



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

General Information

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

State AT Program Title	Maryland Technology Assistance Program
State AT Program URL	www.mdtap.org
Mailing Address	2301 Argonne Drive, Rm T42
City	Baltimore
State	Maryland
Zip Code	21218
Program Email	mdtap.general@maryland.gov
Phone	1-800-832-4827
TTY	1-866-881-7488

Lead Agency

Agency Name	Maryland Department of Disabilities
Mailing Address	217 E Redwood Street, Suite 1300
City	Baltimore
State	Maryland
Zip Code	21202
Program URL	http://mdod.maryland.gov

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? N/A	
Name of Implementing Agency	
Mailing Address	

City	
State	
Zip Code	
Program URL	

General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Lori Berrong
Title	Executive Director
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Program Director at Lead Agency (last, first)	Brennan, John
Title	Assistant Secretary, Operations
Phone	410-767-3640
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Primary Contact at Implementing Agency (last, first) - If applicable	
Title	
Phone	
E-mail	

Person Responsible for completing this form if other than Program Director

Name (last, first)	
Title	
Phone	
E-mail	

Certifying Representative

Name (last, first)	Brennan, John
Title	Assistant Secretary, Operations
Phone	410-767-3640
E-mail	john.brennan@maryland.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)? 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?. 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? 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? 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 | 0 |
| Organization representing veterans | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD) | 1 |
| 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) | 1 |
| 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? 9

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	9
Total number of individuals on the advisory council	16
Percentage	56.25%

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	\$345,975.00	62.62%	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	\$206,485.00	37.38%	
c. Total Expenditures	\$552,460.00		
d. Total Award	\$552,460.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$29,748.00	14.41%	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 **\$570,062.00**

Actual & Planned Immediate Preceding Year Award Expenditures	YTD Obligated not Liquidated Expenditures	YTD Liquidated Expenditures	Planned not yet Obligated Expenditures	Total
All State Level Activities	\$0.00	\$368,905.00	\$0.00	\$368,905.00
All State Leadership Activities	\$0.00	\$201,157.00	\$0.00	\$201,157.00
Total	\$0.00	\$570,062.00	\$0.00	\$570,062.00
Transition Training & Technical Assistance	\$0.00	\$37,419.00	\$0.00	\$37,419.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- Other State Financing that creates AT savings (cooperative buying programs, etc.)

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)

- 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 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.

- Combined loan guarantee and interest buy-down

6. The lowest interest percentage for loans as established by the policies of the activity. 3.0000%

7. The highest interest percentage for loans as established by the policies of the activity. 3.0000%

8. The lowest loan amount (in dollars) provided as established by the policies of the activity. \$500.00

9. The highest loan amount (in dollars) provided as established by the policies of the activity. \$70000.00

10. Describe the activity.

The ATLP guarantees both secured (vehicles) and unsecured (AT & home modification) loans for consumers who are consider credit-worthy but who are declined for a loan via conventional lending guidelines. Loans that are issued by our partner lender (without a program guarantee), are provided at a preferred interest rate that is negotiated with a half point discount as defined in our lender agreement. All applicants approved through the ATLP receive a discounted rate, whether the loan is guaranteed by the program or issued on its own merit directly by the lender. The ATLP reserves the authority to buydown interest rates when deemed a valuable asset to a guaranteed applicant. Additionally, the ATLP contracts with 3 regional CILs to conduct outreach and public awareness of the ATLP in the 9 most rural counties of Maryland.

11. The online page for this specific activity can be found at: <https://mdod.maryland.gov/mdtap/Pages/ATlowloan.as>

Module G: Other State Financing Activities that Create AT Savings

1. Which of the following activity/activities are conducted? (select all that apply)

Identify all types of other state financing programs that create AT savings that are conducted.

- Cooperative Buying Program
- AT Fabrication Program

2. Select the one option that best describes who conducts this activity/activities.

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

3. Select the one option that best describes from where this activity/activities is conducted.

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

4. Do you charge a fee for this activity/activities? (select one)

No

5. Identify the types of collaborations you have in place to conduct this activity/activities.

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module G: Other State Financing Activities that Create AT Savings (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

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

Other (select any/all)

6. Describe the activity/activities.

The AT Program conducts its own AT (3D printing) fabrication program and provides these devices free-of-charge to consumers. The AT fabrication program is facilitated out of the MD AT Program central office and serves the entire state of Maryland. Consumers can request 3D printed devices via our online catalog and ordering form; the program maintains a partnership with the University of Maryland Baltimore County to provide printing support in instances when we have more requests than available printers or when custom requests are placed that we need additional support developing. The AT Cooperative Buying program is contracted by the AT Program to AT Discount Sales & Services. AT Discount Sales negotiates discounted prices on bulk AT purchases, and passes these discounts along to LEAs, state agencies, organizations, and individual consumers.

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

<https://mdod.maryland.gov/mdtap/Pages/3D-Printing.aspx>; <https://atdiscount.net/>

Module H: Device Exchange

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

The Statewide AT Program (State AT)

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

One central location (Central)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module H: Device Exchange (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- The transaction is direct consumer-to-consumer

6. Describe the activity.

The AT Program manages a direct consumer-to-consumer AT exchange platform via Facebook Marketplace. The AT Program manages membership, oversees posts on the platform, tracks exchanges, and conducts consumer follow-up to capture exchange data, when applicable.

7. The online page for this specific activity can be found at: <https://www.facebook.com/groups/443254832860014/>

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.

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)

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)

- Have written agreement with this entity

Private Entities (select any/all)

Other (select any/all)

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

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

6. Describe the activity.

The AT Program runs the High Tech AT Reuse Program (MATR), which is physically located in the Howard County Loan Closet (a location separate from the AT Program office) but facilitated & staffed by the AT Program. In some instances, the device is provided as a long-term loan, whereas in other instances, the device is refurbished and ownership transferred to the recipient. All AT donations into MATR are evaluated for working order, cleaned & refurbished when necessary, and listed on the MATR online inventory site. Consumers can review all available devices and place a request for items directly in the inventory website. In addition, consumers can submit their application online for items, and coordinate pickup of device(s) with the AT Specialist.

7. The online page for this specific activity can be found at: <https://mdod.maryland.gov/mdtap/Pages/ATreuse.aspx>

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)

- Have written agreement with this entity

Private Entities (select any/all)

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

Other (select any/all)

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

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

6. Describe the activity.

The AT Program facilitates AT device loans through its 9 AT Libraries, two of which are facilitated through our regional partners in Western MD and Southern MD (in the CILs serving those regions). We host additional (non-contracted) AT libraries at 5 CILs, the Arc of Central Chesapeake, and within the Howard County Loan Closet. The libraries not facilitated through contracts are stocked with AT devices provided by the AT Program and are utilized as community AT demonstration and loan centers. AT Program staff facilitates device demonstrations and loans in 7 of the libraries, while the two regional CILs that we contract with conduct demos and loans directly, and report them to the AT Program. Additional device loans are facilitated & reported through AT Discount Sales & Services, the program facilitating our cooperative buying activity. Most device loans are shipped for consumer convenience, at no charge to the consumer.

7. The online page for this specific activity can be found at: <https://mdod.maryland.gov/mdtap/Pages/consultations.aspx>

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)

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

Private Entities (select any/all)

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

Other (select any/all)

5. Describe the activity.

The AT Program facilitates AT device demonstrations through its 9 AT Libraries, two of which are facilitated through our regional partners in Western MD and Southern MD (in the CILs serving those regions). We host additional (non-contracted) AT libraries at 5 CILs, the Arc of Central Chesapeake, and within the Howard County Loan Closet. The libraries not facilitated through contracts are stocked with AT devices provided by the AT Program and are utilized as community AT demonstration and loan centers. AT Program staff facilitates device demonstrations and loans in 7 of the libraries, while the two regional CILs that we contract with conduct demos and loans directly, and report them to the AT Program. Additional device demonstrations are facilitated & reported through AT Discount Sales & Services, the program facilitating our cooperative buying activity. Most device loans are shipped for consumer convenience, at no charge to the consumer. Staff provide an overview of the basic devices and then provide one-on-one guided exploration, matching AT to specific functional limitations. If devices are identified that will meet individual needs, referrals and resources are provided to support acquisition. Demonstrations are conducted both in-person and virtually.

6. The online page for this specific activity can be found at: <https://mdod.maryland.gov/mdtap/Pages/consultations.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)

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

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)

In coordination with the Maryland State Department of Education and the National Federation of the Blind, the Maryland AT program has collaborated to develop 4 ICT training modules specific to educating Local Education Agencies on the implementation of Maryland's §7-910 Equivalent Access for Students with Disabilities legislation, ensuring that LEAs have the understanding and knowledge of why and how to evaluate prospective classroom IT for accessibility.

Planned Transition Training or Other Training Activity (optional)

The Maryland AT program has created and will be presenting a free webinar session on "AT in Healthcare Transitions." Focused on new or different needs when transitioning into or out of a healthcare establishment, such a rehabilitation facility, assisted living facility, or hospital, this session will explore Assistive Technology devices that can make healthcare transitions smoother and easier for the individual and those who support them.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity can be found at: <https://mdod.maryland.gov/mdtap/Pages/social.aspx#webinars>

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)

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)

The Maryland AT Program served as an active member of the State Agency Transition Collaborative in Maryland providing continued feedback and information for the 2024 Transition Checklist for LEAs. This checklist is published and provided to all transition teams across the state, as well as provided to families utilizing transition services between 9th-12th grade.

Planned Other Technical Assistance Activity (optional)

The Maryland AT Program has provided feedback and guidance to its lead agency, the Maryland Department of Disabilities, as the Department has coordinated an Executive Order to establish a fund and assessment process for assistive technologies provided to new state employees. The MD AT Program has advised on best practices, created & distributed a webinar on Assistive Technology in the Workplace, provided direct consultation to agencies including the State Treasurer's Office, and will actively support state agencies in the AT consultation, demonstration, and device loan process of AT for new state employees. This assistance will make the onboarding of new state employees with disabilities streamlined and supported, helping agencies to feel confident in providing appropriate supports to new hires.

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)

Entities in the statewide and local workforce development systems (select any/all)

State Vocational Rehabilitation Agencies (select any/all)

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Provide a short description of at least one and no more than two planned major public awareness activities. If the Statewide AT Program conducts a major ongoing public awareness activity such as an annual AT awareness day with a Governor's Proclamation, please include that activity.

Major Annual Planned or Other Public Awareness Activity (required)

Annually, the MD AT Program conducts activities celebration the National AT Awareness Day. Activities include a Governor's Proclamation, the release of our Annual Report, hosting AT-specific webinars of related topics, and a week of social media highlights elevating the programs and staff within the Maryland program.

Planned Other Public Awareness Activity (optional)

Every October, the Maryland AT Program partners with CASH Campaign of Maryland to host a month of webinars focused on financial resiliency & financial services for people with disabilities, including highlighting ways to fund assistive technology, home ownership, financial planning through the lifespan, benefits planning, understanding ABLE accounts, and more. These sessions are widely attended.

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)

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)

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

Other (select any/all)

2. Describe the activity

The Maryland AT Program contracts with two CILs serving the Western and Southern regions of Maryland. Both CILs host AT Libraries, conduct AT demonstrations, device loans, public awareness, and information & assistance. In addition, we host smaller AT libraries in six (6) additional CILs and community organizations, where a small selection of AT and MD AT program resources are on display for demonstration and information. Constituents can contact the MD program by email, phone, or in person, and have the option schedule AT consultations, demonstrations and device loans for free either in person or virtually. Additional I&A is conducted via our agreement with AT Discount Sales & Services, the program facilitating our cooperative buying/state financing activity.

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 Maryland.
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.