

**State Grant for Assistive Technology Program - RSA-664  
Idaho State Plan for FY 2015-2017 (submitted FY 2015) H224A150012**

**Section A - Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity**

1. Name Given to Statewide AT Program: Idaho Assistive Technology Project

2. Website dedicated to Statewide AT Program: <http://www.idahoat.org>

3. Name and Address of Lead Agency

University of Idaho

875 Perimeter Drive MS 3020

Moscow, ID 83843-3020

4. Name, Title, and Contact Information for Lead Agency Certifying Representative.

Archibald A. Harner

Acting Director and Contact Review Officer

208-885-2142 osp@uidaho.edu

5. Information about Program Director at Lead Agency:

Janice Carson, Program Director

121 W. Sweet Ave.

Moscow, ID 83843

208-885-6104 janicec@uidaho.edu

100% FTE

6. Information about Program Contact(s) at Lead Agency: N/A

7. Telephone at Lead Agency for Public: 800-432-8324

8. E-mail at Lead Agency for Public: idahoat@uidaho.edu

9. Descriptor of the agency: University

10. If Other was selected for question 9, identify and describe the agency: N/A

11. Contract with an Implementing Entity? No

12. Name and Address of Implementing Entity:
13. Information about Program Director at the Implementing Entity:
14. Information about Program Contact(s) at Implementing Entity:
15. Telephone at Implementing Entity for Public:
16. E-mail at Implementing Entity for Public:
17. Type of organization:
18. If Other was selected, identify and describe the entity:
19. Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state:
20. Is the Lead Agency named new or different Lead Agency? No
21. Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency:
22. Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency:
23. Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan?

If you answered no or not applicable to question 23, you may skip ahead to the next page. Otherwise, you must answer the following questions.

24. Explain why the Implementing Entity previously designated by your state should not serve as the Implementing Entity:
25. Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity:

## **Section B - Advisory Council, Budget Allocations, and Identification of Activities Conducted**

1. 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, types of disabilities across the age span, and users of types of services that an individual with a disability may receive. Yes
2. The advisory council includes a representative of the designated State agency, as defined in section 7 of the Rehabilitation Act of 1973 (29 U.S.C. 705) Yes
3. The advisory council includes a representative of the State agency for individuals who are blind (within the meaning of section 101 of that Act (29 U.S.C. 721)); Yes
4. The advisory council includes a representative of a State center for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.); Yes
5. The advisory council includes a representative of the State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821); Yes
6. The advisory council includes a representative of the State educational agency, as defined in section 9101 of the Elementary and Secondary Education Act of 1965 Yes
7. The advisory council includes other representatives

### Medicaid

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 8
9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.

N/A

### 10. Proposed Budget Allocations

State Financing Activities \$50,001-\$60,000

Device Reutilization Activities \$1-\$10,000

Device Loan Activity Proposed more than \$100,000

Device Demonstration Activity more than \$100,000

State Leadership Activities more than \$100,000

11. For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.

12. Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.

The University of Idaho's Office of Sponsored Programs (OSP) tracks all expenditures for federally funded projects and ensures compliance with federal and state requirements. The approved budget for the IATP includes a separate set of line items for State Level and State Leadership activities. These activities are tracked and reviewed with the Advisory Council. Further, there is an ongoing discussion and analysis with the staff at the IATP as to where activities fall within the 60/40 split required by the AT Act. Two of the largest line items in the State Leadership portion of the budget are for the Tools for Life conference and the Assistive Technology Institute (ATI). The conference and institute were created to support transitions for students with disabilities into post high school programs and for individuals with disabilities transitioning into community living. The amount in these line items exceeds the 5 percent transition requirement.

13. State Financing Activities Performed

Financial loan program Yes

Access to telework loan fund No

Cooperative buying program No

Financing for home modifications program No

Telecommunications distribution program No

Last resort program No

Other program No

Other Activities Performed

How many device exchange programs do you support? 1

How many device reassignment programs do you support? 0

How many device loan programs do you support? 1

How many device demonstration programs do you support? 1

14. What is the baseline year for the measurable goals for this state plan? 2011

## Section C - State Financing Activities - Financial loan program

1. Enter the year when the program began conducting this activity. 1993

2. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

3. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. Yes

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

### 4. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	Yes	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

5. Select the option that best describes from where this activity is conducted. One central location

6. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

7. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

8. Enter the total endowment of the activity. 363

9. Select the option that best describes the primary source of capital used to begin the activity. Title I of the AT Act of 1998

10. Select the option that best describes the primary source of capital used to begin the activity. Another federal source

11. Even if they are not the primary source of support, do you support this program using section 4 funds? Yes

12. This activity offers the following types of assistance (select all that apply)

Revolving loans : No

Loan guarantees : Yes

Low interest loans : Yes

Interest buy-downs : No

Preferred interest loans : No

13. The lowest loan amount provided as established by the policies of the activity (leave blank if N/A).  
500

14. The highest loan amount provided as established by the policies of the activity (leave blank if N/A).  
10,000

15. Provide any additional information about this activity you wish to share.

The Idaho-AFP works collaboratively with banking partners to provide low interest loans to individuals with disabilities to purchase assistive technology. Our support is available prior to purchase for device loans, demonstrations, training, etc. In addition, when a consumer's loan does not meet the loan criteria by the banking partner a loan review committee will review the loan to determine if they will guarantee the loan for the consumer.

#### **Section D - Device Reutilization Activities - Device Exchange**

1. Select the option that best describes the type of exchange. General device exchange

2. If you indicated this is a general exchange, describe it. If this is exchange is part of a collaborative among states, identify the states and how the collaborative works as part of your description.

The IATP operates a statewide assistive technology equipment exchange program. This program allows Idahoans with disabilities and their families to buy and sell used equipment. The website operates much like the classified advertisement section of a newspaper. In some cases, items are available at no cost.

3. If you indicated that your device exchange serves a particular entity or agency, identify the entity or agency and describe the purpose of the exchange:

N/A

4. Enter the year when the program began conducting this activity. 2004

5. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No



6. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

**7. Table of financial or in-kind support provided or received**

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

8. Select the option that best describes from where this activity is conducted. One central location

9. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

10. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

11. The online page for this activity can be found at: <https://www.idaho.at4all.com/>

12. Select the option that best describes what happens when a device is exchanged. The transaction is direct consumer-to-consumer

13. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Nothing

14. Provide any additional information about this activity you wish to share.

## Section E - Device Loan Activity - Device Loan Activity

1. Select the option that best describes the type of program. General program

2. If you indicated that you have a device loan program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device loan program is intended and why.

N/A

3. If you indicated that you have a device loan program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.

N/A

4. If you selected other, describe

N/A

5. Enter the year when the program began conducting this activity. 1993

6. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

## **8. Table of financial or in-kind support provided or received**

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	Yes	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

9. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

11. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

12. Select the option that best describes the policy of the program for charging individuals with disabilities for a loan. Nothing

13. Select the option that best describes the policy of the program for charging professionals for a loan. Nothing

14. Describe any supports provided to the consumer to ensure a successful loan.

The IATP provides statewide equipment loaning services utilizing both IATP staff and a Center for Independent Living in southern Idaho. These services are designed to provide the opportunity and supports for consumers to try the devices before they purchase them or to fill a short term AT equipment need. In an effort to ensure consumers have a successful experience with the devices they borrow, our protocol includes making sure it is ready to use and the consumer has a functional level of understanding in how to set up and use the AT. If the device is mailed, consumers can receive technical assistance by phone. In addition, the Project provides many webinar trainings, which are available live or in an archived format on the Idaho Department of Education Training Clearinghouse website <http://idahotc.com/assistive-technology> as an additional just-in-time training format. Finally, we are in the process of developing or linking demonstration videos, for the AT equipment, on to our AT4ALL website.

15. Devices in the loan pool also are made available for the following (choose all that apply)

Device demonstrations : Yes

Evaluations and assessments : Yes

Training : Yes

Public awareness : Yes

16. How do you get the device to the consumer? The consumer picks up the device at a designated site

17. Provide any additional information about this activity you wish to share.

The IATP has three regional AT resource centers and a central location distributed around Idaho's vast geographic region. There is a regional site in northern Idaho, southwestern Idaho and southeastern Idaho. The largest regional AT resource center, which conducts demonstration and loaning, is located in Boise, Idaho's largest populace area. It is important to note, we do have a full range of devices located in the other two regional and central resource centers as well.

## **Section F - Device Demonstration Activity - Device Demonstration Activity**

1. Select the option that best describes the type of program. General program

2. If you indicated that you have a device demonstration program for targeted consumers or devices, describe the specific types of consumers or devices for whom this device demonstration program is intended and why.

N/A

3. If you indicated that you have a device demonstration program for targeted agencies or entities, identify the entity or agency and describe the purpose of the program.

N/A

4. If you selected other, describe

N/A



5. Enter the year when the program began conducting this activity. 1993

6. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

7. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

### **8. Table of financial or in-kind support provided or received**

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	Yes	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

9. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

10. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

11. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

12. Select the option that best describes the primary type of demonstrations provided by the program. In-person demonstrations from fixed regional sites

13. Select the option that best describes the secondary type of demonstrations provided by the program. Virtual demonstrations via technology

14. Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration. Nothing

15. Select the option that best describes the policy of the program for charging professionals for a demonstration. Nothing

16. Devices in the demonstration pool also are made available for the following (choose all that apply)

Device loans : Yes

Evaluations and assessments : Yes

Training : Yes

Public awareness : Yes

17. Select the option that best describes what is shared with the device loan program. Both staff and space

18. Provide any additional information about this activity you wish to share.

### **Section G - State Leadership Activities - Training**

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. Yes

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

### **3. Table of financial or in-kind support provided or received**

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	Yes	Yes	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

6. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Select the option that best describes how training is primarily provided. At fixed sites supported by the Statewide AT Program

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training. Nothing

9. Select the option that best describes the policy of the program for charging professionals for training. A flat fee

10. Provide any additional information about this activity you wish to share.

The IATP works with its cadre of assistive technology practitioners and other local AT experts to provide training opportunities for consumers, professionals, and universities across Idaho.

Further, the Project supports regional workshops, online training, and distance learning in addition to presenting at numerous in-State conferences. Our Tools for Life conference, which focuses on secondary transition, and the AT Institute, which focuses on community settings transition, are our two largest training opportunities.

## Section G - State Leadership Activities - Technical Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes

Receives financial support from the state. Yes

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	Yes	Yes	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	Yes	No	No	No
Institution of Higher Education	Yes	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	Yes	No	No	No
Organization that primarily serves individuals with developmental disabilities	Yes	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No



4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

6. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Select the option that best describes the policy of the program for charging for technical assistance.  
Nothing

8. Provide any additional information about this activity you wish to share.

The IATP provides broad-based technical assistance upon request to address a full range of AT, AIM, and accessible ICT issues. Examples of planned TA include but is not limited to the following:

The IATP is working with the Idaho State Department of Education who has included the IATP in their planning process as they implement three pieces of state legislation, which include increasing technology in the classroom, online instruction, and one-to-one devices. They rely heavily on our expertise to provide guidance on accessibility, Accessible Educational Materials, and Universal Design for Learning.

Further, we are providing technical assistance to Idaho's Developmental Disability Council to problem solve ways to include more students with developmental disabilities into the general education classroom.

Finally, the IATP provides assistance to a number of university professors, who offer AT classes or modules within their courses, by providing our materials and conducting presentations.

## Section G - State Leadership Activities - Public Awareness

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. No

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. One central location

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted?

6. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

Public awareness activities will continue to be conducted as part of the State Leadership activities undertaken by the Project. Our statewide public awareness activities are directed at consumers, families, and professionals. The Project employs a number of accepted practices to conduct public awareness activities, e.g., radio announcements, mass mailings, professional presentations, e-mail, product development, etc.

## Section G - State Leadership Activities - Information and Assistance

1. Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

2. The Statewide AT Program provides and/or receives the following support (choose all that apply).

Provides financial support to other entities via an agreement with the Statewide AT Program. Yes

Provides in-kind support to other entities via an agreement with the Statewide AT Program. No

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

### 3. Table of financial or in-kind support provided or received

If you conduct this activity by providing financial or in-kind support to other entities, identify the kinds of entities you support in column (a) of the following table.

If you receive financial or in-kind support from the state to conduct this activity, identify the state entities that provide this support in column (b) of the following table.

If you receive financial or in-kind support from private entities, identify the private entities that provide this support in column (c) of the following table.

If you coordinate and collaborate with other entities in conducting this activity, identify those entities in column (d) of the following table.

<b>Organization or Activity</b>	<b>a. You provide support</b>	<b>b. Receive support from the state</b>	<b>c. Receive support from these private entities</b>	<b>d. Collaborate with</b>
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	No
Community Living agency	No	No	No	No
Easter Seals	No	No	No	No
Education-related agency	No	No	No	No
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	No
Independent Living Center	Yes	No	No	No
Institution of Higher Education	No	No	No	No
Non-categorical disability organization	No	No	No	No
Organization that primarily serves individuals who are blind or visually impaired	No	No	No	No
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	No
Organization that primarily serves individuals with developmental disabilities	No	No	No	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

4. Select the option that best describes from where this activity is conducted. A combination of a central location and regional sites

5. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 3

6. This activity is available (choose all that apply)

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

7. Describe the activity.

Information and assistance services will continue to be provided as part of the of State Leadership activities undertaken by the IATP. These services are designed to support consumers who are attempting to access information about devices or who are ready to make a purchase. The IATP operates the only dedicated statewide AT information and assistance system. The Project employs an information specialist and AT specialists who are responsible for providing information and assistance services at the central location as well as AT specialists at each of the regional locations. Consumers can request and receive information through email, a phone call, in person, or through our website. Consumers can locate information about devices and apply for financial assistance, and IEP team members can apply for technical assistance services and learn about upcoming training opportunities.

## **Section H - Assurances, Measurable Goals and Signatures**

1. As Certifying Representative of the Lead Agency for the State of Idaho, I hereby assure the following.  
Yes

2. The Lead Agency prepared and submitted this State Plan on behalf of the State of Idaho. Yes

3. The Lead Agency submitting this plan is the State agency that is eligible to submit this plan. Yes

4. The State agency has authority under State law to perform the functions of the State under this program. Yes

5. The State legally may carry out each provision of this plan. Yes

6. All provisions of this plan are consistent with State law. Yes
7. 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. Yes
8. The State officer who submits this plan, specified by title in this certification, has authority to submit this plan. Yes
9. The agency that submits this plan has adopted or otherwise formally approved this plan. Yes
10. The plan is the basis for State operation and administration of the program. Yes
11. The Lead Agency will maintain and evaluate the program under this State Plan. Yes
12. 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. Yes
13. The Lead Agency will submit the progress report on behalf of the State. Yes
14. 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. Yes
15. The Lead Agency will control and administer the funds received through the grant. Yes
16. The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan. Yes
17. 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. Yes
18. The Lead Agency will ensure conformance with Federal and State accounting requirements. Yes
19. 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. Yes
20. 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. Yes
21. 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. Yes
22. 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) Yes
23. 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) Yes

24. 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. Yes

25. 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. Yes

26. Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs.

The University of Idaho is committed to providing equal and integrated access for individuals with disabilities to all the academic, social, cultural, and recreational programs it offers. This commitment is consistent with legal requirements, including Section 504 of the Rehabilitation Act of 1973, the Assistive Technology Act of 1998 as amended, and the Americans with Disabilities Act (ADA) of 1990, and embodies the Universities historic determination to ensure the inclusion of all members of its communities.

In compliance with the Americans with Disabilities Act, the University of Idaho provides reasonable accommodations for qualified individuals with disabilities who are employees or applicants for employment in order to afford equal employment opportunity. Reasonable accommodations are provided in a timely and cost-effective manner.

27. Access Goal Table

	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>	<b>IT/Telecomm</b>
a. Long-term Goal	70.00	70.00	70.00	70.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]	Met [d]
c. FY 2011 Performance	94.38	100.00	96.82	100.00
d. FY 2012 Short-term goal	70.00	70.00	70.00	70.00
e. FY 2012 Performance	93.70	90.00	89.62	100.00
f. FY 2012 Status	Met	Met	Met	Met
g. FY 2013 Short-term goal	70.00	70.00	70.00	70.00
h. FY 2013 Performance	84.96	85.94	88.89	86.96
i. FY 2013 Status	Met	Met	Met	Met
j. FY 2014 Short-term goal	70.00	70.00	70.00	70.00
k. FY 2014 Performance	100.00	100.00	100.00	100.00
l. FY 2014 Status	Met	Met	Met	Met

28. Acquisition Goal Table

	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>
a. Long-term Goal	75.00	75.00	75.00
b. Long-term Goal Status	Met [d]	Met [d]	Met [d]
c. FY 2011 Performance	98.00	100.00	99.56
d. FY 2012 Short-term Goal	75.00	75.00	75.00
e. FY 2012 Performance	84.00	72.41	85.20
f. FY 2012 Status	Met	Not met	Met
g. FY 2013 Short-term Goal	75.00	75.00	75.00
h. FY 2013 Performance	83.82	93.33	91.32
i. FY 2013 Status	Met	Met	Met
j. FY 2014 Short-term Goal	75.00	75.00	75.00
k. FY 2014 Performance	85.00	93.33	96.30
l. FY 2014 Status	Met	Met	Met

29. Name of Certifying Representative for the Lead Agency Archibald A. Harner

30. Title of Certifying Representative for the Lead Agency Acting Director and Contact Review Officer

31. Signed? Yes

32. Date Signed 02/26/2015