



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

**General Information**

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

<b>State AT Program Title</b>	Richard West Assistive Technology Advocacy Center of DRNJ
<b>State AT Program URL</b>	<a href="https://www.at4nj.org">https://www.at4nj.org</a>
<b>Mailing Address</b>	210 South Broad St 3rd Floor
<b>City</b>	Trenton
<b>State</b>	NJ
<b>Zip Code</b>	08608
<b>Program Email</b>	mmarotta@disabilityrightsny.org
<b>Phone</b>	800-922-7233
<b>TTY</b>	609-633-7106

**Lead Agency**

<b>Agency Name</b>	New Jersey Department of Labor and Workforce Development
<b>Mailing Address</b>	1 John Fitch Plaza, PO Box 0398
<b>City</b>	Trenton
<b>State</b>	NJ
<b>Zip Code</b>	08625
<b>Program URL</b>	<a href="https://www.nj.gov/labor">https://www.nj.gov/labor</a>

**Implementing Entity**

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? Yes	
<b>Name of Implementing Agency</b>	Richard West Assistive Technology Advocacy Center of DRNJ
<b>Mailing Address</b>	210 South Broad St 3rd Floor

<b>City</b>	Trenton
<b>State</b>	NJ
<b>Zip Code</b>	08608
<b>Program URL</b>	<a href="https://www.at4nj.org">https://www.at4nj.org</a>

## General Information (Continued...)

### Program Director and Other Contacts

<b>Program Director for State AT Program (last, first)</b>	Marotta, Michael
<b>Title</b>	Director
<b>Phone</b>	609-777-0185
<b>E-mail</b>	mmarotta@disabilityrightsny.org
<b>Program Director at Lead Agency (last, first)</b>	Charyl Yarbrough
<b>Title</b>	Acting Director DVRS, Assistant Commissioner EAS
<b>Phone</b>	609-292-5987
<b>E-mail</b>	charyl.yarbrough@dol.nj.gov
<b>Primary Contact at Implementing Agency (last, first) - If applicable</b>	Marotta, Michael
<b>Title</b>	Director
<b>Phone</b>	609-777-0961
<b>E-mail</b>	mmarotta@disabilityrightsny.org

### 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>	Charyl Yarbrough
<b>Title</b>	Acting Director DVRS, Assistant Commissioner EAS
<b>Phone</b>	609-292-5987
<b>E-mail</b>	charyl.yarbrough@dol.nj.gov

## Module A: Change in Lead Agency or Implementing Entity

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

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

In 1992, the Governor designated the Division of Vocational Rehabilitation Services (DVRS) in the New Jersey Department of Labor as the lead agency for the Statewide Assistive Technology Act Project. The Department is now known as the Department of Labor and Employment and Accessibility Services (DOL/EAS). DVRS is the designated state agency dedicated to providing vocational rehabilitation services to individuals with physical or mental disabilities as provided under the Federal Rehabilitation Act of 1973, as amended by the Workforce Investment and Opportunity Act (WIOA) of 2014. The goal of DVRS is to prepare and place in employment eligible persons with disabilities who, because of the significance of their disabling conditions, would otherwise be unable to secure and/or maintain employment. An additional goal is to provide and promote comprehensive services for independent living designed to meet the current and future needs of individuals whose disabilities are so significant that they do not presently have potential for employment, but who may benefit from rehabilitation services that will enable them to live and function as independently as possible. DVRS also administers a program of vocational rehabilitation under state legislation for those consumers not yet ready for placement in competitive jobs. Under WIOA, DVRS provides Pre-Employment services to students for job exploration, career counseling, work-based learning experiences, counseling on postsecondary opportunities, workplace readiness training, and instruction in self-advocacy. Assistive technology and/or ancillary services are considered for each student. Disability Rights New Jersey (DRNJ) is the implementing agency of the Statewide Assistive Technology Act Program and has titled the effort the Richard West Assistive Technology Advocacy Center (ATAC). DRNJ was awarded the grant to manage the Statewide Assistive Technology Act Program by DVRS after a competitive bidding process in 2013. DRNJ is ideally situated to implement the program in a statewide, comprehensive manner. DRNJ is a private, non-profit organization designated as the protection and advocacy agency for people with disabilities in the State of New Jersey. DRNJ's mission is to advocate and advance the human, civil and legal rights of persons with disabilities. Its activities are grounded in its belief in the inherent value and worth of all individuals and their right to equality of opportunity and full participation in their communities. DRNJ has functioned as the implementing agency for the Statewide Assistive Technology Project since 1997, when the project was moved from the public to the private sector at the urging of consumers, the ATAC advisory council, and with support from DVRS with the goal of increased consumer-direction. The Richard West Assistive Technology Advocacy Center (ATAC) of DRNJ is an integral part of DRNJ. DRNJ and DVRS work collaboratively in drafting the budget for ATAC and developing priorities for funding. A DVRS representative also serves on the ATAC advisory board, and DRNJ makes regular reports to DVRS regarding the progress of the project. DVRS and DRNJ also plan to continue collaborative efforts to ensure that VR counselors have access to training and technical assistance on AT products and services through DRNJ. The Implementing Agency Director meets monthly with a Program Specialist from Division of Vocational Rehabilitation to review program activities, funding and staffing. Through these ongoing discussions, the Implementing Agency Director and Lead Agency Program Specialist work collaboratively to ensure that the AT Act is completing required activities, while always exploring opportunities to implement innovative programs to serve the residents of NJ.

**2. Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?** No

**3. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in the previous State Plan?** No

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 1
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? Yes
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 1
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 1  
(At least one is required by the AT Act.)
- |                                                                             |   |
|-----------------------------------------------------------------------------|---|
| Medicaid state agency                                                       | 0 |
| State agency administering Developmental Disabilities Act                   | 0 |
| State agency administering or organization funded under Older Americans Act | 0 |
| Organization representing veterans                                          | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System                                        | 0 |
| State Council on Developmental Disabilities                                 | 1 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
- |                                                        |   |
|--------------------------------------------------------|---|
| Early Intervention/Child Services state agency         | 0 |
| State Deaf/Hard of Hearing Commission/Office           | 0 |
| State Insurance agency                                 | 0 |
| State Library/Secretary of State/Talking Books agency  | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators                                      | 0 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box below)         | 0 |
| Describe Other Agency                                  |   |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 8

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	8
Total number of individuals on the advisory council	15
Percentage	53.33%

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council that provides consumer-responsive, consumer-driven advice to the state for planning of, implementation of, and evaluation of the activities carried out through the grant, including setting measurable goals. This advisory council is geographically representative of the State and reflects the diversity of the State with respect to race, ethnicity, and types of disabilities across 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>	\$390,299.00	70.40%	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>	\$164,085.00	29.60%	
<b>c. Total Expenditures</b>	\$554,384.00		
<b>d. Total Award</b>	\$554,384.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$19,376.00</b>	11.81%	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 **\$575,736.00**

<b>Actual &amp; Planned Immediate Preceding Year Award Expenditures</b>	<b>YTD Obligated not Liquidated Expenditures</b>	<b>YTD Liquidated Expenditures</b>	<b>Planned not yet Obligated Expenditures</b>	<b>Total</b>
<b>All State Level Activities</b>	\$0.00	\$410,512.00	\$0.00	\$410,512.00
<b>All State Leadership Activities</b>	\$0.00	\$165,224.00	\$0.00	\$165,224.00
<b>Total</b>	\$0.00	\$575,736.00	\$0.00	\$575,736.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$18,175.00	\$0.00	\$18,175.00



## Module D: State Level Activity Summary

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

None

Please indicate if flexibility or comparability is claimed for State Financing activities.

Flexibility

### 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 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 goal of Back In Action hosted by ATAC is to put AT equipment that is not currently being used into the hands of someone who can benefit from it. Back In Action is primarily for residents of New Jersey, although we do accept entries from neighboring states. The program is designed to facilitate equipment exchange between individuals and is not for the use of vendors or distributors. If you have a facebook account all you need to do is request to join Back to Action group. Your request will be processed in 1-2 days. If it is approved you will be able to sell, request and buy equipment.

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

## 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.

One central location (Central)

3. Do you charge a fee for this activity?

Yes

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)

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

Other (select any/all)

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

- Device ownership is transferred to the recipient

### 6. Describe the activity.

ATAC operates its program through a contract with Goodwill Home Medical Equipment (GHME), a division of Goodwill Industries of Southern New Jersey & Philadelphia, located in Bellmawr, New Jersey. GHME offers a practical solution by recirculating quality gently used DME to people in the community, by utilizing effective reuse and recycling strategies. Individuals may pick up the items at the Bellmawr center, and delivery is available for some items. The following describes how this mission was derived: \* A significant amount of DME is issued to insured patients and used in healthcare settings. \* Once these items are no longer needed or become outdated, there is no system to manage the excess equipment that has accumulated in homes, hospitals, and clinics. Much of it is thrown in the trash. \* There are increasing numbers of individuals who need equipment, have no access to it and can benefit from the abundance of gently used equipment currently being stored or discarded. \* Not having the necessary or proper piece of equipment can easily reduce an individual's physical level of functioning as well as their emotional well being.

7. The online page for this specific activity can be found at: <https://www.goodwillhomemedical.org/>



## 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)**

**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)

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.

The short term AT loan program is operated in cooperation between the state AT Act program and a subcontractor, Advancing Opportunities. The majority of loans are completed by Advancing Opportunities, with the AT Act project supplementing the inventory with a smaller loan closet of devices. Advancing Opportunities operates a web portal that consumers can visit (<https://www.assistivetechcenter.org/lending-center/>) to explore device options for loans. The consumer will complete a form to become a member of the Lending Center and then request devices. These devices are packaged and shipped to the individual with a paid return shipping label. At the end of the three week loan period, the consumer can ship the device back to the Lending Center. If the individual wants to extend the loan, and there is no waiting list for the device, the short term loan can be extended for an additional three weeks.

**7. The online page for this specific activity can be found at:** <https://www.assistivetechcenter.org/lending-center/>

## 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)**

**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)**

**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 Implementing Agency, along with two subcontractors (Advancing Opportunities and Adam Krass Consulting), provide AT device demonstrations to residents of NJ for no charge. These Demonstrations are provided in the environment that is most appropriate for the individual (home, school, work, community) and can also include additional interested parties. Designed to enable the individual to make a decision about the appropriateness of a particular AT device, these demonstrations highlight the features of technology. These device features can then be compared to each other to facilitate an effective match between the person and the technology, thus reducing device abandonment.

**6. The online page for this specific activity can be found at:** <https://at4nj.org/device-demonstration/> ; <https://www.assistivetechcenter.org/> ; <https://adamkrassconsulting.us/>

## 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)**

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

**State Units on Aging (select any/all)**

**Area Agencies on Aging (select any/all)**

**State Departments of Education (select any/all)**

**Local School Districts (select any/all)**

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

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

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

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

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

## Module L: Training (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. 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)**

Implementing Agency has partnered with ATIA (The Assistive Technology Industry Association) to provide access to the Virtual Learning Center to all NJ residents. Training sessions available within the Learning Center include sessions on ICT that can be used to build capacity across NJ. Starting with our 2024 Annual AT conference, ATAC will be including a strand of sessions focused on ICT. For the 2024 event, the keynote speaker is presenting on ICT, along with two concurrent sessions.

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

Implementing Agency has partnered with ATIA (The Assistive Technology Industry Association) to provide access to the Virtual Learning Center to all NJ residents. Training sessions available within the Learning Center include sessions on Transition that can be used to build capacity across NJ.

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

Starting in 2017, ATAC has coordinated a statewide Assistive Technology Summit. This full day conference is comprised of 20+ concurrent sessions, focused on all areas of assistive technology. In addition, a keynote address is delivered to highlight successes for people with disabilities through the use of assistive technology. This event is centrally located in New Jersey and spotlights NJ based AT practitioners and users of AT. ATAC partners provide many of the concurrent break out sessions and ATAC partners with the New Jersey Coalition for the Advancement of Rehabilitation and Assistive Technology (NJCART) to engage all interested parties throughout NJ. NJCART is a non-profit organization established in 1987 to promote the appropriate applications of technology for individuals with disabilities, assure access to resources and provide continuing education to its members and the community at large. ATAC contractors provide assistive technology demonstrations and device reuse activities throughout the event. During the pandemic (2020, 2021), this event transitioned to a virtual event delivered live via video conferencing. Returning in 2022, the AT Summit has returned to a live, in person format

**3. The online page for this specific activity can be found at:** <https://at4nj.org/conferences-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)

- 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 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)**

ATAC was selected in September 2024 by CITES ([cites.cast.org](https://cites.cast.org)) to be one of the three intensive technical assistance states. As part of this work, ATAC has entered into a partnership with the Department of Education to meet the goals of the CITES program. ATAC and DOE will identify and mentor a cohort of LEAs in order to develop plans to ensure that Assistive Technology is considered as schools embrace an Inclusive Technology Ecosystem. According to CITES, " Being a CITES Cohort District involves establishing and sustaining a CITES Leadership Team, which includes various District entities, including K-12 representation. District-level members include a; Special Education Lead, District AT Project, District EdTech Lead and CIO/CTO or a CIO/CTO representative (Chief Information Officer/Chief Technology Officer), District Parent Information Center representative, and related entities including curriculum and assessment leaders. The CITES team will lead Plan, Do, Study, Act (PDSA) cycles that support the implementation of the CITES Framework with four LEAs that meet appropriate readiness criteria. The SEA (State Education Agency) team will participate to support implementation of the CITES Framework will be critical to the success of its implementation and sustainability by the LEAs. Specific recruitment and readiness criteria will be used to identify LEA partners for intensive and targeted technical assistance. Specific recruitment and readiness criteria ensure that selected partners are ready, organized, and motivated to work through PDSA cycles of improvement aligned with implementation buckets. These criteria also provide insights into the general makeup of the LEAs population, ensuring the framework is useful across a variety of implementation settings."

#### **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)**

The Implementing Agency participates in the Abilities Expo (<https://www.abilities.com/>) each year to provide a range of services to the residents of NJ. Activities conducted during this 3-day live event include: information and referral, AT Device Demonstrations and AT Device Loans. This annual event is attended by thousands of individuals and is the largest of our public awareness activities we complete each year.

**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)**

- Receive financial support from this entity

**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**

The Implementing Agency is a department of Disability Rights New Jersey, a non-profit protection and advocacy agency. DRNJ has a dedicated team of staff that conduct I&R activities for the residents of NJ and this department also conducts AT focused I&R. Training has been provided by The Implementing Agency to the I&R staff in order for them to have a better understanding of AT devices and services.

## 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 NJ.
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.