



National Assistive Technology Act Data System

State Plan - Full Report

Hawaii 2024

General Information

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

State AT Program Title	Assistive Technology Resource Centers of Hawaii
State AT Program URL	http://www.atrc.org
Mailing Address	200 N Vineyard Blvd, Suite 430
City	Honolulu
State	HI
Zip Code	96817
Program Email	info@atrc.org
Phone	8085327110
TTY	

Lead Agency

Agency Name	Hawaii Division of Vocational Rehabilitation
Mailing Address	1010 Richard Street #217
City	Honolulu
State	HI
Zip Code	96813
Program URL	http://humanservices.hawaii.gov/vocationalrehab

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
Name of Implementing Agency	Assistive Technology Resource Centers of Hawaii
Mailing Address	200 N Vineyard Blvd, Suite 430

City	Honolulu
State	HI
Zip Code	96817
Program URL	http://www.atrc.org

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Asato, Jodi
Title	Executive Director
Phone	8085327112
E-mail	jodi@atrc.org
Program Director at Lead Agency (last, first)	Lea Dias
Title	Vocational Rehabilitation Administrator
Phone	808-586-9741
E-mail	ldias@dhs.hawaii.gov
Primary Contact at Implementing Agency (last, first) - If applicable	Asato, Jodi
Title	Executive Director
Phone	8085327112
E-mail	jodi@atrc.org

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Rusnell Pascual-Kestner
Title	Acting Vocational Rehabilitation Assistant Adminis
Phone	808-586-9740
E-mail	kestner@dhs.hawaii.gov

Module A: Change in Lead Agency or Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? Yes

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

The implementing agency for the State of Hawaii is the Assistive Technology Resource Centers of Hawaii (ATRC). ATRC will enter into a contract with Hawaii's lead agency, the Department of Human Services, Division of Vocational Rehabilitation (DHS/DVR). This contract will set forth the activities that must be conducted by ATRC on behalf of DHS/DVR. The lead agency has a program specialist assigned to monitor the contract, who will meet quarterly with the implementing agency/ATRC, to discuss activities, expenditures, and the implementation of the State Plan. Additionally, the lead agency specialist will attend ATRC advisory council meetings. The Administration on Community Living (ACL) will keep both the lead and implementing agency informed of any changes that may come from the federal government. The implementing agency will submit timely quarterly and annual activity and expenditure reports to the lead agency; according to the scope of the contract and the State Plan. The lead agency will monitor and ensure that the scope of the contract is being met by the implementing agency. The implementing agency will submit monthly activity and expenditure reports to the lead agency for approval, according to the State Plan.

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)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce 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? Yes
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 1
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 1
(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 | 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? 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 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.

Actual Expenditures for Closed-out Carryover Year Award	Final Expenditures	Percentage	Requirements
a. All State Level Activities	\$290,371.20	60.00%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
b. All State Leadership Activities	\$193,580.80	40.00%	
c. Total Expenditures	\$483,952.00		
d. Total Award	\$483,952.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$19,522.00	10.08%	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 **\$494,896.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$296,937.60	\$0.00	\$0.00	\$296,937.60
All State Leadership Activities	\$197,958.40	\$0.00	\$0.00	\$197,958.40
Total	\$494,896.00	\$0.00	\$0.00	\$494,896.00
Transition Training & Technical Assistance	\$9,897.90	\$0.00	\$0.00	\$9,897.90

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.** N/A
- 7. The highest interest percentage for loans as established by the policies of the activity.** N/A
- 8. The lowest loan amount (in dollars) provided as established by the policies of the activity.** N/A
- 9. The highest loan amount (in dollars) provided as established by the policies of the activity.** N/A

10. Describe the activity.
The Hawaii Assistive Technology (HAT) Loan Program provides Hawaii residents with low-cost financing at favorable interest rates to acquire assistive technology devices and services that can enhance independence in the home, workplace, and community. In cooperation with the Assistive Technology Resource Centers of Hawaii (ATRC), American Savings Bank offers the HAT Loan Program to provide disabled Hawaii Residents access to new resources and tools that can improve their quality of life through independence. HAT Loan Program funds guarantee money borrowed through American Savings Bank.

11. The online page for this specific activity can be found at: www.atrc.org/financial-assistance/

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 Statewide AT Program is involved in the transaction

6. Describe the activity.

There are two types of reuse in our AT Exchange Program. Equipment reuse includes items such as wheelchairs, rollators, shower chairs, CCTVs, or hand-held magnifiers. Computer reuse involves donated computers that are received from donors, wiped of all previous data, and provided at no charge to individuals with disabilities who live in Hawaii and have no other means of obtaining a computer.

7. The online page for this specific activity can be found at: www.atrc.org/assistive-technology-exchange

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 ownership is transferred to the recipient

6. Describe the activity.

In ATRC's AT exchange program, device reassignment refers to transferring previously owned AT devices to new users who may benefit from them. This typically involves individuals or organizations donating their gently used or unneeded AT devices to a centralized program where they can be redistributed to individuals in need. Here's how the process works: Donation: Individuals or organizations donate their AT devices to ATRC's AT exchange program. These devices could include wheelchairs, communication devices, hearing aids, visual aids, adaptive computer accessories, and more. Assessment: The exchange program assesses the donated devices to ensure they are in good working condition and can be safely reused. Matching: Once the devices are ready for reassignment, ATRC's AT exchange program matches them with individuals in need based on their specific requirements and assistive technology needs. Reassignment: The selected individuals receive the AT devices reassigned to them. This can be done through direct distribution or by coordinating pickups or deliveries. Follow-up: The exchange program may provide follow-up support to ensure that the devices meet the recipients' needs and offer guidance on using and maintaining the technology effectively. ATRC's AT exchange program helps connect individuals who no longer need their AT devices with those who can benefit from them, thereby increasing access to assistive technology and improving the quality of life for individuals with disabilities.

7. The online page for this specific activity can be found at: www.atrc.org/assistive-technology-exchange

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)

Private Entities (select any/all)

- Have written agreement with 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.

ATRC operates an assistive technology lending library for people with disabilities and their families, as well as service providers, employers, or other interested parties. Device loans help people make informed decisions about the assistive technology they might use at work, school, home, or play. Devices include equipment for people with visual, cognitive, hearing, mobility, learning, and other needs. Our device lending library will be available online for browsing and requesting items. For those individuals living in the neighboring islands, ATRC will mail the devices to them via the United States Postal Service.

7. The online page for this specific activity can be found at: www.atrc.org/device-demonstration/

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)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

ATRC provides one-on-one demonstrations to individuals at no cost. AT Device Demonstrations compare the features and benefits of a particular AT Device or Category of Devices to meet the needs of an individual, a small group of individuals with disabilities, family members, employers, and educators. AT demonstrations allow the individual to become familiar with various devices and try them before purchasing. During the device demonstration, AT specialists provide hands-on opportunities for individuals with disabilities, their families, and caregivers to interact with various assistive technology devices. Participants will be able to explore devices such as mobility aids, communication tools, adaptive computer software, sensory aids, and specialized equipment for daily living activities. In addition to the physical demonstrations, ATRC offers virtual demonstrations through webinars or online platforms, allowing individuals who cannot attend in person to participate and ask questions. Overall, the device demonstration activity would serve as an essential component of the statewide AT program, allowing individuals to experience firsthand the potential impact and benefits of assistive technology in their daily lives and fostering informed decision-making about AT solutions.

6. The online page for this specific activity can be found at: www.atrc.org/device-demonstration/

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)

- Have written agreement with this entity

Independent Living Center (select any/all)

- Have written agreement with this entity

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

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)

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

- Have written agreement with this entity

Module L: Training (Continued...)

Local/Community Entities (select any/all)
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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)

ATRC has organized the Camp Cool_Cyber Edition for children and youth statewide, especially those in underserved areas. We provide educational opportunities and access to AT in an interactive and engaging learning environment. The program will introduce the latest AT to children, parents, and guardians/caregivers and show how technology and broadband/internet can change a child's life by increasing their independence and self-confidence. Children will learn how to search for information they need on the internet, internet safety, and how to utilize the information. With the proper knowledge about technology and online safety, they will be better equipped to confront daily challenges, live more independently, and be empowered in every aspect of life.

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: NA

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

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)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

- Have written agreement with this entity

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)

ATRC plans to collaborate with Access2Independence Center - Hawaii to organize a series of webinar trainings focused on educating individuals with disabilities, their families, and service providers about the importance of assistive technology in the transition to employment, post-secondary, or independent living. Topics will include available assistive technology tools for achieving transition goals, funding options for obtaining AT devices, and how to integrate AT into transition plans successfully. This technical assistance activity aims to facilitate the effective use of assistive technology during the transition process for individuals with disabilities.

Planned Other Technical Assistance Activity (optional)

Each year we participate in an average of ten educational conferences and health expos. Our exhibits feature various AT devices and are targeted to the audience and theme of the event. ATRC's staff is experienced in delivering the services of the program and explaining the AT devices.

Module N: Public Awareness

1. 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)

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)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

- Have written agreement with this entity

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)

Public awareness activities include public service announcements, internet outreach and social networking, news reports, newspaper stories, newsletters, brochures, and invitations to speak from various groups. ATRC has an Annual Open House that which the public is invited free of charge to explore, see, and try assistive technology. Informative workshops are featured with demonstrations of various AT devices and software programs. Invitees include state representatives, congressional delegates, teachers, speech pathologists, occupational therapists, vocational rehabilitation counselors, and representatives from other organizations. ATRC is also featured annually in Generations Magazine, a publication for persons over fifty. The magazine reaches approximately 25,000 subscribers.

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)

- Have written agreement with this entity

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)

- Have written agreement with this entity

Hospitals and/or Health Systems (select any/all)

Federal Entities/Agencies (select any/all)

- Have written agreement with this entity

State Entities/Agencies (select any/all)

- Have written agreement with this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

ATRC is located on the main Hawaii's most densely populated island of Oahu, in the capital city of Honolulu. We also have a full-time AT Manager located in the Big Island who can serve clients from the neighboring islands (Maui, Molokai, Lanai, Kauai, and Hawaii), especially those living in underserved areas. The four full-time staff are qualified to respond to informational and referral calls, emails, or website inquiries. The staff attends professional development meetings/conferences throughout the year. ATRC is the central hub for individuals with disabilities, their families, service providers, and community organizations to access information on assistive technology services, devices, funding options, and training opportunities. Our website provides a searchable database of AT devices in our center, a calendar of upcoming training workshops and webinars, success stories of how AT has positively impacted individuals with disabilities, and links to relevant resources and support services. Additionally, individuals can connect with an AT Specialist for personalized assistance and guidance on accessing and effectively using AT solutions based on their needs.

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 HI.
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.