



## National Assistive Technology Act Data System

### State Grant for Assistive Technology Program FY 2016 Update

#### Arizona

#### Section A(1) - Identification and Description of Lead Agency and Implementing Entity

##### Statewide AT Program

1. State AT Program Title" **Arizona Technology Access Program (AzTAP)**

##### Lead Agency

2. Agency Name **Northern Arizona University - Institute for Human Development**  
 3. Mailing Address **Box 4130**  
 4. City **Flagstaff**  
 5. State **Arizona**  
 6. Zip Code **86011**  
 7. Phone **602.728.9534**  
 8. Fax **602.728.9535**  
 9. Program URL **http://aztap.org**  
 10. Program Email **askaztap@nau.edu**  
 11. Program toll-free Number **800.477.9921**  Check if toll-free in state only  
 12. Program TTY Number **602.728.9536**

##### Implementing Entity

13. Check here if not applicable   
 14. Name of Implementing Agency  
 15. Mailing Address  
 16. City  
 17. State  
 18. Zip Code  
 19. Phone  
 20. Fax  
 21. Program URL  
 22. Program Email  
 23. Program toll-free Number  Check if toll-free in state only  
 24. Program TTY Number

#### Section A(2) - Change in Lead Agency or Implementing Agency

Has there been any change in the Lead Agency or Implementing Entity designation since

**Has there been any change in the Lead Agency or implementing entity designation since you submitted your FY15 State Plan?** **No**

**Is the Lead Agency Changing?** **No**

**Explain Why the Lead Agency previously designated by your state should not serve as the Lead Agency:**

**Explain Why the Lead Agency newly designated by your state should serve as the Lead Agency:**

**Is the Implementing Entity Changing?** **No**

**Explain Why the Implementing Entity previously designated by your state should not serve as the Lead Agency:**

**Explain Why the Implementing Entity newly designated by your state should serve as the Lead Agency:**

**Section B(1) - Advisory Council**

**Does the advisory council currently have the required composition and representation found in Section 4(c)(2)(B) of the AT act?** **No**

**If yes, describe the actions taken to address the situation:**  
**Still having difficulty getting representative from Workforce Board. I continue to reach out to contact person.**

**Has there been a substantive change in your Advisory Council since you submitted your FY15 State Plan?** **No**

**If yes, what is changing about the advisory council?**

**Section B(2) - Current Budget Allocations**

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

State-level Activities	Budget Allocation for Entire Annual Award
State Financing Activities	60,001 to 70,000
Device Reutilization Activities	20,001 to 30,000
Device Loan Activities	More than 100,000
Device Demonstration Activities	More than 100,000
State Leadership Activities	More than 100,000

**For any activity for which you selected "claiming comperability", describe the comparable activity.**

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

**No**

**Has there been a change in which State Financing sub-activities (financial loan, direct provision of AT or AT savings programs) or which Reuse sub-activities (exchange, refurbish/reassign/repair, or open-ended loan programs) you conduct since you submitted your FY15 State Plan?** **No**

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

**Check all that apply.**

- State Financing-Financial Loan Program
- State Financing-Direct Provision of AT Program
- State Financing-AT Savings Program
- Reuse-Device Exchange Program
- Reuse-Reassign/Refurbish and Repair Program
- Reuse-Open-ended Loan Program

**Ended sub-activity that was previously conducted?** **No**

**Check all that apply.**

- State Financing-Financial Loan Program
- State Financing-Direct Provision of AT Program

- State Financing-AT Savings Program
- Reuse-Device Exchange Program
- Reuse-Reassign/Refurbish and Repair Program
- Reuse-Open-ended Loan Program

### C(1) - Change in State Financing Activities - Financial Loans

Has there been a substantive change in your financial loan program since you submitted your FY15 State Plan?	No	
Change in who conducts this activity?	No Change	
Change in where this activity is conducted?	No Change	
Change in types of assistance offered?	No	
Added type of assistance offered?	No	
<input type="checkbox"/> Check all that apply: <table border="1" style="width: 100%;"> <tr> <td> <input type="checkbox"/> Revolving (direct) loans  <input type="checkbox"/> Loan guarantees  <input type="checkbox"/> Interest buy-downs           </td> </tr> </table>		<input type="checkbox"/> Revolving (direct) loans <input type="checkbox"/> Loan guarantees <input type="checkbox"/> Interest buy-downs
<input type="checkbox"/> Revolving (direct) loans <input type="checkbox"/> Loan guarantees <input type="checkbox"/> Interest buy-downs		
Ended type of assistance offered?	Yes	
<input type="checkbox"/> Check all that apply: <table border="1" style="width: 100%;"> <tr> <td> <input type="checkbox"/> Revolving (direct) loans  <input type="checkbox"/> Loan guarantees  <input checked="" type="checkbox"/> Interest buy-downs           </td> </tr> </table>		<input type="checkbox"/> Revolving (direct) loans <input type="checkbox"/> Loan guarantees <input checked="" type="checkbox"/> Interest buy-downs
<input type="checkbox"/> Revolving (direct) loans <input type="checkbox"/> Loan guarantees <input checked="" type="checkbox"/> Interest buy-downs		
New or additional funds available to support this activity? If so, please describe; if not, please indicate NA. NA		
Describe any other significant changes in this activity. NA		

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

Has there been a substantive change in any other state financing program with direct provision of AT that you conduct since you submitted your FY15 State Plan?	No
Change in who conducts this activity?	No Change
Change in where this activity is conducted?	No Change
New or additional funds available to support this activity?	
Change in types of services provided?	
Describe any other significant changes in this activity.	

### C(3) - Change in Other State Financing with AT Savings

Has there been a substantive change in any other state financing program with AT Savings that you conduct since you submitted your FY15 State Plan?	No
Change in who conducts this activity?	No Change
Change in where this activity is conducted?	No Change
New or additional funds available to support this activity?	
Change in types of services provided or other significant changes in this activity?	

### Section D(1) Change in Device Exchange Activities

Has there been a substantive change in any device exchange

<b>program that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	
<b>Change in how the program operates?</b>	

### Section D(2) Change in Device Reassignment Activities

<b>Has there been a substantive change in any device refurbish/reassignment and repair program that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	
<b>Change in how the program operates?</b>	

### Section E - Change in Short-Term Device Loan Activities

<b>Has there been a substantive change in any short-term device loan program that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	
<b>Change in how the program operates?</b>	

### Section F - Change in Device Demonstration Activities

<b>Has there been a substantive change in any device demonstration program that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	
<b>Change in how the program operates?</b>	

### Section G(1) - State Leadership Activities - Training

<b>Has there been a substantive change in training priorities or initiatives that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	
<b>Change in priorities or how services are provided?</b>	

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

<b>Has there been a substantive change in technical assistance priorities that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	

**Change in priorities or how services are provided?****Section G(3) - State Leadership Activities - Public Awareness**

<b>Has there been a substantive change in public awareness priorities that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity?</b>	
<b>Change in priorities or how services are provided?</b>	

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

<b>Has there been a substantive change in information and assistance priorities that you conduct since you submitted your FY15 State Plan?</b>	<b>No</b>
<b>Change in who conducts this activity?</b>	<b>No Change</b>
<b>Change in where this activity is conducted?</b>	<b>No Change</b>
<b>New or additional funds available to support this activity</b>	
<b>Change in priorities or how services are provided?</b>	

**Section H(1) - Measurable Goals (auto-populated)****Overall Acquisition Performance Measure (auto-populated)**

<b>Overall Acquisition Performance Measure</b>	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>
<b>Could only afford the AT through the AT program.</b>	<b>1,717</b>	<b>557</b>	<b>4,237</b>
<b>AT was only available through the AT program.</b>	<b>1,158</b>	<b>265</b>	<b>1,587</b>
<b>AT was available through other programs, but the system was too complex or the wait time too long.</b>	<b>729</b>	<b>239</b>	<b>1,009</b>
<b>None of the Above</b>	<b>283</b>	<b>79</b>	<b>385</b>
<b>Nonrespondent</b>	<b>1,331</b>	<b>116</b>	<b>610</b>
<b>Total</b>	<b>5,218</b>	<b>1,256</b>	<b>7,828</b>
<b>Current Year Performance %</b>	<b>69%</b>	<b>84%</b>	<b>87%</b>

**Overall Access Performance Measure (auto-populated)**

<b>Overall Access Performance Measure</b>	<b>Education</b>	<b>Employment</b>	<b>Community Living</b>
<b>Decided AT will meet needs</b>	<b>7,758</b>	<b>1,266</b>	<b>12,746</b>
<b>Decided AT will not meet needs</b>	<b>1,279</b>	<b>163</b>	<b>1,300</b>
<b>Have not made a decision</b>	<b>525</b>	<b>58</b>	<b>505</b>

<b>Nonrespondents</b>	<b>466</b>	<b>58</b>	<b>780</b>
<b>Total</b>	<b>10,028</b>	<b>1,545</b>	<b>15,331</b>
<b>Current Year Performance %</b>	<b>90%</b>	<b>92%</b>	<b>92%</b>

#### IT/Telecommunications Training Performance Measure

<b>Training Telecommunication Performance Measure</b>	<b>Number</b>
<b>IT and telecommunications procurement or development policies, procedures, or practices will be improved or better implemented to ensure accessibility</b>	<b>58</b>
<b>Training or technical assistance will be developed or implemented to ensure accessibility of IT and telecommunications.</b>	<b>00</b>
<b>No known outcome at this time.</b>	<b>04</b>
<b>Nonrespondent</b>	<b>00</b>
<b>Total</b>	<b>62</b>
<b>Performance Measure</b>	<b>94%</b>

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

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

- **The Lead Agency Prepared and submitted this State Plan.**
- **The Lead Agency submitting this plan is the State agency that is eligible to submit this plan.**
- **The State agency has authority under State law to perform the functions of the State under this program.**
- **The State legally may carry out each provision of this plan.**
- **All provisions of this plan are consistent with State law.**
- **A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.**
- **The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.**
- **The agency that submits this plan has adopted or otherwise formally approved this plan.**
- **The plan is the basis for State operation and administration of the program.**
- **The Lead Agency will maintain and evaluate the program under this State Plan.**
- **The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.**
- **The Lead Agency will submit the progress report on behalf of the State.**
- **The Lead Agency will control and administer the funds received through the grant.**
- **The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.**
- **Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.**
- **The Lead Agency will ensure conformance with Federal and State accounting requirements.**
- **The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant.**
- **Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability.**
- **A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property.**

- **The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities as required by Section 4(d)(6)(E).**
- **Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d) as required by Section 4(d)(6)(G).**
- **The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements.**
- **The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant.**

<b>Name of Certifying Representative for the Lead Agency:</b>	<b>Jerry Fife</b>
<b>Title of Certifying Representative for the Lead Agency:</b>	<b>Associate Vice President for Research for Sponsored Projects</b>
<input type="checkbox"/> <b>I certify that this information is accurate (this will lock the data)</b>	

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