**State Grant for Assistive Technology Program**

**FY 2016 Update Instructions**

**Section A(1) – Identification and Description of Lead Agency and Implementing Entity** *Please update the information below as appropriate.*

[The NATADS General Information page (first 3 sections) will be auto-populated in this section. You will edit as necessary to update this information to be current.]

**Section A(2) – Change in Lead Agency or Implementing Entity**

**Has there been any change in the Lead Agency or Implementing Entity designation since you submitted your FY15 State Plan?**

*[No/Yes selection box -- If you check yes, you will need to respond to the required questions and data cells below.]*

Is the Lead Agency changing?

*[No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.]*

Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency: [text box-enter a narrative response]

Explain why the Lead Agency newly designated by your state should serve as the Lead Agency: [text box- enter a narrative response]

Is the Implementing Entity changing?

*[No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.]*

Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity: [text box- enter a narrative response]

Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity: [text box- enter a narrative response]

**Section B(1) – Advisory Council** *(Please answer both questions about your advisory council.)*

**Is your advisory council currently missing any of the required composition and representation found in Section 4(c)(2)(B) of the AT Act?** *[No/Yes selection box]*

If yes, describe the actions taken to address the situation. [text box – enter a narrative response]

**Has there been a substantive change in your Advisory Council since you submitted your FY15 State Plan?** *[No/Yes selection box]*

If yes, what is changing about the advisory council? [text box- enter a narrative response]

**Section B(2) – Current Budget Allocations** *Please enter the budget allocations for federal AT Act funds for the current fiscal year that accounts for the entire most recent AT Act grant award amount for a full 12 month spending period. If an activity has funding associated then that activity is being conducted and data must be reported for that activity in the annual progress report at the end of the fiscal year.*

|  |  |
| --- | --- |
| **State-level Activities** | **Budget Allocation for Entire Annual Award** |
| **State Financing Activities** | **Drop-down menu** |
| **Device Reutilization Activities** | **Drop-down menu** |
| **Device Loan Activities** | **Drop-down menu** |
| **Device Demonstration Activities** | **Drop-down menu** |
| **State Leadership Activities** | **Drop-down menu** |

* Not performed due to comparability
* Not performed due to flexibility
* 1 to 10,000;
* 10,001 to 20,000;
* 20,001 to 30,000;
* 30,001 to 40,000;
* 40,001 to 50,000;
* 50,001 to 60,000;
* 60,001 to 70,000;
* 70,001 to 80,000;
* 80,001 to 90,000;
* 90,001 to 100,000;
* More than 100,000.

For any activity for which you selected "claiming comparability", describe the comparable activity. [text box-enter a narrative response]

**Section B(3) – Change in Sub-Activities Conducted (State Financing and Reuse)**

**Has there been a change in which State Financing sub-activities (financial loan, direct provision of AT or AT savings programs) or which Reuse sub-activities (exchange, refurbish/reassign/repair, or open-ended loan programs) you conduct since you submitted your FY15 State Plan?**

*[No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.]*

Added sub-activity that was previously not done at all?

*[No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.]*

*Check all that appl*y.

State Financing-Financial Loan Program

State Financing-Direct Provision of AT Program

State Financing-AT Savings Program

Reuse -Device Exchange Program

Reuse-Reassign/Refurbish and Repair Program

Reuse-Open-ended Loan Program

Ended sub-activity that was previously conducted?

*[No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.]*

*Check all that appl*y.

State Financing-Financial Loan Program

State Financing-Direct Provision of AT Program

State Financing-AT Savings Program

Reuse -Device Exchange Program

Reuse-Reassign/Refurbish and Repair Program

Reuse-Open-ended Loan Program

**Section C(1) – Change in State Financing Activities – Financial Loans**

**Has there been a substantive change in your financial loan program since you submitted your FY15 State Plan?**

*[No/Yes selection box] – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

Change in types of assistance offered?

*[No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below].*

Added type of assistance? *No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.*

*Check all that appl*y.

Revolving (direct) loans

Loan guarantees

Interest buy-downs

Ended type of assistance?  *No/Yes selection box -- If yes, you will need to respond to the required questions and data cells below.*

*Check all that appl*y.

Revolving (direct) loans

Loan guarantees

Interest buy-downs

New or additional funds available to support this activity? If so, please describe; if not, please indicate NA. [text box-enter a narrative response]

Describe any other significant changes in this activity. [text box- enter a narrative response]

**Section C(2) – Change in Other State Financing with Direct Provision of AT**

**Has there been a substantive change in any other state financing program with direct provision of AT that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box - enter a narrative response]

Change in types of services provided? *(Please describe)* [text box- enter a narrative response]

Describe any other significant changes in this activity. [text box- enter a narrative response]

**Section C(3) – Change in Other State Financing with AT Savings**

**Has there been a substantive change in any other state financing program with AT savings that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in types of services provided or other significant changes in this activity? *(Please describe)* [text box- enter a narrative response]

**Section D(1) – Change in Device Exchange Activities**

**Has there been a substantive change in any device exchange program that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in how the program operates? *(Please describe)* [text box- enter a narrative response]

**Section D(2) – Changes in Device Reassignment Activities**

**Has there been a substantive change in any device refurbish/reassignment and repair or open-ended loan program that you conduct since you submitted your FY15 State Plan?** *No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in how the program operates? *(Please describe)* [text box- enter a narrative response]

**Section E – Change in Short-Term Device Loan Activities**

**Has there been a substantive change in any short-term device loan program that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in how the program operates? *(Please describe)* [text box- enter a narrative response]

**Section F – Change in Device Demonstration Activities**

**Has there been a substantive change in any device demonstration program that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in how the program operates? *(Please describe)* [text box- enter a narrative response]

**Section G(1) - State Leadership Activities – Training**

**Has there been a substantive change in training priorities or initiatives that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in priorities or how services are provided? *(Please describe)* [text box- enter a narrative response]

**Section G(2) - State Leadership Activities - Technical Assistance**

**Has there been a substantive change in technical assistance priorities or initiatives since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in priorities or how services are provided? *(Please describe)* [text box- enter a narrative response]

**Section G(3) - State Leadership Activities - Public Awareness**

**Has there been a substantive change in public awareness priorities or initiatives since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in priorities or how services are provided? *(Please describe)* [text box- enter a narrative response]

**Section G(4) - State Leadership Activities - Information and Assistance**

**Has there been a substantive change in information and assistance priorities or initiatives that you conduct since you submitted your FY15 State Plan?**

*No/Yes selection box – Check no if there has been no substantive change or if you do not have this program. If yes, you will need to respond to the required questions and data cells below.*

Change in who conducts this activity? (check one)

No change

The Statewide AT Program

Other entities (e.g. contractors)

Both the Statewide AT Program and other entities

Change in where this activity is conducted? (check one)

No change

One central location

Regional sites

A combination of a central location and regional sites

New or additional funds available to support this activity? *(Please describe)* [text box- enter a narrative response]

Change in priorities or how services are provided? *(Please describe)* [text box- enter a narrative response]

**Section H(1) – Measurable Goals (auto-populate)**

*[Your acquisition and access and ICT Training performance measure tables from your Annual Progress Report will be auto-populated in this section and will show if you met or did not meet the performance measure target.]*

**Section H(2) - Assurances and Signatures (must be completed by all grantees)**

As Certifying Representative of the Lead Agency, I hereby continue to assure the following.

* The Lead Agency prepared and submitted this State Plan.
* The Lead Agency submitting this plan is the State agency that is eligible to submit this plan.
* The State agency has authority under State law to perform the functions of the State under this program.
* The State legally may carry out each provision of this plan.
* All provisions of this plan are consistent with State law.
* 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.
* The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.
* The agency that submits this plan has adopted or otherwise formally approved this plan.
* The plan is the basis for State operation and administration of the program.
* The Lead Agency will maintain and evaluate the program under this State Plan.
* 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.
* The Lead Agency will submit the progress report on behalf of the State.
* The Lead Agency will control and administer the funds received through the grant.
* The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.
* 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.
* The Lead Agency will ensure conformance with Federal and State accounting requirements.
* 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.
* 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.
* 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.
* 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 as required by Section 4(d)(6)(E).
* 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) as required by Section 4(d)(6)(G).
* 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.
* 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.

Name of Certifying Representative for the Lead Agency [text box- enter a narrative response]

Title of Certifying Representative for the Lead Agency [text box- enter a narrative response]

[Certify and mark complete button that locks form and dates it as complete.]