agency                                  |   |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 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	15
Percentage	53.33%

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 Yes

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 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>	\$76,279.45	59.91%	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>	\$51,049.55	40.09%	
<b>c. Total Expenditures</b>	\$127,329.00		
<b>d. Total Award</b>	\$127,329.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$2,551.85</b>	5.00%	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 **\$127,566.00**

<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	\$76,358.34	\$0.00	\$76,358.34
<b>All State Leadership Activities</b>	\$0.00	\$51,207.66	\$0.00	\$51,207.66
<b>Total</b>	\$0.00	\$127,566.00	\$0.00	\$127,566.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$2,554.45	\$0.00	\$2,554.45



## 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.

- Loan guarantees

6. The lowest interest percentage for loans as established by the policies of the activity. 2.1300%
7. The highest interest percentage for loans as established by the policies of the activity. 2.1300%
8. The lowest loan amount (in dollars) provided as established by the policies of the activity. \$100.00
9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$5000.00

### 10. Describe the activity.

The Akudi Loan Program is an alternative financing loan program that offers last resort funding. The Akudi Loan program has two initiatives: the Guam Options for Alternative Loans - Assistive Technology GOAL-AT and Get Guam Teleworking (GGT). GOAL-AT offers funding for assistive technology devices and services and GGT funds go towards the purchase of supplies and equipment for individuals with disabilities who want to start their own business or expand an existing business. Loan Assurance must be provided that the purchases made through the loan will have a direct and positive impact on the disability. Access to the loan program is provided to individuals with disabilities regardless of disabilities, age, or income level. Borrowers must be legally able to enter into contract. To be eligible for the program, applicants must be a Guam resident, provide a verification of disability, and a verification of income from the borrower. The Guam System for Assistive Technology (GSAT) will provide assistance to the Akudi Loan Program. GSAT will make applications forms available in alternative format and provide awareness of the loan program. Once application form are completed and received, the Loan Review Committee with the financial advice from the lending institution and the community based organization, meets to determine approval or disapproval of the loan request. Additional supporting documents may be needed and requested by the Loan Review Committee. A decision may take up to 30 days from the current time the application is received at the GSAT office. The Loan Review Committee may recommend to the Akudi Loan Program Board for approval of loans that exceed the maximum amount if such exceptions are justified and should serve the purpose of the program.

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

<https://www.gsatcedders.org/akudi-we-exist-to-assi>





## 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
- The Statewide AT Program is involved in the transaction

### 6. Describe the activity.

GSAT supports a device exchange specifically for Guam. GSAT's device exchange is open to the public and directly serves individuals with disabilities and their family members. Guam's System of Assistive Technology (GSAT) supports an online and call-in system that may be a source for "previously-owned" assistive devices, usually available at a lower cost than buying new. This service helps get used assistive technology devices such as wheelchairs, walkers, lifts, hospital beds, and other devices out of storage and into the hands of people with disabilities who need them. From this site, sellers can post their listings, including photos. Buyers can view the listings and obtain contact information about the sellers. This service is provided through the Recycled and Exchanged Equipment Online Classifieds ("REES Classifieds") located on the GSAT website [www.gsatcedders.org](http://www.gsatcedders.org). GSAT has a listserv of clients that are updated continuously. To find out what is available, individuals can also contact the GSAT office at (671)735 - 2490 (v) or (671)735- 2491 (TTY). Guam System for Assistive Technology (GSAT) will promote its device reutilization program through print, radio, television media, in person at all public awareness presentations and device demonstrations, through the GSAT program website, and social media networking sites. GSAT will continue to work collaboratively and to establish agreements with various disability, health, public, and private agencies to promote the device reutilization program and refer clients to avail of GSAT's services.

7. The online page for this specific activity can be found at: <https://www.gsatcedders.org/programs-services/grees/>

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

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

The Statewide AT Program (State AT)

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Select the option(s) that describe how a reutilized device is provided to a recipient. (select all that apply)

- Device is loaned for as long as the recipient needs it with no ownership transfer

### 6. Describe the activity.

A client will demonstrate a need for a device by contacting the Guam System for Assistive Technology through email, phone, or visiting the Assistive Technology Center. He/She can request a device by name or type. If an individual is unfamiliar with Assistive Technology (AT), a qualified program staff will conduct a client intake and offer suitable AT to meet his/her needs. For areas like speech communication and vehicle modification/transportation, the recommendation must come from a certified professional. GSAT will provide demonstrations, technical assistance, and follow up/follow-along support to ensure successful use of the device.

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

## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

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 J: Device Loan (Continued...)

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

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

### 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.

GSAT conducts and maintains a device loan program that is available to all Guam residents throughout the year. Budget allocations for this activity will be used to purchase new and highly requested AT devices. Residents will have access to these devices and can avail of short-term loans of these devices for a period of 30 days at no cost. The borrower will be held responsible for any damages or replacement of the devices in the event it is damaged, lost, or stolen as a result of the borrower's negligence or improper use. The borrower will be billed and held responsible for the cost of the device if they fail to return the equipment on the agreed upon due date. When the borrower returns the AT equipment, they are asked to respond to a survey that determines their decision about the Assistive Technology device or service after the device loan. GSAT will continue to work collaboratively with other agencies, both public, and private, to promote the program and for referrals. GSAT reserves the right to loan certain AT, such as augmentative and alternative communication devices, to professionals only. If a client requests for such, they must contact the professional he/she is working with, or a qualified GSAT staff can make a referral to one. All short term loans are entered into the National Assistive Technology Act Database System (NATADS) and tracked accordingly. The program includes a wide variety of equipment for learning, daily, living, communication to control the environment, vision, aids for the deaf and hard of hearing, that are used for employment, school, or the community. GSAT will create a listserv targeted to a specific disability group for devices available through the short term loan program. The Equipment Catalog can also be viewed on the program's website.

**7. The online page for this specific activity can be found at:** <https://www.gsatcedders.org/equipment-catalog/>

## Module K: Device Demonstration

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

The Statewide AT Program (State AT)

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

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 K: Device Demonstration (Continued...)

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

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

### Private Entities (select any/all)

### Other (select any/all)

#### 5. Describe the activity.

GSAT conducts device demonstrations throughout the year at the GSAT Center and at various sites throughout the community. Trained staff will provide device demonstrations at no cost to ensure clients make an informed decision on the appropriate Assistive Technology device. Generally, demonstrations are done upon requests from individuals with disabilities, family members, University classroom students, and disability/health related agencies and organization. GSAT conducts an annual AT conference and expo, that are open to the public, where referrals can be made for device demonstrations. Not all devices that are available in the demonstration program are available for loan this may include software programs, bathroom aids for daily living, or AT equipment that requires installation in homes or vehicles. Individuals will be advised of this prior to the demonstration.

**6. The online page for this specific activity can be found at:** <https://www.gsatcedders.org/equipment-catalog/>

## 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)**

**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)

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

### 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)**

Document Accessibility Training, Built-in Accessibility Features in the IOS and Windows, and AT Usage for Access and Inclusion

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

Start Early with Assistive Technology: Transitioning from Part C to Part B, Career Tech Postsecondary Education Students Training

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

Annual Assistive Technology Conference

**3. The online page for this specific activity can be found at:** n/a

## Module M: Technical Assistance

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

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

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

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

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

**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)**

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

**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)**

Upon request, the Guam System for Assistive Technology will provide technical assistance to federal/state government agencies, non-profit organizations, and private/business entities on Guam. Planned Technical Assistance to Childcare Centers

**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)**

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

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

**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)**

Annual Assistive Technology Expo

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

Coordinate with Mayors offices for an outreach spot at the Farmer's Market, 1-3-6 Guam Early Hearing Detection and Intervention Conference

## 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)**

**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)**

## 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

Guam System for Assistive Technology (GSAT) receives inquiries and requests for assistance on specific AT products, devices, services; selecting an AT product, device or service; obtaining funding for AT devices or services; AT policy/ practice information; and other related disability topics. If the inquiry or request for assistance is beyond the scope of what GSAT can provide, the program will conduct research or make a referral as needed. At the initial contact with clients, they are asked how they hear about the program. This is a necessary step, as it will assist the program to determine the best course of action to put awareness efforts.

## 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 Guam .
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.