



National Assistive Technology Act Data System

State Plan - Full Report

U.S. Virgin Islands 2024

General Information

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

State AT Program Title	Virgin Islands Technology Related Assistance for Individuals with Disabilities
State AT Program URL	www.viucedd.com
Mailing Address	2 John Brewers Bay
City	St. Thomas
State	Virgin Islands
Zip Code	00802
Program Email	shamika.thomas@uvi.edu
Phone	340-693-1406
TTY	

Lead Agency

Agency Name	Virgin Islands University Center for Excellence in Developmental Disabilities
Mailing Address	2 John Brewers Bay
City	St. Thomas
State	Virgin Islands
Zip Code	00802
Program URL	www.viucedd.com

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)	Thomas, Shamika
Title	Executive Director
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Program Director at Lead Agency (last, first)	Thomas, Shamika
Title	Executive Director
Phone	340-693-1406
E-mail	shamika.thomas@uvi.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)	Williams, Sharon A
Title	Associate Director
Phone	340-692-4267
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Certifying Representative

Name (last, first)	Thomas, Shamika
Title	Executive Director
Phone	340-693-1406
E-mail	shamika.thomas@uvi.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)? 0
3. How many representatives of a state Center for Independent Living are members of the advisory council?. 1
4. How many representatives of the State workforce development board established under the Workforce Innovation and Opportunity Act are members of the advisory council? 0
- 4.1 Please provide the reason(s) the Advisory Council does not have this required agency representative member and describe the actions that will be taken to become in compliance for Question 4.
We continue to work towards securing a Workforce Innovation and Opportunity Act (WIOA) designee to serve on the advisory council. WIOA is a program affiliated with the Department of Labor and outsourced to Equus Workforce Solutions. Over the years contact has been made with the commissioner of the Department of Labor, the project director, and other relevant staff to engage through meaningful collaboration and support the AT program as a requirement of the 21st Century Assistive Technology Act.
5. How many representatives of the State educational agency are members of the advisory council? 0
- 5.1 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 5.
The State AT Program has had an active representative from the Department of Education, Division of Special Needs. After the retirement and district state director and the resignation of another, the position became vacant. Due to delays in the assignment and other restrictions related to the pandemic, this advisory council position remains open. Contact was made via email with the current Special Education district coordinators for St. Croix and St. Thomas/St. John to solicit their supports.
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? 3
(At least one is required by the AT Act.)
- | | |
|---|---|
| Medicaid state agency | 0 |
| State agency administering Developmental Disabilities Act | 1 |
| 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 | 1 |
| 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? 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	11
Percentage	54.55%

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	\$85,587.00	67.67%	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	\$40,890.00	32.33%	
c. Total Expenditures	\$126,477.00		
d. Total Award	\$126,477.00		
e. Lapsed Amount	\$0.00	0.00%	
f. Transition Training & Technical Assistance Set Aside	\$3,000.00	7.34%	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 **\$126,619.00**

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	\$85,729.00	\$0.00	\$85,729.00
All State Leadership Activities	\$0.00	\$40,890.00	\$0.00	\$40,890.00
Total	\$0.00	\$126,619.00	\$0.00	\$126,619.00
Transition Training & Technical Assistance	\$0.00	\$3,000.00	\$0.00	\$3,000.00

Module D: State Level Activity Summary

1. Which State Financing Activities do you conduct?

- Financial Loan

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.

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? (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.

- Interest buy-downs

- | | |
|---|------------|
| 6. The lowest interest percentage for loans as established by the policies of the activity. | 4.0000% |
| 7. The highest interest percentage for loans as established by the policies of the activity. | 4.0000% |
| 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. | \$15000.00 |

10. Describe the activity.
VIUCEDD houses the Virgin Islands Assistive Technology Foundation, Inc. (VIATF). VIATF offer people with disabilities access to low-interest bank loans to purchase assistive technology devices, equipment, and services. VIATF in partnership with Banco Popular de Puerto Rico, (Banco Popular) a commercial bank with locations across the US Virgin Islands, facilitates the cash loan process. Individuals seeking a loan must complete an “intake” application with the VITRAID staff, who prepares a bank directions package including a signed "Consumer and Acknowledgement" form, bank directions letter and the type and cost of the device or service. With this cash loan program, the interest cost of the loan is significantly reduced, through interest buy-down, to a rate of 4 percent. Within 30 days of an approved cash loan, contact is made with that consumer or family member to complete a satisfaction survey.

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

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)

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

- Device is loaned for as long as the recipient needs it with no ownership transfer

6. Describe the activity.

The Virgin Islands Technology Related Assistance for Individuals with Disabilities (VITRAID) administers the reuse program; an open-ended equipment loan program. The program provides Durable Medical Equipment (DME,) walkers, canes, and manual wheelchairs to the Virgin Islands community. These equipment is available to individuals with disabilities who reside in the territory and require such support. Individuals who are eligible to receive these items may request them for a specific time (temporary use or permanently), for as long as needed. The DMEs are provided to qualified individuals at no cost. An individual may seek an open-ended DME loan on their own or referrals are accepted from medical professionals including physical therapists, social workers, disability related agencies and family members. Two reuse closets serve the disability community; one for the St. Thomas/St. John district and the other for the district of St. Croix. Recipients are required to provide demographic and contact information to receive a piece of equipment. Equipment is sanitized, wrapped in plastic, and stored at our Assistive Technology Re-Use Program. Staff provide instructions on how to use and care for the equipment. When necessary a demonstration of two or more equipment is also carried out so the consumer can make the best choice for their particular need.

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

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 delivered or picked up in-person

6. Describe the activity.

The AT program is equipped with a small number of devices available for short-term loans. When a request or referral is made for a loan item in stock, an appointment is scheduled with the AT Specialist. An agreement that includes the name and contact information of the consumer, the type of device, and a statement that the device will be used for the intended purpose and only by the individual signing the contract. The type of device and the number of days of the loan is listed in the agreement which is signed and dated by the client or authorized designee.

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

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.

Assistive technology device demonstrations are provided to individuals with disabilities and their families. Persons seeking access to AT demonstrations may connect with any staff located in the St. Thomas and St. Croix offices. Request for service is usually made by calling either of the two locations and speaking directly with a staff member. Inquires are also received via email or by walking into any of the two centers. Printed information regarding the AT program is distributed at events to including trainings and expos. Information is also included on the VIUCEDD website. Demonstrations are conducted to give individuals the opportunity to learn about two or more devices so they can make the most informed decision that would meet their desired goal During monthly meetings with the Independent Living Center, Mutual Aid Self-Help (MASH) members, demonstrations of various AT devices are included to support the training module. If a topic focuses on preparing meals, items would include devices to assist persons who are visually impaired, have mobility issues or one who suffers from brain injury. All AT demonstration activities are free to the disability community.

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

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)

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 AT program will continue to schedule Information and Communication Technology accessibility training to faculty and staff of the University of the Virgin Islands. With the new AT Specialist on board who is well versed in ICT, training modules will be updated to support the training requirement for the university community other stakeholders. Training modules will include developing accessible documents including Microsoft Word, PowerPoint and Excel applications websites.

Planned Transition Training or Other Training Activity (optional)

Planned Statewide Conference or Other Training Activity (optional)

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

Module M: Technical Assistance

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

Banks/Financial Institution (select any/all)

Independent Living Center (select any/all)

Easter Seals (select any/all)

Disability/Assistive Technology Organizations (select any/all)

State Agency on Aging (select any/all)

Area Agencies on Aging (select any/all)

State Departments of Education (select any/all)

Local School Districts (select any/all)

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

Federal Entities/Agencies (select any/all)

State Entities/Agencies (select any/all)

Module M: Technical Assistance (Continued...)

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

Other (select any/all)

2. Provide a short description of at least one and no more than 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)

The VIUCEDD AT staff in conjunction with the Florida & Virgin Islands Deaf-Blind Collaborative will provide technical assistance to the health manager and the disability coordinator in addressing hearing testing requirement for children enrolled in the federally funded Head Start program. The Head Start program serves mostly low socioeconomic families and children with disabilities. Since these families generally have less access to resources and information, technical assistance was requested to support staff. Assistive technology is vital to the successful transition of students from Head Start to Kindergarten. Technical assistance will include training on the use and function of the hearing test for children three to five years of age enrolled in the Head Start program. In service TA will also be provided to staff to include accessing AT devices and equipment, the short-term loan process and the reuse program.

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

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

Major Annual Planned or Other Public Awareness Activity (required)

The Virgin Islands University Center for Excellence in Developmental Disabilities (VIUCEDD) AT program participates in the annual Disaster Expo hosted by the Office of the Governor, ADA. For last three years the ADA office has held this one-day event bringing together local and federal agencies, private businesses and public entities to address and provide information and resources to the disability community. The Expo which is held in the St.Thomas/St.John and St. Croix districts is one of a kind as individuals with disabilities are able to meet and interact with service providers, learn about different types of assistive technologies and develop a plan for hurricane preparedness. Virgin Islands residents and other interested persons who are not able to attend in person, have the opportunity to participate virtually as the event is livestreamed and broadcasted on the Government access channel. This method increases the reach of bringing awareness to large groups of people.

Planned Other Public Awareness Activity (optional)

The VITRAID staff will participate in the Agriculture and Food Fair of the US Virgin Islands scheduled for February 15-17, 2025 in St. Croix. This three-day event showcases all aspects of Virgin Islands culture, bringing vendors from neighboring Caribbean Islands and highlights farming, food, art, music and a display of the many ways Virgin Islanders live, work and play. The University of the Virgin Islands is a major sponsor of the fair and the AT program will join other UVI programs in providing information and resources to attendees. During the event the AT staff engage fair attendees in the use of different types of assistive technologies which enhances knowledge and access. It is estimated that approximately to 30,000 people attend the fair over the three days.

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

2. Describe the activity

The Virgin Islands Technology Related Assistance for Individuals with Disabilities (VITRAID) is the only territory-wide program that provides access to assistive technology services, resources, information and assistance. While there is no written agreement with any entity to support assistive technology activities in the Virgin Islands it is through collaboration across private, non-profit and governmental and national partnerships that information and assistance is shared. Any person in the community who is seeking information and assistance can reach out to either of the three (3) staff dedicated to the the Assistive Technology program directly by phone or email. There is one regional site with an office serving residents of the St. Croix district and another in the St. Thomas/St. John district. The St. Croix office is staffed with one full-time and one part-time employee dedicated to the AT program. The office that supports residents in the district of St. Thomas and St. John has a full-time employee. The St. Thomas office is housed in the School of Education on the UVI campus. The St. Croix office is located in an accessible building that is off campus. Both campuses are near public transportation. On the second Wednesday of each month, the AT staff conducts information and training sessions at the Center Independent Living. These two-hour sessions are designed to bring the disability community together and to discuss concerns, share ideas and learn skills for improved independence.

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 Virgin Islands .
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.