



National Assistive Technology Act Data System

State Plan - Full Report

Texas 2024

General Information

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

| | |
|-------------------------------|---|
| State AT Program Title | Texas Technology Access Program |
| State AT Program URL | https://ttap.disabilitystudies.utexas.edu/ |
| Mailing Address | 10100 Burnet Rd. Bldg. 137 Ste 1.154 MC L4000 |
| City | Austin |
| State | TX |
| Zip Code | 78758 |
| Program Email | ttap@utexas.edu |
| Phone | 512-232-0740 |
| TTY | 1-800-735-2988 |

Lead Agency

| | |
|------------------------|---|
| Agency Name | Texas Center for Disability Studies, The University of Texas at Austin |
| Mailing Address | 10100 Burnet Rd. Bldg. 137 Ste 1.154 MC L4000 |
| City | Austin |
| State | TX |
| Zip Code | 78758 |
| Program URL | https://disabilitystudies.utexas.edu/ |

Implementing Entity

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

| | |
|--------------------|--|
| | |
| City | |
| State | |
| Zip Code | |
| Program URL | |

General Information (Continued...)

Program Director and Other Contacts

| | |
|---|---|
| Program Director for State AT Program (last, first) | Standridge, Angela |
| Title | Director, Texas Technology Access Program |
| Phone | 512-232-0751 |
| E-mail | astandridge@austin.utexas.edu |
| Program Director at Lead Agency (last, first) | Magna, Sandy |
| Title | Executive Director, TCDS, University of Texas |
| Phone | 512-232-9216 |
| E-mail | smagana@austin.utexas.edu |
| 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) | Sarah Reedy, CRA |
| Title | Associate Director Office of Sponsored Projects |
| Phone | 512-471-6424 |
| E-mail | osp@austin.utexas.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? 1
5. How many representatives of the State educational agency are members of the advisory council? 1
6. Do you have an alternative financing program (AFP) for assistive technology in your state/territory that is separate from the State AT Program and is operated by a non-profit entity? No
- 6.1. If yes, how many representatives of an alternative financing program (AFP) are members of the advisory council? 0
7. How many representatives of the following agencies and/or organizations are members of the advisory council? 1
(At least one is required by the AT Act.)
- | | |
|---|---|
| Medicaid state agency | 0 |
| State agency administering Developmental Disabilities Act | 0 |
| State agency administering or organization funded under Older Americans Act | 0 |
| Organization representing veterans | 0 |
| University Center for Excellence in Developmental Disabilities (UCEDD) | 1 |
| State Protection and Advocacy System | 0 |
| State Council on Developmental Disabilities | 0 |
8. How many additional representatives of other agencies and/or organizations are members of the advisory council? 0
- | | |
|--|---|
| Early Intervention/Child Services state agency | 0 |
| State Deaf/Hard of Hearing Commission/Office | 0 |
| State Insurance agency | 0 |
| State Library/Secretary of State/Talking Books agency | 0 |
| State ADA Office/Disability Commission/Advocacy Office | 0 |
| State Legislators | 0 |
| State Parent Training Information Center (IDEA funded) | 0 |
| Other (description required in text box below) | 0 |
| Describe Other Agency | |
9. How many individuals with disabilities who use assistive technology or their family members or guardians are members of the advisory council? 7

Advisory Council Calculation

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

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

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

Yes

Module C: Actual Expenditures and Budgeted Allocations

1. Actual Expenditures Carryover Year Close-out

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

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

| Actual Expenditures for Closed-out Carryover Year Award | Final Expenditures | Percentage | Requirements |
|--|---------------------------|-------------------|---|
| a. All State Level Activities | \$890,990.00 | 83.93% | 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 | \$170,607.00 | 16.07% | |
| c. Total Expenditures | \$1,061,597.00 | | |
| d. Total Award | \$1,061,597.00 | | |
| e. Lapsed Amount | \$0.00 | 0.00% | |
| f. Transition Training & Technical Assistance Set Aside | \$19,639.00 | 11.51% | 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 **\$1,116,170.00**

| Actual & Planned Immediate Preceding Year Award Expenditures | YTD Obligated not Liquidated Expenditures | YTD Liquidated Expenditures | Planned not yet Obligated Expenditures | Total |
|---|--|------------------------------------|---|----------------|
| All State Level Activities | \$0.00 | \$725,511.00 | \$0.00 | \$725,511.00 |
| All State Leadership Activities | \$0.00 | \$390,659.00 | \$0.00 | \$390,659.00 |
| Total | \$0.00 | \$1,116,170.00 | \$0.00 | \$1,116,170.00 |
| Transition Training & Technical Assistance | \$0.00 | \$31,253.00 | \$0.00 | \$31,253.00 |

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

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

2. Which Reutilization Activities do you conduct?

- Device Reassignment or Open Ended Loan

3. Do you conduct Short-term Device Loans?

Yes

4. Do you conduct Device Demonstrations?

Yes

Module E: Financial Loan

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

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

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

One central location (Central)

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

No

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

Banks/Financial Institution (select any/all)

- Have written agreement with this entity

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module E: Financial Loan (Continued...)

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

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

- Revolving loans
- Loan guarantees

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 5.0000% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 7.0000% |
| 8. The lowest loan amount (in dollars) provided as established by the policies of the activity. | \$500.00 |
| 9. The highest loan amount (in dollars) provided as established by the policies of the activity. | \$25000.00 |

10. Describe the activity.
Consumers are pre-screened 1st by TTAP staff, and then by a committee of volunteer reviewers to determine if they meet minimum qualifications, or have another underutilized funding source. If they are candidates for a financial loan, they are forwarded access to our financial partner's loan application page/process (a separate non-public page branded to TTAP). A credit review/worthiness check is conducted and our financial partner forwards results to us. If they are a viable credit risk, TTAP approves the loan. Our partner administers and processes the loan, providing us with quarterly invoices for loan application fees and loan payment fees. Consumers repay loans to our financial partner who returns the principle and interest to the account from which loans are made.

11. The online page for this specific activity can be found at: <https://ttap.disabilitystudies.utexas.edu/assistiv>

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
- Other (Describe)

Provide a description of the other activity/activities conducted.

Repurposing Donated Assistive Technology

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

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

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)

Both

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

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

Local/Community Entities (select any/all)

Private Entities (select any/all)

Other (select any/all)

6. Describe the activity/activities.

TTAP offers 3D printing services, training, networking, and a collection of vetted .stl files (<https://padlet.com/STPaige/ttap-and-3d-printing-jajt8w04674ztoq7>). Additionally, we have/are establishing a network of local 3D printing/fabrication entities/clubs/user groups/institutes of higher learning/libraries, and individuals that offer 3D printing supports locally throughout Texas. We call this collaborative group TAMALES (<https://ttap.disabilitystudies.utexas.edu/tamales>). They meet every other month via webinar to collaborate, explore solutions, and usually have a guest speaker or trainer. The relationships with these entities are informal and voluntary.

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

<https://ttap.disabilitystudies.utexas.edu/assistive-technology-acquisition>

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

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

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

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

One central location (Central)

3. Do you charge a fee for this activity?

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)

- Have written agreement with this entity

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

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

- Have written agreement with this entity

Provide a description of the other collaborations.

Non-profit

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.

TTAP contracts with Project Mend to provide refurbished dedicated medical equipment to consumers. A doctor's note or prescription, and a \$20 annual fee are required to access any needed items in their warehouse (funding may be available for some consumers). Consumers go to Project Mend in San Antonio to receive items. TTAP also underwrites the cost for Project Mend to travel to Houston, Dallas, and several locations in Central Texas to pick up/drop off equipment periodically. Several of our Demonstration Centers facilitate this process as well. Additionally, TTAP refers consumers to multiple other entities in Texas that provide refurbished dedicated medical equipment, and ICT/Assistive Technology with which we have no formal relationships.

7. The online page for this specific activity can be found at: <https://ttap.disabilitystudies.utexas.edu/recycle-reuse>

Module J: Device Loan

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

The Statewide AT Program (State AT)

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity

Easter Seals (select any/all)

- Have written agreement with this entity

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)

- Have written agreement with this entity

Module J: Device Loan (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

5. Select the option that describes how the majority of devices loaned are delivered to and returned from a borrower. (select one)

The majority of devices are shipped via mail or other delivery service

6. Describe the activity.

From our Device Loan website, consumers click on a link that directs them to the NATADS inventory/device loan database and create an account. They select the items they desire and add them to a cart. When they "check out", the Device Loan Coordinator receives notification. Staff process the request: prepare device(s), notify consumer, ship the device with a return shipping label. Devices can be borrowed for 35 days.

7. The online page for this specific activity can be found at: <https://ttap.disabilitystudies.utexas.edu/short-term-device-loans>

Module K: Device Demonstration

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

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

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

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

3. Do you charge a fee for this activity?

No

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

- Have written agreement with this entity

Easter Seals (select any/all)

- Have written agreement with this entity

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)

- Have written agreement with this entity

Module K: Device Demonstration (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

5. Describe the activity.

TTAP has 28 Demonstration Centers spread throughout the state. Relationships are maintained via Memos of Understanding. Each Demo Center has at least one AT contact. The AT contact participates in a monthly touch base webinar with TTAP, may participate in additional AT training offered to Demo Centers from TTAP or via the ATIA Learning Center membership, may attend our annual AT Conference, and provides outreach for TTAP at local events in their Region. Consumers call the Demo Center of their choice to make an appointment. Virtual Demonstrations are also available and most often conducted by in-house TTAP staff.

6. The online page for this specific activity can be found at: <https://ttap.disabilitystudies.utexas.edu/demonstration-centers>

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)

- Have written agreement with this entity

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with 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)

- Have written agreement with this entity

Institutions of Higher Education (select any/all)

Hospitals and Health Care Systems (select any/all)

- Have written agreement with this entity

Early Intervention Programs (select any/all)

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

Module L: Training (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

- Have written agreement with this entity

Provide a description of the other collaborations.

Texas Workforce Commission, 6 of the 20 Education

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)

TTAP is planning to work with our Regional AARP Older Adults Technology Services (OATS) staff to ensure their technology trainers are familiar with built-in accessibility tools in phones, tablets and computers.

Planned Transition Training or Other Training Activity (optional)

TTAP is planning on working with Harris County (Houston) to train all first responders on how to use low tech AAC boards, how to plan for rescue/support for people with different types of disability, and about disability etiquette in general as part of regional disaster preparedness plans.

Planned Statewide Conference or Other Training Activity (optional)

TTAP will continue to provide ongoing AT support, training, and learning over time for the Texas Workforce Commission 29 AT Specialists. This is done via training and technical assistance models.

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

The items listed in number #2 are private, non public events. We do list upcoming public events:
<https://ttap.disabilitystudies.utexas.edu/events> <https://ttap.disabilitystudies.utexas.edu/training-education>

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)

- Have written agreement with this entity

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

- Have written agreement with this entity

State Departments of Education (select any/all)

Local School Districts (select any/all)

- Have written agreement with this entity

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

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

- Have written agreement with this entity

Provide a description of the other collaborations.

Texas Workforce Commission, 6 of the 20 Education

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)

TTAP provides ongoing technical assistance via regularly scheduled webinars and training/education to the 29 Assistive Technology Specialists in the Texas Workforce Commission Division of Rehabilitative Services.

Planned Other Technical Assistance Activity (optional)

TTAP provides customized contracted training and education services the local education agencies (LEA) on the provision of assistive technology devices and services in K12 settings. These trainings consist of multiple learning over time sessions, are project-based, and often involve a trainer-of-trainer model so that the LEA can self-sustain the learning experience for new staff.

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)

- Have written agreement with this entity

Easter Seals (select any/all)

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

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

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

State Vocational Rehabilitation Agencies (select any/all)

- Have written agreement with this entity

Ageing and Disability Resource Centers (select any/all)

- Have written agreement with this entity

Elementary and Secondary schools (select any/all)

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

- Have written agreement with this entity

Other (select any/all)

- Have written agreement with this entity

Provide a description of the other collaborations.

Texas Parks and Wildlife Department

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)

Governor's Proclamation, and Mayor's Proclamations for large metro areas on AT Awareness Day combined with virtual and social media events.

Planned Other Public Awareness Activity (optional)

Participation in fishing event that is inclusive of individuals with disabilities at Texas Parks and Wildlife Department Sea Center Fishery. TTAP provides accessible fishing equipment.

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)

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

Independent Living Center (select any/all)

- Have written agreement with this entity

Easter Seals (select any/all)

- Have written agreement with this entity

Disability/Assistive Technology Organizations (select any/all)

- Have written agreement with this entity

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

- Have written agreement with this entity

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

State Public Health Department (select any/all)

State Departments of Education (select any/all)

Elementary and Secondary School Systems (select any/all)

Institutions of Higher Education(select any/all)

Early Intervention Programs (select any/all)

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

- Have written agreement with this entity

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

- Have written agreement with this entity

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

Local/Community Entities (select any/all)

- Have written agreement with this entity

Private Entities (select any/all)

Other (select any/all)

2. Describe the activity

TTAP has one central location and 28 Demonstration Centers spread throughout the state. Consumers can contact any one of these entities via phone, email, or in person to request information and assistance. If the request is beyond the scope of practice of the answering party, the consumer is referred to TTAP's Director for further follow up.

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 TX.
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.