



**National Assistive Technology Act Data System**  
**State Plan - Full Report**  
**South Carolina 2024**

**General Information**

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

<b>State AT Program Title</b>	South Carolina Assistive Technology Program
<b>State AT Program URL</b>	<a href="https://sc.edu/medicine/scatp">https://sc.edu/medicine/scatp</a>
<b>Mailing Address</b>	USC School of Medicine, CDR
<b>City</b>	Columbia
<b>State</b>	SC
<b>Zip Code</b>	29208
<b>Program Email</b>	rachell.johnson@uscmed.sc.edu
<b>Phone</b>	803-935-5263
<b>TTY</b>	

**Lead Agency**

<b>Agency Name</b>	University of South Carolina School of Medicine
<b>Mailing Address</b>	6311 Garners Ferry Rd.
<b>City</b>	Columbia
<b>State</b>	SC
<b>Zip Code</b>	29209
<b>Program URL</b>	<a href="https://www.sc.edu/study/colleges_schools/medicine/index.php">https://www.sc.edu/study/colleges_schools/medicine/index.php</a>

**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>	Johnson, Rachell
<b>Title</b>	Program Manager, SCATP
<b>Phone</b>	803-935-5301
<b>E-mail</b>	rachell.johnson@uscmed.sc.edu
<b>Program Director at Lead Agency (last, first)</b>	
<b>Title</b>	
<b>Phone</b>	
<b>E-mail</b>	
<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>	Denise White
<b>Title</b>	Associate Director, Sponsored Awards Management
<b>Phone</b>	803-777-5262
<b>E-mail</b>	whitedt@mailbox.sc.edu

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

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

## Module B: Advisory Council

1. How many representatives of the designated State agency for Vocational Rehabilitation are members of the advisory council? 1
2. How many representatives of the designated State agency for Vocational Rehabilitation for individuals who are blind are members of the advisory council (when there is such a separate VR agency for individuals who are blind)? 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? 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.  
Reason: The current representative from the workforce development board has not attended the last few council meetings nor has responded to emails. Action: The program director will invite a new member from the State Workforce Development board to be appointed during this fiscal year.
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? 3  
(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 | 1 |
| Organization representing veterans  | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD)      | 0 |
| State Protection and Advocacy System  | 1 |
| State Council on Developmental Disabilities                                 | 1 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 2
- |  |   |
|--|---|
| 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)         | 2 |
- Describe Other Agency
- SC Interagency Deaf-Blind  
Project SC Office of  
Regulatory Staff
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 4

### Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	4
Total number of individuals on the advisory council	14
Percentage	28.57%

10. In accordance with section 4(c)(2) of the AT Act of 1998, as amended our state has a consumer-majority advisory council No

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.

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

Reason: We have invited individuals with a disability and family members to become appointed as advisory council members, however they have not committed due to scheduling conflicts. Action: The program director and staff will invite 2-3 potential candidates each during this fiscal year. From the list of potential candidates 7 will be chosen and appointed during this fiscal year.

**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>	\$521,624.48	91.04%	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>	\$51,330.52	8.96%	
<b>c. Total Expenditures</b>	\$572,955.00		
<b>d. Total Award</b>	\$572,955.00		
<b>e. Lapsed Amount</b>	\$0.00	0.00%	
<b>f. Transition Training &amp; Technical Assistance Set Aside</b>	<b>\$4,000.00</b>	7.79%	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 **\$588,866.00**

<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	\$536,545.97	\$0.00	\$536,545.97
<b>All State Leadership Activities</b>	\$0.00	\$52,320.03	\$0.00	\$52,320.03
<b>Total</b>	\$0.00	\$588,866.00	\$0.00	\$588,866.00
<b>Transition Training &amp; Technical Assistance</b>	\$0.00	\$4,000.00	\$0.00	\$4,000.00



## 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 Exchange
- 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.**

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

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

No

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

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

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

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

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

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

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

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

<b>Local/Community Entities (select any/all)</b>
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<b>Private Entities (select any/all)</b> <ul style="list-style-type: none"><li>• Receive financial support from this entity</li></ul>
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<b>Other (select any/all)</b>
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**6. Describe the activity/activities.**

The SC Assistive Technology Program (SCATP) conduct two statewide fabrication activities per fiscal year. We conduct 2 workshops: 1. Adapted Toy Workshop We provide 3D printed switches as well as adaptations toys to make them switch adapted for people with disabilities, their families, as well as educators and providers who work with children with disabilities. There are no qualifications to participate in the activity. There are no fees required; materials are donated by the public and some workshop attendees. We partner with a local school district to help run the sessions and train attendees on adapting toys; the school district also donates 3D printed switches. 2. Adapted Book Workshop We provide 3D printed materials and other adaptations to books in book kits to persons with disabilities, their families, as well as educators and providers who work with children with disabilities. There are no qualifications to participate in the activity. There are no fees required; we ask that attendees bring their own copy of the books, however, we do have materials donated by the public to provide books for those who cannot bring their own, so there is no financial obligation to participate.

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

The online page for this activity is taken down as soon registration is full and is not displayed again until the following year.

## 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 SC Assistive Technology Program (SCATP) hosts a website for the SC Assistive Technology Exchange which is a free online database that connects a consumer with another consumer. Consumers looking for assistive technology (AT) can find, give away, or sell new or used equipment. The database allows consumers to list AT they need or the AT they would like to sell or give away. Any individual, agency representative, or family member can participate in the exchange. If the consumer needs help transporting the AT equipment, they can call SCATP for assistance.

7. The online page for this specific activity can be found at: <https://scatpexchange.net/>

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

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

The Statewide AT Program (State AT)

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

One central location (Central)

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)



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

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

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

**Other (select any/all)**

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

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

SCATP contracts with FODAC,

**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.**

**REUSE** The SCATP Equipment Reuse Service can help an individual acquire free used assistive technology, including durable medical equipment. SCATP collects donations of gently used medical equipment, cleans and sanitizes it, and gives it to individuals who need it. To request equipment, the individual completes the equipment reuse request form that is on our website or can be emailed. SCATP staff contact the individual when the processed the form is received. If we don't have the device or equipment the individual is looking for, we can add them to a waiting list and contact them when the desired item becomes available. SCATP delivers equipment when the individual cannot drive or if there are many pieces. Not everyone who needs assistive technology will be able to get funding from private insurance, federal, state or local sources. Others may not want to invest in a new device if they will only need it for a short time. When individuals donate, they are helping others who might not be able to get the equipment they need any other way. If the individual is unable to come to the SCATP facility, we can pick up the equipment. **LONG-TERM LOANS** SCATP also provides free long-term loans of assistive technology. The assistive technology is typically those devices that are no longer available for purchase, but still are in good condition and functioning optimally. The individual can borrow the devices as long as they need them. Many of the devices go to people who have a degenerative disease and the equipment is returned to us within a season or two. Other equipment may be loaned for a year or more.

**7. The online page for this specific activity can be found at:** <https://bit.ly/devicereuse>

## Module J: Device Loan

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

The Statewide AT Program (State AT)

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

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 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 SC Assistive Technology Program (SCATP) provides free assistive technology device loans across the state of SC. SCATP provides an online device loan agreement form or emails a loan agreement to the individual. Device loans are made for two to four weeks. If the device is not available at the time of the request, we put the individual's name on a waiting list. We ship devices and their manuals anywhere in the state outside of the two counties where the SCATP Resource Center is located. We will deliver the device if it cannot be shipped due to the fragile nature or cost of insuring the device. The borrower is required to pay return shipping insurance which is based on the value of the device(s) or they can choose to return the device to our office in-person. SCATP provides the individual with vendor information.

**7. The online page for this specific activity can be found at:** <https://bit.ly/deviceloans>

## Module K: Device Demonstration

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

The Statewide AT Program (State AT)

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

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 K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 5. Describe the activity.

SCATP staff members provide demonstrations of assistive technology devices, apps and software to individuals with disabilities, family members, caregivers, and assistive technology teams. An assistive technology team includes an individual with a disability and any of the following: speech-language pathologist, occupational therapist, physical therapist, vision itinerant specialist, teacher, service coordinator, parents, and spouse. Our Assistive Technology professionals guide the consumer and support providers through demonstrations of various adaptive devices to help consumers compare, contrast and make informed AT choices and purchases. SCATP does not charge for demonstrations, and we do not sell products, so our demonstrations are impartial. The demonstration can be virtual or in-person. It can be held in our AT Resource Center, which is centrally located in our state, or they can be held at the person's place of residence, work, or school if the individual cannot travel to our center. There is no charge for a demonstration. We do not conduct formal assessments or write reports. A demonstration is provided by appointment.

6. The online page for this specific activity can be found at: <https://bit.ly./devicedemonstrations>

## Module L: Training/Educational Activities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Receive financial support from this entity

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

### **Planned ICT Accessibility Training (required)**

SCATP partnered with the State Department of Education to host and sponsor the 2023 and 2024 K-12 Accessibility and Digital Accessibility Bootcamps which were the first two statewide conferences of its kind to focus on accessibility. SCATP plans to keep this momentum going in 2025 by providing an in-person, hybrid, or virtual conference day focusing on accessibility to target K-12 and/or post-secondary educators and providers.

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

SCATP sponsors the state's Transition Conference and provides a speaker for a breakout session on assistive technology devices and services during the conference each year.

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

**3. The online page for this specific activity can be found at:** n/a

## 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)**

- Provide financial support to this entity



**Module M: Technical Assistance (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 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)**

SCENTRIC stands for the SC Endeavors for Transition Resources and Interagency Collaboration. This taskforce is comprised of multiple agencies in SC including SCATP, SC Vocational Rehab, and the Transition Alliance of SC (TASC). The mission of SCENTRIC is "to ensure adolescents and young adults with disabilities in South Carolina are prepared for independent living and employment. We will focus on providing resources, addressing the needs of interagency teams, and building capacity through collaboration." We meet monthly and together we support the state transition conference as well as develop resources for statewide transition initiatives SCATP sponsors and presents at the statewide transition conference yearly.

**Planned Other Technical Assistance Activity (optional)**

SCATP collaborates with AbleSC's SC Youth Leadership Forum committee. AbleSC is one of South Carolina's Centers for Independent Living (CIL). SCATP staff attend committee meetings and provides a training directed to young adults during the annual Forum.

## 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)**

- Receive financial support from this entity

**Module N: Public Awareness (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 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 SC Assistive Technology Expo is a yearly event that can be virtual or in person. The free expo is the go-to event for people with disabilities, their families, seniors, veterans, healthcare professionals and educators to learn about the latest assistive technology products and services. Experts in the assistive technology field present at one of the 12 sessions offered during this one-day event. In-person Expos also offer over 60 exhibitors to give participants hands-on experience with the latest assistive technology. We have received a proclamation from the governor's office in some years.

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

SCATP staff exhibit and present at a wide variety of conferences geared toward people with disabilities across the state of SC throughout the year.

## Module O: Information and Assistance

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

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

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

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

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

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

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

**State Aging and Disability Resource Center/No Wrong Door System (select any/all)**

**State Public Health Department (select any/all)**

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

**Elementary and Secondary School Systems (select any/all)**

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

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

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

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

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

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

### 2. Describe the activity

Our statewide AT program has 1 site to serve the entire state. We have 1 full-time staff member devoted to answering information and assistance calls and the rest of the SCATP staff also provide information and assistance to individuals who call and email to ask for information on assistive technology devices and assistive technology services. SCATP staff also provide information about funding for assistive technology through public and private sources for the purpose of obtaining assistive technology devices and services. Individuals may contact SCATP staff through the SCATP website, email, telephone or an in-person visit to our center to ask questions about assistive technology devices, resources and funding.

## 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 SC.
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.