

National Assistive Technology Act Data System

State Plan - Full Report

Utah 2024

General Information

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

State AT Program Title	Utah Assistive Technology Program		
State AT Program URL	https://www.usu.edu/uatp/		
Mailing Address	6855 Old Main Hill		
City	Logan		
State	Utah		
Zip Code	84322		
Program Email	bora.lee@usu.edu		
Phone	800-524-5152		
ТТҮ	435-797-2355		

Lead Agency

Agency Name	Utah Assistive Technology Program			
Mailing Address	6855 Old Main Hill			
City	Logan			
State	Utah			
Zip Code	84322			
Program URL	https://www.usu.edu/uatp/			

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		

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General Information (Continued...)

Program Director and Other Contacts

Program Director for State AT Program (last, first)	Lee, Bora		
Title	Director		
Phone	435-797-6572		
E-mail	bora.lee@usu.edu		
Program Director at Lead Agency (last, first)	Wood, Shelly		
Title	Coordinator		
Phone	435-797-2025		
E-mail	shelly.wood@usu.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)	Timmerman, Curtis	
Title	Grant & Contractor Officer Lead	
Phone	435-797-9277	
E-mail	curtis.timmerman@usu.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)?	<u>No</u>
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 council?	agency for Vocational Rehabilitation are members of the advisory	1
• •	agency for Vocational Rehabilitation for individuals who are blind are a separate VR agency for individuals who are blind)?	0
3. How many representatives of a state Center for Inc	dependent Living are members of the advisory council?.	3
4. How many representatives of the State workforce of Opportunity Act are members of the advisory council	development board established under the Workforce Innovation and l?	1
the State AT Program and is operated by a non-profit	P) for assistive technology in your state/territory that is separate from	1 No 0
7. How many representatives of the following agencies	es and/or organizations are members of the advisory council?	2
(At least one is required by the AT Act.) Medicaid state agency	0	
State agency administering Developmental	0	
Disabilities Act	U	
State agency administering or organization fund under Older Americans Act	led 1	
Organization representing veterans	0	
University Center for Excellence in Developmen	tal 0	
Disabilities (UCEDD) State Protection and Advocacy System	1	
State Council on Developmental Disabilities	0	
8. How many additional representatives of other ager Early Intervention/Child Services state agency	ncies and/or organizations are members of the advisory council?	1
State Deaf/Hard of Hearing Commission/Office	0	
State Insurance agency	0	
State Library/Secretary of State/Talking Books	0	
agency State ADA Office/Disability	0	
Commission/Advocacy Office	0	
State Legislators		
State Parent Training Information Center (IDEA funded)	0	
Other (description required in text box below)	1	
Describe Other Agency	Shriners Hospital supporting children with disabilities	
9. How many individuals with disabilities who use ass the advisory council?	sistive technology or their family members or guardians are members of	6

Advisory Council Calculation

Description	Number
Individuals with disabilities that use AT or their family members or guardians on the advisory council	6
Total number of individuals on the advisory council	15
Percentage	40%

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.

9.1. Explanation of why the Statewide AT Program does not have the composition and representation required under

section 4(c)(2)(B).

We are actively seeking new members and will update as soon as we have them on board.

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 <u>closed-out carryover fiscal year AT grant award (liquidated the previous December 31)</u>. 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	\$326,006.00	65.00%	The AT Act required state level expenditures to be at least 60% of grant award. If flexibility is claimed, at least 70% is required.
b. All State Leadership Activities	\$175,543.00	35.00%	
c. Total Expenditures	\$501,549.00		
d. Total Award	\$501,549.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$10,532.00	6.00%	The AT Act requires at least 5% of state leadership expenditures to be spent on transition activities.

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

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

In the following table provide year-to-date (YTD) obligated and liquidated expenditure data for the <u>preceding fiscal year AT grant award</u> 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 \$515,759.00

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	\$335,243.35	\$0.00	\$335,243.35
All State Leadership Activities	\$0.00	\$180,515.65	\$0.00	\$180,515.65
Total	\$0.00	\$515,759.00	\$0.00	\$515,759.00
Transition Training & Technical Assistance	\$0.00	\$10,830.00	\$0.00	\$10,830.00

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.)
- 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 E: Financial Loan

1. Select the <u>one option</u> that best describes who conducts this activity. Both the Statewide AT Program and other entities/contractors (Both)
2. Select the <u>one option</u> 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
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)
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.

- · Loan guarantees
- · Interest buy-downs
- · Combined loan guarantee and interest buy-down

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.

\$1000.00

9. The highest loan amount (in dollars) provided as established by the policies of the activity.

\$50000.00

10. Describe the activity.

UATF partners with Zions Bank to offer low-interest loans ranging from \$1,000 to \$50,000 for the purchase of assistive technology or devices. Through this partnership, UATF will buy down half of the interest rate. For example, if the current prime interest rate is 8% and Zions approve the loan, the consumer will pay only 4% interest, with UATF covering the remaining 4%. Eligible purchases include items such as adapted vans, wheelchairs or scooters, hearing aids, Braille equipment, lifts or elevators, adapted computer accessories and software, and augmentative and alternative communication devices like iPads and apps. To apply for a loan, applicants must submit an application and provide information about the assistive technology device. Loan approval is based on credit score, debts, and income, but proof of disability is not required. The interest rate is determined by the current prime interest rate, and there are no application or documentation fees.

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

https://www.usu.edu/uatp/financing/loans-topurcha

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 <u>one option</u> that best describes who conducts this activity/activities. The Statewide AT Program (State AT)
3. Select the <u>one option</u> that best describes from where this activity/activities is conducted. One central location (Central)
4. Do you charge a fee for this activity/activities? (select one) No
. 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)
Disability/Assistive Technology Organizations (select any/an)
Federal Entities/Agencies (select any/all)
reuerai Enuues/Agencies (select any/an)
State Entities/Agencies (select any/all)
Receive financial support from this entity

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

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

6. Describe the activity/activities.

UATF offers small grants of up to \$500 to help Utahns with disabilities purchase assistive technology devices. These grants are specifically for individuals with low income who are at or below 150% of the federal poverty guidelines and have no other funding sources available. It is important to note that all grants must receive approval from the UATF board before any purchases are made or work is done. Applications submitted after a purchase or service will not be considered, and any unapproved expenses will result in the denial of the grant application. If you are applying for a grant to cover mobility equipment and you have insurance, please ensure that you have first applied through your insurance. If your claim is denied, include a copy of the denial letter with your grant application.

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

https://www.usu.edu/uatp/financing/small-grants

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 <u>one option</u> that best describes who conducts this activity/activities.
The Statewide AT Program (State AT)
3. Select the <u>one option</u> 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...)

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

6. Describe the activity/activities.

The Utah Assistive Technology Program offers customization services to people who may need a low-cost, personalized solution to their needs. This is important because sometimes devices off-the-shelf are not affordable, practical, or quite the right fit.

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

https://www.usu.edu/uatp/reuse/

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. A combination of a central location and regional sites (Combination)
3. Do you charge a fee for this activity? No
. 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 Utah Assistive Technology Program offers AT4All, a service that ensures Utahns have access to the assistive technology equipment they need, no matter where they live in the state. For more information, visit ut.at4all.com.

7. The online page for this specific activity ut.at4all.com can be found at:

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

1. Select the <u>one option</u> that best describes who conducts this activity. The Statewide AT Program (State AT)
2. Select the <u>one option</u> 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? Yes
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)
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 ownership is transferred to the recipient

6. Describe the activity.

The Utah Assistive Technology Program repurposes assistive technology, providing families with affordable AT solutions while reducing waste and keeping devices out of landfills. This service is available in Logan, the Uintah Basin, and Salt Lake City.

7. The online page for this specific activity https://www.usu.edu/uatp/reuse/can be found at:

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
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)
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

6. Describe the activity.

one)

The Utah Assistive Technology Program offers the opportunity for individuals to "check out" assistive technology from our demonstration libraries, allowing them to ensure the equipment meets their needs before making a purchase. This service is available at our locations in Logan and the Uintah Basin. We have two lending libraries, one in Logan and one in the Uintah Basin, where demonstrations and loans of assistive technology are available to those in need.

7. The online page for this specific activity https://www.usu.edu/uatp/demo-loan/can be found at:

The majority of devices are delivered or picked up in-person

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 <u>one option</u> 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)
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.

UATP offers hundreds of devices designed to help individuals with disabilities gain greater independence. Most of these devices can be checked out, and all are available for demonstration at our locations in Logan and the Uintah Basin. To explore the types of devices available, visit our library page (ut.at4all.com)

6. The online page for this specific activity https://www.usu.edu/uatp/demo-loan/; https://ut.at4all.com can be found at:

Module L: Training/Educational Activities

. 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)	

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)

The Utah Assistive Technology Program (UATP) will host a workshop to improve technology accessibility for older adults. This training will cover essential skills such as navigating smartphones, using smart home technology and ensuring document accessibility. The workshop will provide hands-on demonstrations to help older adults become more confident using everyday technology, making it easier to stay connected, manage their homes, and access important information. Topics will include setting up and customizing smartphones for accessibility, using voice-activated devices like smart speakers, and understanding how to make digital documents accessible.

Planned Transition Training or Other Training Activity (optional)

UATP will provide a training program that teaches job skills to youth transitioning from high school to the workforce. This training will cover the use of various tools and assistive technologies that can support individuals with disabilities in different job settings. Participants will learn how to use essential job tools, such as adaptive software, accessible communication devices, and specialized equipment tailored to their needs. The training will also include practical sessions on workplace readiness, safety, and effective communication in a professional environment.

Planned Statewide Conference or Other Training Activity (optional)

3. The online page for this specific activity https://www.usu.edu/uatp/resources/information-technology can be found at:

Module M: Technical Assistance

Banks/Financial I	stitution (select any/all)
Independent Livi	g Center (select any/all)
Easter Seals (selec	any/all)
Disability/Assistiv	Technology Organizations (select any/all)
State Agency on A	ging (select any/all)
Area Agencies on	Aging (select any/all)
State Department	of Education (select any/all)
Local School Dist	icts (select any/all)
Hospitals and/or l	(ealth Systems (select any/all)
Federal Entities/A	gencies (select any/all)
State Entities/Age	ncies (select any/all)

Module M: Technical Assistance (Continued...)

Local/Community Entities (select any/all)	
Private Entities (select any/all)	_
Other (select any/all)	_

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

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

UATP will provide targeted technical assistance to schools, families with children with disabilities, vocational programs, and special education teachers across the state to support the successful transition of students with disabilities into the workforce. This technical assistance will include comprehensive guidance on integrating assistive technology into educational and job training programs, ensuring students can access the tools and devices necessary for success in various employment and educational settings. UATP will collaborate closely with educators, families, vocational trainers, and community members to customize AT solutions that align with each student's specific needs and goals, providing ongoing support to ensure effective implementation.

Planned Other Technical Assistance Activity (optional)

Module N: Public Awareness

1. Identify the types of collaborations you have in place to conduct this activity.	
Banks/Financial Institution (select any/all)	
Independent Living Center (select any/all)	
Easter Seals (select any/all)	
Disability/Assistive Technology Organizations (select any/all)	
Entities in the statewide and local workforce development systems (select any/all)	
State Vocational Rehabilitation Agencies (select any/all)	
Aging and Disability Resource Centers (select any/all)	
Elementary and Secondary schools (select any/all)	
Federal Entities/Agencies (select any/all)	
State Entities/Agencies (select any/all)	

Module N: Public Awareness (Continued...)

Local/Community Entities (select any/all)	
Private Entities (select any/all)	
Other (select any/all)	_

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

Major Annual Planned or Other Public Awareness Activity (required)

UATP will host an Annual Assistive Technology Open House, a major public event to increase awareness and understanding of assistive technology among Utahns. The open house will feature live demonstrations of the latest AT devices, interactive workshops, and opportunities for attendees to engage directly with AT professionals and consumers. Families, educators, healthcare providers, and community members will be invited to explore the various technologies available, learn about the services provided by UATP, and hear firsthand accounts of how assistive technology has empowered individuals with disabilities. The event will serve as a welcoming space for the community to discover the impact of AT and to connect with resources that support greater independence and quality of life.

Planned Other Public Awareness Activity (optional)

UATP will engage in ongoing outreach by attending community events within underrepresented communities across Utah. The goal is to share knowledge and resources related to assistive technology, ensuring that all Utahns, regardless of background or location, have access to the information and tools they need. Through participation in local fairs, cultural festivals, and community gatherings, UATP will connect directly with individuals who may not be aware of the available AT resources. This critical activity bridges the gap in access to assistive technology, particularly in rural and underserved areas, by providing personalized guidance and support to those who need it most.

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

UATP operates through key locations across Utah, including Logan, the Uintah Basin, and Salt Lake City. In addition, we offer a "Lab on Wheels" that travels to rural areas throughout the state, ensuring that even the most remote communities have access to assistive technology resources. How Consumers Can Contact Us: Consumers in need of information or assistance can reach out to UATP in several ways: Phone: Individuals can call our main office or any of our regional sites in Logan, the Uintah Basin, or Salt Lake City. If a staff member is not immediately available, consumers can leave a voicemail with their contact details and a brief description of their needs. Email: Consumers can send inquiries to our coordinators in each location. Lab on Wheels: For those in rural areas, our Lab on Wheels brings AT resources directly to their communities. Consumers can schedule visits or find out when the Lab on Wheels will be in their area through our website or by contacting our main office. How We Provide Assistance: When a consumer contacts UATP, the process is straightforward and consumer-focused: Initial Contact: A staff member will respond to the consumer's inquiry within one business day. During this initial contact, the staff member will ask routine questions to understand the consumer's needs and gather necessary information. Resource Connection: The staff member will offer immediate assistance or direct the consumer to the appropriate resources based on the information provided. This may include information about specific AT devices, referrals to local service providers, or guidance on funding options. Follow-Up: If the consumer's needs require further investigation or specialized support, the staff member will follow up with additional resources or schedule a consultation. If necessary, the inquiry may be discussed internally to ensure a comprehensive response. Mobile Services: For those in rural areas, the Lab on Wheels provides on-site demonstrations, consultations, and access to a wide range of AT devices. This service ensures that consumers in remote locations receive the same support and access as those near our regional offices. Documentation and Support: Our staff has access to an extensive collection of resources, including detailed guides and databases, to quickly provide accurate and relevant information. If the staff member cannot resolve the inquiry alone, they will collaborate with colleagues or refer the consumer to another agency with the appropriate expertise.

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 Utah.
- 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.