



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

**General Information**

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

<b>State AT Program Title</b>	Assistive Technology in New Hampshire (ATinNH)
<b>State AT Program URL</b>	www.atinnh.org
<b>Mailing Address</b>	10 West Edge Drive, Suite 101
<b>City</b>	Durham
<b>State</b>	New Hampshire
<b>Zip Code</b>	03824
<b>Program Email</b>	atproject@unh.edu
<b>Phone</b>	603-862-1867
<b>TTY</b>	

**Lead Agency**

<b>Agency Name</b>	Institute on Disability
<b>Mailing Address</b>	10 West Edge Drive
<b>City</b>	Durham
<b>State</b>	NH
<b>Zip Code</b>	03824
<b>Program URL</b>	https://iod.unh.edu/

**Implementing Entity**

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

<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Program URL</b>	

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Valli, Sara
<b>Title</b>	Director
<b>Phone</b>	(603) 862-0357
<b>E-mail</b>	sara.valli@unh.edu
<b>Program Director at Lead Agency (last, first)</b>	Daniels, Jennifer
<b>Title</b>	Director
<b>Phone</b>	603-862-3399
<b>E-mail</b>	Jennifer.Daniels@unh.edu
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

### Person Responsible for completing this form if other than Program Director

<b>Name (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	

### Certifying Representative

<b>Name (last, first)</b>	Jensen, Karen
<b>Title</b>	Director, Pre-Award Compliance
<b>Phone</b>	603-862-2172
<b>E-mail</b>	Karen.Jensen@unh.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? 2
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? 1  
(At least one is required by the AT Act.)
- Medicaid state agency 0
  - State agency administering Developmental Disabilities Act 1
  - 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? 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? 7

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	7
Total number of individuals on the advisory council	13
Percentage	53.85%

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
11. Procedures are in place to ensure that the Advisory Council members are geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, age, and types of disabilities, and users of types of services that an individual with a disability may receive, including home and community-based

services (as defined in section 9817 (a)(2) of the American Rescue Plan Act of 2021 (42 U.S.C. 1396d not)), vocational rehabilitation services (as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705)) and services through the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)

Yes

## Module C: Actual Expenditures and Budgeted Allocations

### 1. Actual Expenditures Carryover Year Close-out

In the following table provide the actual expenditure data for the closed-out carryover fiscal year AT grant award (liquidated the previous December 31). Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over more than that initial 12 month period.

For the State Plan submitted in 2024, you will report the closed-out grant award for FY21. The grant began 10/1/2020 with the first year ending on 9/30/2021, the first carryover year ended on 9/30/2022 and the second carryover year ended on 9/30/2023 with the 3 month liquidation period ending 12/31/2023.

<b>Actual Expenditures for Closed-out Carryover Year Award</b>	<b>Final Expenditures</b>	<b>Percentage</b>	<b>Requirements</b>
<b>a. All State Level Activities</b>	\$325,222.47	70.00%	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>b. All State Leadership Activities</b>	\$139,381.53	30.00%	
<b>c. Total Expenditures</b>	\$464,604.00		
<b>d. Total Award</b>	\$464,604.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$6,969.08</b>	5.00%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

## Module C: Actual Expenditures and Budgeted Allocations (Continued...)

### 2. Actual YTD Expenditures and Budgeted Allocations for Preceding Year Award

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the preceding fiscal year AT grant award along with planned budget allocations for the unobligated remainder of that award. Please note, this data is for a specific year AT Act grant award amount, NOT any specific 12 month period of time as funds from a grant award can be obligated over a 24 month period.

For the State Plan submitted in 2024, you will report year to date FY22 grant award expenditures. This grant began 10/1/2021 with the initial award year ending on 9/30/2022 and the carryover year ended on 9/30/2023. Many programs received a no cost extension which extended the obligation date to 9/30/2024

The total grant award for was **\$475,706.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$3,904.30	\$329,089.82	\$0.00	\$332,994.12
<b>All State Leadership Activities</b>	\$0.00	\$142,711.88	\$0.00	\$142,711.88
<b>Total</b>	\$3,904.30	\$471,801.70	\$0.00	\$475,706.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$7,135.59	\$0.00	\$7,135.59



## Module D: State Level Activity Summary

### 1. Which State Financing Activities do you conduct?

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

### 2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

### 3. Do you conduct Short-term Device Loans?

Yes

### 4. Do you conduct Device Demonstrations?

Yes





## Module 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.

- AT Fabrication Program

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

The Statewide AT Program (State AT)

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

One central location (Central)

**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)**

**Other (select any/all)**

**6. Describe the activity/activities.**

Rapid Fabrication for solutions on demand based on individual assistive technology needs of people with disabilities.

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

NA



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

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

Other entities e.g. contractors (Others)

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

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)**

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

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

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

We have contracts with two local area senior centers, one in Grafton and one in Lebanon that maintain an AT device closet that seniors can take as long term loans from, we maintain an inventory of these items on the AT4ALL website and support the acquisition of AT devices. In addition we have a contract with GSIL REM who take donations in and clean, repair and refurbish AT devices and individuals can purchase them at a discount or borrow them in an open ended loan. We keep an inventory of these on the AT4ALL website.

7. The online page for this specific activity can be found at: <https://atinnh.at4all.com/>



## 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)**

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

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

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

## Module J: Device Loan (Continued...)

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

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

Individuals locate AT devices that are available for loan on the AT4ALL website and place a request. The majority of devices are then shipped to them with the cost of shipping to them paid for by the grant. The consumer pays for return shipping. Some larger items are picked up in person such as beach wheelchairs and adapted bikes.

7. The online page for this specific activity can be found at: <https://atinnh.at4all.com/>

## Module K: Device Demonstration

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

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

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

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

**3. Do you charge a fee for this activity?**

No

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

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

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

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

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

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

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

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

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

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

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

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

We have a number of contracts with agencies that provide demonstrations of assistive technology devices across the state. We have a list of available devices on the AT4ALL website that can be borrowed for demonstrations for individuals with disabilities to support the individuals and their teams to make decisions on what AT devices will best meet their needs.

6. The online page for this specific activity can be found at: <https://atinnh.at4all.com/>

## 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)**

- Have written agreement with this entity

**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)**

- Have written agreement with this entity

**Hospitals and Health Care Systems (select any/all)**

- Have written agreement with this entity

**Early Intervention Programs (select any/all)**

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

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

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

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b>
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<b>Other (select any/all)</b>
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**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 staff has conducted training on how to make the website and documents accessible in accordance with section 508 of the Rehab Act. they have also created document and short videos for staff to access on these topics that are available on demand on the website.

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

We conducted a workshop on AT transitioning from school to technical based post secondary education for the technical college in Littleton. We spoke at the family support conference on assistive technology and employment.

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

We planned and marketed a statewide conference on Celebrating the Joy of Making AT.

**3. The online page for this specific activity can be found at:**     <https://iod.unh.edu/event/2024/09/celebrate-joy-making-assistive-technology-therese-willkomm>

## 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)**

- Have written agreement with this entity

**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)**

We provided technical assistance to vocational rehabilitation on developing trainings for students with disabilities transitioning from school to work and school t post secondary education.

**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)**

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

**Aging and Disability Resource Centers (select any/all)**

- Have written agreement with this entity

**Elementary and Secondary schools (select any/all)**

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

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

- Have written agreement with this entity

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

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

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

**Other (select any/all)**

- Have written agreement with this entity

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

Presented at ALS support Group on AT for ALS.

**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)**

Conducted an Assistive Technology Exhibit at the Annual Age of Champions Conference. Had an Exhibit at the State wide AT in Education Expo.

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

## Module O: Information and Assistance

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

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

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

- Have written agreement with this entity

**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)**

- Have written agreement with this entity

**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)**

- Have written agreement with this entity

**Institutions of Higher Education(select any/all)**

- Have written agreement with this entity

**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)**

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

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

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

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

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

### Private Entities (select any/all)

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

### Other (select any/all)

- Have written agreement with this entity

### Provide a description of the other collaborations.

Supporting Partners across the state

#### 2. Describe the activity

We provide AT equipment to the OT department at UNH for training OT students. We assist our partners by providing AT devices to service providers to use in their demos and loans.

## 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 New Hampshire.
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.