



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

General Information

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

State AT Program Title	MonTECH
State AT Program URL	http://montech.ruralinstitute.umt.edu/
Mailing Address	29 McGill Hall
City	Missoula
State	Montana
Zip Code	59812
Program Email	montech@ruralinstitute.umt.edu
Phone	4062435751
TTY	

Lead Agency

Agency Name	MonTECH at Rural Institute for Inclusive Communities, University of Montana
Mailing Address	29 McGill Hall, University of Montana
City	Missoula
State	Montana
Zip Code	59812
Program URL	http://montech.ruralinstitute.umt.edu/

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)	Kimmel, Molly
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Program Director at Lead Agency (last, first)	Kimmel, Molly
Title	Program Director
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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)	Kimmel, Molly
Title	Program Director
Phone	4062434779
E-mail	molly.kimmel@mso.umt.edu

Module A: Change in Lead Agency or Implementing Entity

- Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf (From General Information)? No
2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan? No
3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan? No

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 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? 0
(At least one is required by the AT Act.)
- 7.1 Please provide the reason(s) the Advisory council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 7
- We have gotten a positive response to having a new member join the council from our Medicaid state agency, but that has not been confirmed/solidified yet. If that doesn't happen, we are ready with a back-up member from our state P&A, Disability Rights Montana.
- Medicaid state agency 0
- State agency administering Developmental Disabilities Act 0
- State agency administering or organization funded under Older Americans Act 0
- Organization representing veterans 0
- University Center for Excellence in Developmental Disabilities (UCEDD) 0
- State Protection and Advocacy System 0
- State Council on Developmental Disabilities 0
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 1
- Early Intervention/Child Services state agency 0
- State Deaf/Hard of Hearing Commission/Office 0
- State Insurance agency 0
- State Library/Secretary of State/Talking Books agency 0
- State ADA Office/Disability Commission/Advocacy Office 0
- State Legislators 0
- State Parent Training Information Center (IDEA funded) 0
- Other (description required in text box 1 below)
- Describe Other Agency Goodwill/Easter Seals
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	14
Percentage	57.14%

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council Yes

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.

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	\$305,836.00	64.00%	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	\$172,033.00	36.00%	
c. Total Expenditures	\$477,869.00		
d. Total Award	\$477,869.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$9,000.00	5.23%	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 **\$488,651.00**

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	\$303,453.00	\$0.00	\$303,453.00
All State Leadership Activities	\$0.00	\$185,198.00	\$0.00	\$185,198.00
Total	\$0.00	\$488,651.00	\$0.00	\$488,651.00
Transition Training & Technical Assistance	\$0.00	\$10,500.00	\$0.00	\$10,500.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan

2. Which Reutilization Activities do you conduct?

- Device Exchange
- Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module E: Financial Loan

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

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

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

One central location (Central)

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

No

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

Banks/Financial Institution (select any/all)

- Have written agreement with this entity

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. This activity offers the following types of assistance. (select all that apply – at least one is required)
Identify all types of loans the Statewide AT Program offers, regardless of whether any loans of that type are currently outstanding.

- Revolving loans

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 0.0000% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 3.5000% |
| 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. | \$50000.00 |

10. Describe the activity.
MonTECH partners with Rural Dynamics, Inc., a statewide financial wellness non-profit housed in Great Falls, MT, to administer the Montana Assistive Technology Loan (MATL) program. MATL offers revolving loans to people looking for affordable ways to finance assistive technology (AT). This financial loan is 0% interest for AT under \$1,500 and 3.5% interest for AT between \$1,500-\$50,000. MATL offers Montanans with disabilities, or their family members, the ability to purchase AT for a variety of needs, including but not limited to: • Hearing & Vision Equipment • Daily Living and Self-Care Equipment • Communication Devices • Home & Building Access and Modifications • Electronic Devices • Vehicle Loans & Modifications • Scooters, Wheelchairs, etc. • Adaptive Recreation Equipment. MATL's application is available online and in print and the MATL Disability Resource Coordinator is available to assist throughout the application process. Once submitted, a loan committee votes to approve or deny the application. Anyone not eligible for a loan is offered financial wellness counseling and a debt management program to help them get in a better fiscal position to apply again. MonTECH and Rural Dynamics work together on outreach across the state.

11. The online page for this specific activity can be found at: <https://www.matl.ruraldynamics.org/>

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.

MonTECH's exchange program enables Montanans to electronically post, sell, giveaway, and purchase from others. Gently used assistive technology and adaptive equipment is available. We publicly describe this as the "Craigslit" of AT equipment specially designed to help people live full lives at home, work, school, and in the community. The program is facilitated completely online and via consumer-to-consumer communications.

7. The online page for this specific activity can be found at: <https://montech.ruralinstitute.umt.edu/community-buy-sell/>

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.

Many of MonTECH's seating, mobility, and positioning devices, along with older technology/equipment and DME, are available as longer-term loans (up to 1 year) or open-ended loans (as long as needed) in order to meet the needs of Montanans with disabilities. No fee is charged for this service and equipment are simply barcoded differently to indicate the longer term loan. Upon return of a piece of equipment after a long-term or open-ended loan, staff inspect for safety, repair as needed, or set aside for surplus.

7. The online page for this specific activity can be found at: <https://montech.ruralinstitute.umt.edu/equipment-loans-reuse/>

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.

Regional sites (Regional)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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)

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.

MonTECH operates a short-term equipment loan program, which includes nearly 3,000 AT devices and computer hardware or software products available for a 30-day free loan to anyone in the state with a disability. Equipment can either be picked up at one of the two physical office locations or is shipped across the state (return shipping label provided with initial shipment.) All loans are facilitated via a user-friendly online system where people can browse inventory, create and manage loan accounts, and make electronic requests to borrow items online. Staff monitor requests in real-time, as well as handling the waitlist and overdue list to ensure compliance with getting items in and out the door. Consumers can also borrow equipment by contacting the program via telephone, e-mail, or by visiting the office. Five additional locations across the state house adaptive bikes purchased and managed by MonTECH. These loans go through the MonTECH system, but pick up and drop off occur at each community site. This is also free service.

7. The online page for this specific activity can be found at: <https://montech.ruralinstitute.umd.edu/equipment-loans-reuse/>

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.

Regional sites (Regional)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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.

MonTECH provides free device demonstrations of adaptive equipment and assistive technology (AT) for individuals and groups to trial numerous AT options. Demonstrations are available at the Missoula or Billings office as well as statewide by phone or video conference. If needed, demonstrations can be arranged by other means. We encourage the team approach so involving parents, caregivers, therapists, teachers, etc., whenever possible. We tailor the demonstration to the individual needs of the whole person. We will try numerous options until we find the best fit. We provide people the opportunity to explore a wide range of devices and compare similar devices. Referral to other agencies are made when necessary to ensure the individuals' needs are met completely. Monthly staff meetings focus on inventory acquisition and we purchase devices for our inventory based on need or request and so that we have a variety of options. When a more formal assessment of AT recommendations is required, MonTECH does offer fee-for-service evaluations. Typical clients who receive evaluations include Vocational Rehab clients, VA clients, and students from a variety of school districts. The fee is \$125 an hour, plus any travel costs. The individual and referring agency receive a formal report and 2 free hours of training.

6. The online page for this specific activity can be found at: <https://montech.ruralinstitute.umt.edu/demonstration-and-training/>

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)

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

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

Early Intervention Programs (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Module L: Training (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Provide a short description of at least one and no more than three planned training activities. One of the activities described must be planned Information and Communication Technology (ICT) accessibility training that will provide the required ICT Training performance measures. If the Statewide AT Program is meeting the transition requirements of the AT Act through training, please describe that planned activity. If the Statewide AT Program sponsors or co-sponsors a statewide conference please include that event as one you describe.

Planned ICT Accessibility Training (required)

Our Accessibility Media Specialist and our Assistive Technology Specialist have created a 3-part training on making Word, PowerPoint, and PDFs accessible. This course is offered yearly to Montana's UCEDD staff and is a requirement for all MonTECH employees. This same training is available to any local or state organization for our usual training fee (\$125/hour with the first hour free).

Planned Transition Training or Other Training Activity (optional)

MonTECH provides demonstrations on the topic of transition for youth every summer at the Montana Youth Leadership Forum and for youth, their families, and special educators every fall at the annual Montana Youth Transition Conference. Many youth and educators from across the state participate in these annual training/conference events

Planned Statewide Conference or Other Training Activity (optional)

MonTECH hosts a yearly one-day conference focused on alternative and augmentative communication every August. Since 2019, we have flown in (or hosted virtually due to COVID) nationally-recognized speakers for a conference aimed at therapists, educators, direct support professionals, and families who work with individuals with complex communication needs. The conference is offered in-person or virtually and includes continuing education credits for educators, speech-language pathologists, and occupational therapists. We conduct a thorough evaluation after the conference to ensure attendee-centered planning for the next year.

3. The online page for this specific activity can be found at: <https://montech.ruralinstitute.umt.edu/talks-and-tours/>

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)

Our Accessible Media Specialist has become well-known for offering comprehensive assessments of website accessibility for local and statewide organizations. He will run websites through accessibility checkers, provide a written report back to the organization, and answer follow-up questions as needed from their web developers. This activity will continue in future years, helping non-disability-related organizations meet accessibility standards and grow in their awareness of inclusion for people with disabilities.

Planned Other Technical Assistance Activity (optional)

Module N: Public Awareness

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

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

State Vocational Rehabilitation Agencies (select any/all)

Aging and Disability Resource Centers (select any/all)

Elementary and Secondary schools (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

In addition to newsletters and targeted mailings across the state, MonTECH recently teamed up with a consumer advisory council (CAC) member from the University Center on Disability at the University of Montana for a YouTube series called "Explore Assistive Technology Tools with Kyler & Cozette". This created an excellent opportunity for the CAC member to engage in a personally meaningful activity (making videos) and a neat way to increase awareness of MonTECH AT. This opened the door for more CAC members to be involved in future YouTube AT-related series in upcoming years.

Planned Other Public Awareness Activity (optional)

Module O: Information and Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

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

Our Program Coordinator and Data Resource Specialist share the duty of answering the phone and welcoming visitors at the Missoula office (Billings has an appointment-only policy). Both of the people in these roles have extensive social service backgrounds and are always ready to share appropriate MonTECH info, as well as referrals at the local, state, and national level. Emails go to a central account and get routed to the best person to handle the request. Our website also includes a "contact us" feature that is handled in a similar way. Most inquiries are responded to within 48 hours at the latest.

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 Montana.
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.