



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

General Information

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

State AT Program Title	Nevada Assistive Technology Collaborative
State AT Program URL	https://adsd.nv.gov/Programs/Physical/Physical/
Mailing Address	10375 Professional Circle
City	Reno
State	Nevada
Zip Code	89521
Program Email	jirosenlund@adsd.nv.gov
Phone	7756870835
TTY	711

Lead Agency

Agency Name	Aging and Disability Services Division
Mailing Address	10375 Professional Circle
City	Reno
State	Nevada
Zip Code	89521
Program URL	https://adsd.nv.gov/Programs/Physical/Physical/

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)	Rosenlund, John
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Program Director at Lead Agency (last, first)	John Rosenlund
Title	NATC Director; SSPS III
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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)	John Rosenlund
Title	NATC Director; SSPS III
Phone	7756870835
E-mail	jrosenlund@adsd.nv.gov

Module A: Change in Lead Agency or Implementing Entity

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

Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 0
- 4.1 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 4.
The AT Council, through staff supporting the council, will request to have a representative from the Governor’s Workforce Development Board (GWDB).
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? 0
- 6.2 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 6.1
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
A representative of the State Protection and Advocacy System, or Nevada Disability Advocacy and Law Center (NDALC), is pending review and approval by DHHS.
- | | |
|---|---|
| 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? 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? 3

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	3

Description	Number
Total number of individuals on the advisory council	6
Percentage	50%

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. No

9.1. Explanation of why the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B).

In Nevada it has been a challenge historically to maintain a majority of AT Users or Family/Guardians as Council members.

Agency support and NATC Programs will continue seeking Assistive Technology users for council participation.

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	\$315,339.04	68.41%	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	\$145,632.96	31.59%	
c. Total Expenditures	\$460,972.00		
d. Total Award	\$460,972.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$16,494.34	11.33%	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 **\$475,225.00**

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	\$0.10	\$392,855.85	\$0.00	\$392,855.95
All State Leadership Activities	\$0.00	\$82,369.05	\$0.00	\$82,369.05
Total	\$0.10	\$475,224.90	\$0.00	\$475,225.00
Transition Training & Technical Assistance	\$0.00	\$82,369.05	\$0.00	\$82,369.05

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan
- Other State Financing that directly provides AT (telecommunications 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 E: Financial 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? (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)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

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. | N/A |
| 7. The highest interest percentage for loans as established by the policies of the activity. | N/A |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | N/A |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$50000.00 |

10. Describe the activity.
The Care Loan Fund Program is designed to provide Nevadans with disabilities more options to obtain funding to purchase AT. The program offers loans through a banking institution at a preferred interest rate, using standard loan approval guidelines with special considerations regarding credit issues related to a person’s disability, for loans exceeding \$15,000. In efforts to broaden options the program provides direct lending as well for loans \$15,000 and lower. The applicant must be a Nevada resident with a disability or a family member or guardian of someone with a disability.

11. The online page for this specific activity can be found at: <https://www.carechest.org/independent-living-and-c>

Module F: Other State Financing Activities that Directly Provides AT

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

Identify all types of other state financing programs that directly provide AT that are conducted.

- Last Resort Fund

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

Other entities e.g. contractors (Others)

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

Regional sites (Regional)

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)

- 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 F: Other State Financing Activities that Directly Provides AT (Continued...)

Local/Community Entities (select any/all)
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Private Entities (select any/all)
--

Other (select any/all)

6. Describe the activity/activities.

The AT/IL Program is a statewide program that supports an individual’s choice to live in their community with the use of Assistive Technology (AT). The program’s focus is on removing barriers to essential daily living tasks. The program can help individuals define their Independent Living goals and determine appropriate Assistive Technology (AT) needed to care for themselves, or receive care, in their homes and their community. The program has resources to provide a variety of AT when no other resources are possible. Individuals that are currently in a care facility, or at high risk of placement in a facility, can be prioritized (if funding is available) for the services that are necessary for them to live independently in the community. The Process and Services: • Assistance developing Independent Living goals and plan; • Assisting consumers to make informed choices; • Assistance identifying solutions to the barriers (finding the appropriate Assistive Technology or AT); • Assistance identifying resources for AT needed; • Information, referrals, and technical assistance; • Assistance finding contractors and/or vendors for the AT necessary; • When other resources and options are not possible, funding is possible for Assistive Technology such as home access modifications, durable medical equipment, vehicle modifications, visual aids, mobility devices, and personal communication technology.

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

<https://adsd.nv.gov/Programs/Physical/ATforIL/ATforIL/>;
<https://www.carechest.org/independent-living-and-care-loans>

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.

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 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.

NATC community partner CARE Chest maintains a robust equipment-reuse program and has for over 30 years. Gently used durable medical equipment and other types of assistive technology are inspected, perhaps minor repairs, and sanitized before being offered to use by people in need in our community. The reuse programs provide access to wheelchairs, shower chairs, walkers, canes and much more. Equipment is sanitized using the best of equipment and care. What is available is only dependent on what has been donated and is capable of being used by someone else. CARE Chest has expanded statewide opening a center in Las Vegas several years ago. Also coordinating with food assistance organizations that access rural areas of the state making equipment available in those communities.

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

<https://www.carechest.org/programs;>

[https://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_\(NATC\)/N](https://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_(NATC)/N)

Module J: Device 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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (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 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 delivered or picked up in-person

6. Describe the activity.

University of Nevada Reno and the Nevada Center for Excellence in Disabilities (UNR/NCED) has been a longstanding part of the Nevada Assistive Technology Collaborative (NATC). Operating the Nevada Assistive Technology Resource Centers (NATRC) statewide. The NATRC maintains and distributes AT devices for short term loans. The program is designed to provide individuals with the resources needed to make an educated and consumer driven choice regarding assistive technology and services. A consumer borrowing an AT device will receive, at the minimum, demonstration and hands-on training with a device before the device is loaned out. Once the device is provided consumers are encouraged to contact program staff if they have any further questions or if any issues arise. The consumer can borrow devices for two weeks, with an opportunity for extension (if the device is available). AT Device loans are possible for accommodations as well as professional use. An NATRC provides Information and Assistance, Device Demonstrations, Device Loans, Education, Training, Technical Assistance, and Public Awareness for these services.

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

<https://www.unr.edu/nced/projects/nced-natrc>;

[https://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_\(NATC\)/N](https://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_(NATC)/N)

Module K: Device Demonstration

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)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (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 K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

5. Describe the activity.

University of Nevada Reno and the Nevada Center for Excellence in Disabilities (UNR/NCED) has been a longstanding part of the Nevada Assistive Technology Collaborative (NATC). Operating the Nevada Assistive Technology Resource Centers (NATRC) statewide. The NATRC coordinates and provides Device Demonstration statewide. Maintaining the statewide AT inventory enables hands-on demonstrations. The program is designed to provide individuals with the resources needed to make an educated and consumer driven choice regarding assistive technology and services. The service can be provided at one of the sites or anywhere that is suitable for the consumer and staff. An NATRC provides Information and Assistance, Device Demonstrations, Device Loans, Education, Training, Technical Assistance, and Public Awareness for these services.

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

<https://www.unr.edu/nced/projects/nced-natrc>;

[https://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_\(NATC\)/N](https://adsd.nv.gov/Programs/Physical/ATforIL/Nevada_Assistive_Technology_Collaborative_(NATC)/N)

Module L: Training/Educational Activities

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

State Units on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

Institutions of Higher Education (select any/all)

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

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)
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Private Entities (select any/all)
--

Other (select any/all)

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

Planned ICT Accessibility Training (required)

NATC will support 3 educational events that focus on implementing Section 504 of the Rehabilitation Act.

Planned Transition Training or Other Training Activity (optional)

NATRCs will provide educational training to each of the 15 Accessible Space apartments in the Nevada. The focus will be directly with AT users and on the transitions of AT as we age with disabilities and where to find assistance or support, if needed.

Planned Statewide Conference or Other Training Activity (optional)

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

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)

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

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

2. Provide a short description of at least one and no more than two planned technical assistance activities. If the Statewide AT Program is meeting the transition requirements of the AT Act through technical assistance, please describe that planned activity.

Planned Transition Technical Assistance or Other Technical Assistance Activity (required)

NATRCs have planned educational activities for Nevada entities that have responsibility for assisting, or participating, in the transition of people from care facility to home. Those events are intended, in part, to have the entities look at their processes and ensure that they include considerations for AT as well as where to get the assistance with AT considerations. Technical Assistance will be offered to the entities that need help establishing either procedure or policy changes.

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)

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

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)

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

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

Major Annual Planned or Other Public Awareness Activity (required)

Yes

Planned Other Public Awareness Activity (optional)

Yes

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)

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

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

University of Nevada Reno and the Nevada Center for Excellence in Disabilities (UNR/NCED) has been a longstanding part of the Nevada Assistive Technology Collaborative (NATC). Operating the Nevada Assistive Technology Resource Centers (NATRC) statewide. The NATRC is the primary partner for information and assistance activities. A consumer or entity can contact the programs and staff by phone, email, or in-person. A typical contact will involve information gathering from staff to ensure that the consumer is directed to the appropriate resources as well as all services available through the NATC.

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 Nevada.
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.