

State Grant for Assistive Technology Program - RSA-664 Florida State Plan for FY 2015-2017 (submitted FY 2015) H224A150009

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: State Grants for Assistive Technology

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

3. Name and Address of Lead Agency

Florida Department of Education

Division of Vocational Rehabilitation

4070 Esplanade Way

Tallahassee, FL 32399-7016

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

Jennifer Hyatt

Contract Manager

Florida Department of Education

Division of Vocational Rehabilitation

4070 Esplanade Way

Tallahassee, FL 32399-7016

850-245-3279 (phone)

850-245-3362 (fax)

5. Information about Program Director at Lead Agency:

Jennifer Hyatt

Contract Manager

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

Jennifer Hyatt

Contract Manager

Florida Department of Education

Division of Vocational Rehabilitation

4070 Esplanade Way

Tallahassee, FL 32399-7016

850-245-3279 (phone)

850-245-3362 (fax)

7. Telephone at Lead Agency for Public: 850-245-3386

8. E-mail at Lead Agency for Public: jennifer.hyatt@vr.fldoe.org

9. Descriptor of the agency: General or Combined Vocational Rehabilitation Agency

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

11. Contract with an Implementing Entity? Yes

12. Name and Address of Implementing Entity:

Florida Alliance for Assistive Services and Technology, Inc.

3333 West Pensacola St.

Building 100, Suite 140

Tallahassee, FL 32304

13. Information about Program Director at the Implementing Entity:

Michael J. Daniels

Executive Director

Florida Alliance for Assistive Services and Technology, Inc.

3333 West Pensacola St.

Building 100, Suite 140

Tallahassee, FL 32304

(850)487-3278 ext. 102

14. Information about Program Contact(s) at Implementing Entity:

Michael J. Daniels

Executive Director

Florida Alliance for Assistive Services and Technology, Inc.

3333 West Pensacola St.

Building 100, Suite 140

Tallahassee, FL 32304

(850)487-3278 ext. 102

15. Telephone at Implementing Entity for Public: 1-888-788-9216

16. E-mail at Implementing Entity for Public: mdaniels@faast.org

17. Type of organization: Alliance for Technology Access Center

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:

Contractual relationship. Quarterly and annual reports. Desktop and on-site monitoring of programmatic and fiscal responsibilities and deliverables.

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? No

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

The Advisory Council is composed of 19 representatives meeting the all statutory requirements.

8. The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians 7
9. If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain.

FAAST has been in a state of transition for the last year. FAAST has five recruited Advisory Council applicants are is waiting for the Florida Commissioner of Education to approve these applicants.

10. Proposed Budget Allocations

State Financing Activities more than \$100,000

Device Reutilization Activities more than \$100,000

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.

FAAST divides all activities between a state headquarters and regional demonstration centers located in Florida's largest cities.

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

Our Florida Department of Education, Division of Vocational Rehabilitation RSA and Florida General Revenue contracts provide budgeted line items for these functions. They are tracked monthly by our bookkeeper and allocated to the appropriate line. In addition, for each payroll period staff time is tracked and allocated by category to the correct budget line. Specific State-Level and State Leadership activities are tracked in our database.

13. State Financing Activities Performed

Financial loan program Yes

Access to telework loan fund Yes

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? 3

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. 2001

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. No

Coordinates and collaborates with other entities for the purpose of establishing a new program or service. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | Yes |
| Bank or other financial institution | No | No | No | Yes |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | Yes |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|----|----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | Yes |
| 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. 2

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

10. Select the option that best describes the primary source of capital used to begin the activity.
Interest and investments from the original source of capital

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 : Yes

13. The lowest loan amount provided as established by the policies of the activity (leave blank if N/A). 0

14. The highest loan amount provided as established by the policies of the activity (leave blank if N/A). 25000

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

For the past eight years, the FFAST New Horizon Loan Program (NHLP) has had a bank partnership and Loan Guarantee Agreement with SunTrust Bank. We initiated this relationship after following the lead of the Virginia Assistive Technology Loan Fund Authority (ATLFA) who currently had a relationship with the financial institution.

In 2013, FFAST was notified by SunTrust that our Loan Guarantee Agreement would be terminated as of March 3, 2014, due to the bank's current business strategy. Both the Florida and Virginia partnerships were terminated.

As soon as notice of the termination was given, the NHLP began, and actually continued our search for a new financial institution partnership and also continued to explore the possibility of becoming a direct lender in the state of Florida.

Fortunately for the FFAST NHLP applicants, SunTrust agreed to still provide financing to FFAST NHLP applicants, but strictly adhering to their lending guidelines and criteria. Due to the long relationship, the bank had a good understanding of the FFAST clients referred to them and most importantly, accessible vehicle financing. The referral system is still in place to date. However, with no current contract in place, FFAST has no way to guarantee any loans. SunTrust only provided us an option to refer the clients to them, but the loan would not be related to FFAST in anyway. Unfortunately, FFAST has no way to report the loans referred to them on our annual Federal report. Basically, SunTrust provided FFAST the option to not have to turn

any applicant away. We could still provide an avenue for financing, but the SunTrust loan would strictly be providing normal SunTrust rates to applicants we refer their way.

To date, the FFAST NHLP has referred over 100 applicants to SunTrust Bank. Because of the terminated contract, we were unable to learn of any of the loan decisions, but always made our clients aware to contact us for financial education, if a decline was given and no other alternative for financing was present. Our hope was to provide credit helps for credit improvement for the possibility of future loans for the individual, especially with our direct lending program soon up and running. Our intent was to offer whatever assistance we could possibly offer during the program transition.

SunTrust Bank asked that we not submit any loans, under the contract, after December 31, 2013, in order to allow any pending loans to close before the March 3, 2014, termination date. Fortunately, one loan was pending, was approved, and the client had the option to close the loan during the first quarter of 2014. However, she decided it was not advantageous for her to take the loan, fearing it might put her in a financial predicament with additional upcoming expenses. Therefore, no loan closed for the FFAST NHLP and we are unable to report any closed, approved loans within our report. Again, we referred over 100 applicants/callers inquiring about a loan to SunTrust, internally processed 31 completed and submitted applications that were then turned over to SunTrust, but no approved loans closed.

As always, the FFAST NHLP continues to explore other funding opportunities for each and every call made to us. We want the loan to be the last option, if other funding is available. Also, with the NHLP Director's fourteen years of banking experience, we continue to offer Financial Education to each and every applicant and caller that's interested. Despite the numbers submitted in this report, the FFAST New Horizon Loan Program is very much up and running, continuing to serve individuals with disabilities in the state of Florida.

Going forward, the FFAST NHLP is in the process of finalizing a new Loan Guarantee Agreement with Regions Bank. This partnership will be similar to the partnership with SunTrust Bank, but even better, providing a sustainability piece and referral fee back to the NHLP. The DRAFT agreement is currently being reviewed by the FFAST's legal representatives. In addition, the FFAST New Horizon Loan Program has been approved by the Florida Office of Financial Regulations to become a direct lender in the State of Florida. The Policies and Procedures for this process are also being reviewed by the legal representatives in hopes of initiating both partnership and direct loan processes in the next few weeks of 2015. Lastly, because of the long term relationship had with SunTrust Bank, discussion has begun for reinstating our Loan Fund Agreement with them. The bankers saw the benefits of the program and how it helped Floridians with disabilities and want to be involved with us, once again.

I look forward to our numbers in future annual reports proving a clearer picture of the good we are doing in the State. Please accept this explanation as to why our numbers do not accurately show the work we are doing on behalf of the individuals with disabilities in Florida. We will soon become Florida's source to overcoming financial barriers to acquiring assistive technology.

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.

Our device exchange is implemented at both the statewide and regional levels utilizing FFAST and our 6 Regional Demonstration Centers. Our AT List program allows consumers to advertise, exchange, and buy AT. This program is open to consumers and organizations across other states. See <http://classifieds.faast.org/>.

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:

No, as noted in item 7 below we serve the continuum of programs and organizations serving people with disabilities along with other non human service organizations as requested.

4. Enter the year when the program began conducting this activity. 2006

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

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

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. Yes

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

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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | Yes | No | No | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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? 1

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

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : No

11. The online page for this activity can be found at <http://www.faast.org/programs>

12. Select the option that best describes what happens when a device is exchanged. the Statewide AT Program is involved in the transaction

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.

Coordinated at both a statewide and regional level. Program is also supported by our FAAST Website. The Statewide and Regional Centers programs support school districts, district ESE/AT programs, teachers, students, and other organizations as noted above.

Section D - Device Reutilization Activities - Device Reassignment 1 of 3

1. Select the option that best describes the reassignment program is an open-ended loan program

2. Enter the year when the program began conducting this activity. 2003

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

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

4. 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. 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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

5. 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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | Yes | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | Yes | No | No | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

6. Select the option that best describes from where this activity is conducted. Regional sites

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

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

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

9. Select the option that best describes the policy of the program for charging individuals with disabilities for a device. Multiple subcontractors are used and they set their own policies

10. Select the option that best describes the policy of the program for charging professionals for a device. Multiple subcontractors are used and they set their own policies

11. How do you get the device to the consumer? The device is shipped via mail or other commercial delivery

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

| Type of device | Based on consumer choice and/or request | A professional recommendation is required | Qualified program staff match it to the consumer | Qualified consultants and/or volunteers match it to the consumer | The device is provided through a qualified third-party | Not applicable - this type of device is not made available |
|---|---|---|--|--|--|--|
| Vision | Yes | No | No | No | No | No |
| Hearing | Yes | No | No | No | No | No |
| Speech Communication | Yes | No | No | No | No | No |
| Learning, Cognition, and Developmental | Yes | No | No | No | No | No |
| Mobility, Seating, and Positioning | No | No | Yes | No | Yes | No |
| Daily Living | Yes | No | No | No | Yes | No |
| Environmental Adaptations | Yes | No | No | No | Yes | No |
| Vehicle Modification and Transportation | No | Yes | No | No | Yes | No |

| | | | | | | |
|---|-----|----|-----|----|-----|----|
| Recreation, Sports, and Leisure Equipment | Yes | No | No | No | Yes | No |
| Computer and Associated Equipment | Yes | No | Yes | No | No | No |

13. If applicable, describe how consumers demonstrate the need for devices.

Personally demonstrated need, medical documentation, other sources.

14. Describe any supports provided to the consumer to ensure successful use of the device.

Both our statewide and FL regional demonstration centers provide support. Clinical professionals are available to provide assessment and evaluation.

15. Describe the activity.

FAAST offers an AT Exchange at AT Bay – an online classifieds where you can find new and used AT devices for sale or for free. Reutilization of Assistive Technology devices gives new life to used Assistive Technology equipment. Reusing AT allows for good, used devices to get into the hands of people who need them.

Section D - Device Reutilization Activities - Device Reassignment 2 of 3

1. Select the option that best describes the reassignment program reassigns general AT

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

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

The Statewide AT Program Yes

Other entities (e.g. contractors) Yes

4. 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. Yes

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. Yes

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

5. 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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Education-related agency | No | Yes | No | Yes |
| Employment-related agency | No | Yes | No | Yes |

| | | | | |
|---|----|----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 7

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

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

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

10. Select the option that best describes the policy of the program for charging professionals for a device. Nothing

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

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

| Type of device | Based on consumer choice and/or request | A professional recommendation is required | Qualified program staff match it to the consumer | Qualified consultants and/or volunteers match it to the consumer | The device is provided through a qualified third-party | Not applicable - this type of device is not made available |
|---|---|---|--|--|--|--|
| Vision | Yes | No | No | No | No | No |
| Hearing | Yes | No | No | No | No | No |
| Speech Communication | Yes | No | No | No | No | No |
| Learning, Cognition, and Developmental | Yes | No | No | No | No | No |
| Mobility, Seating, and Positioning | No | Yes | No | No | No | No |
| Daily Living | Yes | No | No | No | No | No |
| Environmental Adaptations | Yes | No | No | No | No | No |
| Vehicle Modification and Transportation | No | Yes | No | No | No | No |

| | | | | | | |
|---|-----|----|----|----|----|----|
| Recreation, Sports, and Leisure Equipment | Yes | No | No | No | No | No |
| Computer and Associated Equipment | Yes | No | No | No | No | No |

13. If applicable, describe how consumers demonstrate the need for devices.

Personally demonstrated need, medical documentation, other sources.

14. Describe any supports provided to the consumer to ensure successful use of the device.

Both our statewide and FL regional demonstration centers provide support. Clinical professionals are available to provide assessment and evaluation.

15. Describe the activity.

Reutilization of Assistive Technology devices gives new life to used Assistive Technology equipment. Reusing AT allows for good, used devices to get into the hands of people who need them.

Section D - Device Reutilization Activities - Device Reassignment 3 of 3

1. Select the option that best describes the reassignment program reassigns computers only

2. Enter the year when the program began conducting this activity. 2002

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

The Statewide AT Program Yes

Other entities (e.g. contractors) No

4. 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. Yes

Receives financial support from private entities. Yes

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

5. 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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| AgrAbility Program | No | No | No | No |
| Alliance for Technology Access Center | No | No | No | No |
| Bank or other financial institution | No | No | No | Yes |
| Community Living agency | No | No | No | Yes |
| Easter Seals | No | No | No | Yes |
| Education-related agency | No | Yes | No | Yes |
| Employment-related agency | No | Yes | No | Yes |

| | | | | |
|---|----|----|-----|-----|
| Health, allied health, and rehabilitation-related agency | No | No | No | Yes |
| Independent Living Center | No | No | No | Yes |
| Institution of Higher Education | No | No | No | Yes |
| Non-categorical disability organization | No | No | Yes | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | Yes |
| UCP | No | No | No | No |
| Other | No | No | No | No |

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

7. If you indicated the use of regional sites, from how many regional sites is the activity conducted? 0

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

By website : Yes

By phone : Yes

By e-mail : Yes

By mail : Yes

In person : Yes

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

10. Select the option that best describes the policy of the program for charging professionals for a device. Nothing

11. How do you get the device to the consumer? Other

12. In the following table, select by device type how the device is reassigned. Select the top two used by the program.

| Type of device | Based on consumer choice and/or request | A professional recommendation is required | Qualified program staff match it to the consumer | Qualified consultants and/or volunteers match it to the consumer | The device is provided through a qualified third-party | Not applicable - this type of device is not made available |
|---|---|---|--|--|--|--|
| Vision | No | No | No | No | No | No |
| Hearing | No | No | No | No | No | No |
| Speech Communication | No | No | No | No | No | No |
| Learning, Cognition, and Developmental | No | No | No | No | No | No |
| Mobility, Seating, and Positioning | No | No | No | No | No | No |
| Daily Living | No | No | No | No | No | No |
| Environmental Adaptations | No | No | No | No | No | No |
| Vehicle Modification and Transportation | No | No | No | No | No | No |

| | | | | | | |
|---|-----|----|----|----|----|----|
| Recreation, Sports, and Leisure Equipment | No | No | No | No | No | No |
| Computer and Associated Equipment | Yes | No | No | No | No | No |

13. If applicable, describe how consumers demonstrate the need for devices.

Consumers complete an application and documents the need of a computer to overcome conditions due to a condition caused by a disability.

14. Describe any supports provided to the consumer to ensure successful use of the device.

FAAST staff demonstrations how to set-up the computer before the consumers leaves the distribution location. FAAST staff is available for telephone technical assistance. FAAST staff also provides in regional demonstration trainings on software.

15. Describe the activity.

The FAAST coputer recycling program exists to provide quality computer systems to low income families with individuals with disabilities throughout the state of Florida at the lowest possible cost.

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.

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.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 1994

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. No

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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | Yes | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|-----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | Yes | Yes |
| Institution of Higher Education | Yes | No | Yes | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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? 6

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.

All Florida Regional Demonstration Centers provide demonstration and training support for consumers and their families.

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 device is shipped via mail or other commercial delivery

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

Devices are also delivered to the person's home and set up. Consumers also pick up devices at central office and 6 FL regional demonstration centers. Support is provided to school districts, district ESE/AT programs, teachers, students, and other organizations as noted above.

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.

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.

4. If you selected other, describe

5. Enter the year when the program began conducting this activity. 1994

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. No

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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|-----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | Yes | Yes |
| Institution of Higher Education | Yes | No | Yes | Yes |
| Non-categorical disability organization | No | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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? 6

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 that move to multiple sites

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

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

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

15. 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

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

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

Demonstrations are provided across a variety of activities. Central onsite, community locations, community organizations, conferences, exhibits, forums, support groups, district ESE/AT programs, etc. Onsite demonstrations are typically tied into Augmentative or Alternative Communication (ACC) or other related clinical/medical needs.

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. Yes

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

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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | Yes | No | No | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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? 6

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 sites arranged by those receiving the training

8. Select the option that best describes the policy of the program for charging individuals with disabilities for training. The fee is based on the length/complexity/value/type

9. Select the option that best describes the policy of the program for charging professionals for training. The fee is based on the length/complexity/value/type

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

FAAST is assessing distance learning options using Webcasting for support. The Webcasting system will meet the ADA, and provide interactive participation for individuals with disabilities.

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. No

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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | Yes | No | No | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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? 6

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.

Technical assistance is provided by both the statewide and regional programs. Technical assistance varies depending on the need from community human service providers, social organizations, individuals and families, etc. Other examples include technical assistance at conferences, exhibits, forums, etc.

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) 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. 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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | Yes | No | No | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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? 6

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.

FAAST provides state leadership support in a variety of settings including: conferences, forums, cross-disability support groups, multimedia, etc. The FAAST Board of Directors and Advisory Council, Interagency Committee, Technology Awareness and Development Committee provide support statewide.

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) 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. Yes

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

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. Yes

Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. Yes

Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. Yes

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.

| Organization or Activity | a. You provide support | b. Receive support from the state | c. Receive support from these private entities | d. Collaborate with |
|---------------------------------------|------------------------|-----------------------------------|--|---------------------|
| 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 | Yes |
| Easter Seals | No | No | No | No |
| Education-related agency | No | No | No | Yes |
| Employment-related agency | No | No | No | Yes |

| | | | | |
|---|-----|-----|----|-----|
| Health, allied health, and rehabilitation-related agency | No | Yes | No | Yes |
| Independent Living Center | Yes | No | No | Yes |
| Institution of Higher Education | Yes | No | No | Yes |
| Non-categorical disability organization | Yes | No | No | Yes |
| Organization that primarily serves individuals who are blind or visually impaired | No | No | No | Yes |
| Organization that primarily serves individuals who are deaf or hard of hearing | No | No | No | Yes |
| Organization that primarily serves individuals with developmental disabilities | No | No | No | Yes |
| Organization that primarily serves individuals with physical disabilities | No | No | No | Yes |
| Organization focused specifically on providing AT | No | No | No | Yes |
| Protection and Advocacy Organization | No | No | No | Yes |
| Technology agency | No | No | No | No |
| UCP | No | No | No | Yes |
| Other | No | No | No | Yes |

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.

FAAST provides state leadership support in a variety of settings including: cross-disability stakeholder groups, organization boards, policy initiatives, governor, legislature, issue briefs, public policy, fact sheets and guides such as emergency preparedness, housing, etc.

Section H - Assurances, Measurable Goals and Signatures

1. As Certifying Representative of the Lead Agency for the State of Florida, I hereby assure the following. Yes
2. The Lead Agency prepared and submitted this State Plan on behalf of the State of Florida. 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 Department of Education, Division of Vocational Rehabilitation (VR), will continue to provide services to students through its third-party cooperative agreements with many of the school districts in Florida. Additionally, VR will employ the following strategies set forth in the 2008-09 VR State Plan:

1. Increase the number of targeted outreach activities with students, parents, and school personnel related to employment expectations for transition-age individuals.

2. Improve the outreach and referral process with transition students, parents and the education system to encourage clearer communication and to increase applications for services.

3. Continue to build partnerships with school to work transition personnel to encourage work-based and career-focused experiences are incorporated into Individualized Education Plans.

4. Expand funding opportunities in order to engage transition-age students with disabilities in Community Based Work Experience programs.

5. Work with youth with disabilities, the Florida Department of Education, Local Education Agencies, parent organizations and families to encourage early discussions with students about the expectations of employment and their skills, abilities, and talents that will empower them to achieve self-sufficiency.

6. Work closely with other state agencies and community organizations with programs that target transition-age youth to impact effective service provision.

It is our goal that the above mentioned strategies will further assist FFAST in carrying out the objectives of the Assistive Technology State Grant Program.

27. Access Goal Table

| | Education | Employment | Community Living | IT/Telecomm |
|----------------------------|------------------|-------------------|-------------------------|--------------------|
| 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 | 65.02 | 44.82 | 67.38 | 45.13 |
| d. FY 2012 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| e. FY 2012 Performance | 18.19 | 10.85 | 14.19 | 29.41 |

| | | | | |
|----------------------------|---------|---------|---------|---------|
| f. FY 2012 Status | Not met | Not met | Not met | Not met |
| g. FY 2013 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| h. FY 2013 Performance | 55.68 | 44.67 | 65.45 | 29.53 |
| i. FY 2013 Status | Not met | Not met | Not met | Not met |
| j. FY 2014 Short-term goal | 70.00 | 70.00 | 70.00 | 70.00 |
| k. FY 2014 Performance | 72.62 | 59.38 | 75.95 | 70.97 |
| l. FY 2014 Status | Met | Not met | Met | Met |

28. Acquisition Goal Table

| | Education | Employment | Community Living |
|----------------------------|------------------|-------------------|-------------------------|
| 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 | 75.00 | 72.22 | 71.51 |
| d. FY 2012 Short-term Goal | 75.00 | 75.00 | 75.00 |

| | | | |
|----------------------------|---------|-------|---------|
| e. FY 2012 Performance | 98.72 | 85.71 | 96.67 |
| f. FY 2012 Status | Met | Met | Met |
| g. FY 2013 Short-term Goal | 75.00 | 75.00 | 75.00 |
| h. FY 2013 Performance | 65.12 | 81.48 | 73.68 |
| i. FY 2013 Status | Not met | Met | Not met |
| j. FY 2014 Short-term Goal | 75.00 | 75.00 | 75.00 |
| k. FY 2014 Performance | 96.49 | 88.89 | 97.44 |
| l. FY 2014 Status | Met | Met | Met |

29. Name of Certifying Representative for the Lead Agency Jennifer Hyatt

30. Title of Certifying Representative for the Lead Agency Contract Manager

31. Signed? Yes

32. Date Signed 03/10/2015