

**Data Entry**

**Assistive Technology State Grant Program**

**South Carolina State Plan for FY 2009-2011 (submitted FY 2009)**

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**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. SC Assistive Technology Program
- 2 Website dedicated to Statewide AT Program <http://www.sc.edu/scatp>
- 3 Name and Address of Lead Agency  
University of South Carolina Research Foundation  
Center for Disability Resources  
Department of Pediatrics, School of Medicine  
Columbia, SC 29208
- 4 Name, Title, and Contact Information for Lead Agency Certifying Representative.  
Christmus, Daniel  
Senior Administrator for Sponsored Programs  
803-777-4452  
DANIELC@mailbox.sc.edu
- 5 Information about Program Director at Lead Agency.  
Ferrante, Richard  
Director, Center for Disability Resources  
803-935-5248  
richard.ferrante@uscmed.sc.edu
- 6 Information about Program Contact(s) at Lead Agency.  
Ferrante, Richard  
Director, Center for Disability Resources  
803-935-5248  
richard.ferrante@uscmed.sc.edu
- 7 Telephone at Lead Agency for Public. 803-935-5231
- 8 E-mail at Lead Agency for Public. richard.ferrante@uscmed.sc.edu
- 9 Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency.  
University
- 10 If Other was selected for question 9, identify and describe the agency.
- 11 Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf?  
No

If you answered no to question 11, you may skip ahead to the next page. Otherwise, you must answer the following questions.

12 Name and Address of Implementing Entity.

13 Information about Program Director at the Implementing Entity.

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

15 Telephone at Implementing Entity for Public.

16 E-mail at Implementing Entity for Public.

17 Select the most appropriate descriptor of the type of organization that is the Implementing Entity.

18 If Other was selected, identify and describe the entity.

19 Describe the mechanisms established to ensure coordination of activities and collaboration between the Implementing Entity and the state.

20 Is the Lead Agency named in this State Plan a new or different Lead Agency from the one designated by the Governor in your previous State Plan?

If you answered no to question 20, you may skip ahead to the next page. Otherwise, you must answer the following questions.

21 Explain why the Lead Agency previously designated by your state should not serve as the Lead Agency.

22 Explain why the Lead Agency newly designated by your state should not serve as the Lead Agency.

23 Is the Implementing Entity named in this State Plan a new or different Implementing Entity from the one designated by the Governor in your previous State Plan?

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

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

25 Explain why the Implementing Entity newly designated by your state should serve as the Implementing Entity

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

**NOTE: You MUST answer questions 13 and 14 in order to set up the rest of your form.**

- 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 (list below)  
 Department of Health and Environmental Control  
 Client Assistance Program  
 Non-Profit Agency for Individuals with Visual Impairments  
 Protection and Advocacy
- 8 The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians: 18
- 9 If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain below.

10 Proposed Budget Allocations

State-level Activities	Proposed Budget Allocation for Entire Annual Award
State Financing Activities	Not performed due to comparability
Device Reutilization Activities	\$50,001-\$60,000
Device Loan Activity	more than \$100,000
Device Demonstration Activity	\$70,001-\$80,000
State Leadership Activities	more than \$100,000

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

The SC AT Financial Loan Program at SC Vocational Rehabilitation Department is a Grant funded loan through RSA. The balance in the AT Financial Loan account as of September 30, 2008 is \$471,433.64 with 30 outstanding loans. SCVRD has hired two people to oversee and carry out the activities of the loan program, Timothy Russell, Administrative Manager, and Leslie Shipp, Administrative Assistant. Leslie devotes 90 percent of her time to the program. They collaborate and direct activities involved with the loan program with the Foundation for Independence Through Employment, a 501c3 community-based organization to help citizens with disabilities, and with Allied Opportunities, also a 501c3 community-based organization. Allied Opportunities facilitates the loan program for the Foundation for Independence through Employment. As administrator of the loan program, Allied Opportunities works in conjunction with the SC State Credit Union (SCU). The State Credit Union provides administrative support by tracking, sending notifications of late payments, repossession if necessary, and providing advice about qualifications for loans in general. The Loan Program Advisory Panel members meet to review applications in face-to-face meetings or via telephone conference. The members are trained on the duties of being a panel member and are selected based on their relationship to disability and assistive technology. There are both disabled and non-disabled members. The SCATP Director serves on the AT Financial Loan Advisory Panel. Names of the applicants are kept anonymous except to the VR Program Director. SCATP provides referrals to the financial loan program from inquiries received and also helps publicize the Program at workshops, trainings, in publications, at the annual AT Expo, on the SCATP web site, and the AT Online network listserv which serves 2000 members statewide.

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

The budget is developed using the framework of the State Level and State Leadership activity budget allocations. The University of South Carolina's Data Warehouse System tracks and records revenue and expenditures for all departments. Detailed accounting units for State Level and State Leadership Activities have been created for this grant to monitor expenditures accordingly. All expenditures are monitored to ensure that they are consistent with the budget. Reports are updated daily using class codes to distinguish types of expenditures and assure compliance with the grant.

13 State Financing Activities Performed

State Financing Activities	Activities Performed (select all that apply)
Financial loan program	
Access to telework loan fund	
Cooperative buying program	
Financing for home modifications program	
Telecommunications distribution program	
Last resort program	
Other program	

Other Activities Performed

Device Reutilization, Device Loan, and Device Demonstration Activities	Number of Activities Performed
How many device exchange programs do you support?	1
How many device reassignment programs do you support?	2
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?

2007

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**D Device Reutilization Activities**

**Device Exchange (1 of 1)**

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.

SCATP contracts with AgoraNet to provide an online equipment exchange database, by which South Carolinians are able to connect, for the sale, donation or transfer of used equipment.

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:

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) No

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

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

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

Receives financial support from the state. No

Receives in-kind support from the state. No

Receives financial support from private entities. No

Receives in-kind support from private entities. No

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

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

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

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

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

One central location

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

10 This activity is available (choose all that apply)

- By website Yes
- By phone Yes
- By e-mail Yes
- By mail No
- In person No

11 The online page for this activity can be found at  
<http://www.sc.edu/scatp/scatpexchange.htm>

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

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

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



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**D Device Reutilization Activities**

**Device Reassignment (1 of 2)**

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

2 Enter the year when the program began conducting this activity. 2008

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. No  
Receives financial support from private entities. No  
Receives in-kind support from private entities. No  
Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No  
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No  
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

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?

14

8 This activity is available (choose all that apply)

By website No  
 By phone No  
 By e-mail No  
 By mail No  
 In person Yes

9 Select the option that best describes the policy of the program for charging individuals with disabilities for a device.

Other

10 Select the option that best describes the policy of the program for charging professionals for a device.

Other

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	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	Yes	No	Yes	Yes	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	Yes	Yes	No	No

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

14 Describe any supports provided to the consumer to ensure successful use of the device.  
If technical help is needed by the consumer, SCATP staff, Walton Options staff, and STAR Network staff are available.

15 If this is an open-ended loan program, describe it.

16 Provide any additional information about this activity you wish to share.  
As part of the STAR Network, Walton Options for Independent Living provides transportation of equipment (pick up and delivery) to sites throughout the state.

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**D Device Reutilization Activities**

**Device Reassignment (2 of 2)**

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

2 Enter the year when the program began conducting this activity. 2008

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. No  
Receives financial support from private entities. No  
Receives in-kind support from private entities. No  
Coordinates and collaborates with other entities for the purpose of establishing a new program or service. No  
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service. No  
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

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

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? 5

8 This activity is available (choose all that apply)

- By website No
- By phone No
- By e-mail No
- By mail No
- 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	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	Yes	No	No	Yes	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	Yes	No	No

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

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

If a consumer needs help in using the device, SCATP staff and Portlight Strategies (a non-profit) staff are available.

15 If this is an open-ended loan program, describe it.

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

SCATP provided support to Portlight Strategies, a non-profit organization based in Charleston, in creating a network of faith based affiliates and other civic and charitable organizations, for the exchange of used assistive technology. This is done through a network of collection and distribution points in rural locations in South Carolina.

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**E Device Loan Activity (1 of 1)**

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. 1993

6 Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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.

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.

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.

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 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	No	No	No	Yes
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
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	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	Yes
UCP	No	No	No	No
Other	No	No	No	No

9 Select the option that best describes from where this activity is conducted.

One central location

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

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.

Device loans are often made after a consultation with the individual with a disability and his/her assistive technology team members. In these cases, a demonstration of the equipment is provided to the team at the time of the initiation of the loan. Devices are loaned with manuals and/or summary sheets of main functions and features. Individuals who borrow devices are provided staff contact information, so they can call, e-mail or meet in person to have questions answered.

15 Devices in the load 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 picked up by the borrower or delivered by program staff.

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**F Device Demonstration Activity (1 of 1)**

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. 1993

6 Who conducts this activity? Check all that apply.

The Statewide AT Program Yes

Other entities (e.g. contractors) No

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. 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. 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. Yes

8 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	No
Education-related agency	No	No	No	Yes
Employment-related agency	No	No	No	No
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	No
Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
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	No
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	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	No

9 Select the option that best describes from where this activity is conducted.

One central location

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

11 This activity is available (choose all that apply)

By website No  
 By phone No  
 By e-mail No  
 By mail No  
 In person Yes

12 Select the option that best describes the primary type of demonstrations provided by the program.

In-person demonstrations from a fixed location

Select the option that best describes the secondary type of demonstrations provided by the program.

In-person demonstrations that move to multiple 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.

Most of the devices in the demonstration center are available through the device loan program except for software and computers.

**Assistive Technology State Grant Program**

**South Carolina State Plan for FY 2010-2012**

**G1 State Leadership Activities**

**Training Activities**

1 Who conducts this activity? Check all that apply.

- The Statewide AT Program Yes
- Other entities (e.g. contractors) No

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

- Provides financial support to other entities via an agreement with the Statewide AT Program. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
- Receives financial support from the state. No
- Receives in-kind support from the state. 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. Yes

3 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	No
Health, allied health, and rehabilitation-related agency	No	No	No	Yes
Independent Living Center	No	No	No	No

Institution of Higher Education	No	No	No	Yes
Non-categorical disability organization	No	No	No	No
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	No
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	No
Technology agency	No	No	No	Yes
UCP	No	No	No	No
Other	No	No	No	No

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

One central location

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

6 This activity is available (choose all that apply)

- By website No
- By phone No
- By e-mail No
- By mail No
- 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.

A fee on a variable or sliding scale

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

A fee on a variable or sliding scale

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

Many trainings are free of charge. Fees are charged when a speaker fee or supplies charges are incurred.

**Assistive Technology State Grant Program**

**South Carolina State Plan for FY 2010-2012**

**G2 State Leadership Activities**

**Technical Assistance Activities**

1 Who conducts this activity? Check all that apply.

- The Statewide AT Program Yes
- Other entities (e.g. contractors) No

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

- Provides financial support to other entities via an agreement with the Statewide AT Program. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. Yes
- Receives financial support from the state. Yes
- 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. 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 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	No	No	Yes
Independent Living Center	No	No	No	No



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	No
Technology agency	No	No	No	Yes
UCP	No	No	No	No
Other	No	No	Yes	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? 15

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.

- 1) SCATP provides ongoing technical assistance to the SC Assistive Technology Advisory Committee, Division of State Information Technology (DSIT), SC Budget and Control Board. A primary area of focus is accessibility of government electronic and information technology (including Web sites) for South Carolina's citizens. Strategic Planning for interagency collaboration, statewide trainings and conferences, as well as a Web Testers Pilot Program are part of this Committee's work. SCATP is administering the Web Testers Pilot Program with 20 trained testers (most of whom use assistive technology to access the Internet) evaluating state agency web sites for accessibility and usability.
- 2) SCATP staff members will continue to provide technical assistance to a multi-agency advisory group, the SC Transition Education Service Team, that supports the operation of the Youth Employment Services (YES), and is funded by a 5-year grant implemented by the SC Vocational Rehabilitation Department. This grant targets potential high school dropouts including teens with disabilities who are at high risk of dropping out to assist them in successfully completing school and transitioning into post-secondary education or jobs.

**Assistive Technology State Grant Program**

**South Carolina State Plan for FY 2010-2012**

**G3 State Leadership Activities**

**Public Awareness Activities**

1 Who conducts this activity? Check all that apply.

- The Statewide AT Program Yes
- Other entities (e.g. contractors) No

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

- Provides financial support to other entities via an agreement with the Statewide AT Program. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
- Receives financial support from the state. 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. Yes
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3 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	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	Yes	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.

- 1) The AT Online Network listserv facilitates requests among the 2200 network members for information concerning AT equipment, services and funding challenges. Requests for assistance are from consumers, service providers and agency representatives about the selection, assessment, funding or use of AT devices and services. Input is received from people throughout the state from many agencies, organizations and locales. Responses are evaluated, compiled and shared with the appropriate service providers and consumers requesting the information.
- 2) SCATP's annual AT Expo publicity is orchestrated as a public awareness campaign. Information reaches South Carolina's citizens through listservs, newsletters, university publications, specific articles in state, university and local newspapers, as well as radio and television interviews. SCATP staff and local service providers and consumers are used for TV, newspaper and radio interviews.
- 3) SCATP exhibits at approximately five conferences around the state each year where SCATP publications (fact sheets, articles and the AT Resource Room brochure) are distributed. The publications are also distributed at meetings, trainings and other events around the state. SCATP publications are offered in alternate formats (e.g., enlarged text, Braille) upon request.
- 4) The SCATP Web page provides over 730 links to state and national resources. These resources include information about the selection, assessment, funding or use of AT devices and services.

**Assistive Technology State Grant Program**

**South Carolina State Plan for FY 2010-2012**

**G4 State Leadership Activities**

**Information and Assistance Activities**

1 Who conducts this activity? Check all that apply.

- The Statewide AT Program Yes
- Other entities (e.g. contractors) No

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

- Provides financial support to other entities via an agreement with the Statewide AT Program. No
- Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
- Receives financial support from the state. No
- Receives in-kind support from the state. 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. No
- Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services. No

3 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	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	No
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	No
Protection and Advocacy Organization	No	No	No	Yes
Technology agency	No	No	No	Yes
UCP	No	No	No	No
Other	No	No	No	No

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

One central location

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

6 This activity is available (choose all that apply)

- By website Yes
- By phone Yes
- By e-mail Yes
- By mail Yes
- In person Yes

7 Describe the activity.

Contact information for SCATP staff members is included on the SCATP website. Staff members respond to requests for assistance according to their areas of expertise. Referrals are made as appropriate. If needed, staff members research the topic and contact the person with additional information. Occasionally requests for information are forward to the SCATP on-line network listserv for input from the community.

**Assistive Technology State Grant Program**

**South Carolina State Plan for FY 2009-2011 (submitted FY 2009)**

**Section H: Assurances and Signature**

1	As Certifying Representative of the Lead Agency for the State of South Carolina, I hereby assure the following.	Yes
2	The Lead Agency prepared and submitted this State Plan on behalf of the State of South Carolina.	Yes
3	The Lead Agency submitting this plan is the State agency that is eligible to submit this plan.	Yes
4	The State agency has authority under State law to perform the functions of the State under this program.	Yes
5	The State legally may carry out each provision of this plan.	Yes
6	All provisions of this plan are consistent with State law.	Yes
7	A State officer, specified by title in this certification, has authority under State law to receive, hold, and disburse Federal funds made available under the plan.	Yes
8	The State officer who submits this plan, specified by title in this certification, has authority to submit this plan.	Yes
9	The agency that submits this plan has adopted or otherwise formally approved this plan.	Yes
10	The plan is the basis for State operation and administration of the program.	Yes
11	The Lead Agency will maintain and evaluate the program under this State Plan.	Yes
12	The State will annually collect data related to the required activities implemented by the State under this section in order to prepare the progress reports required under subsection 4(f) of the Act.	Yes
13	The Lead Agency will submit the progress report on behalf of the State.	Yes
14	The State will prepare reports to the Secretary in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this Act and keep such records and allow access to such records as the Secretary may require to ensure the correctness and verification of information provided to the Secretary.	Yes
15	The Lead Agency will control and administer the funds received through the grant.	Yes
16	The Lead Agency will make programmatic and resource allocation decisions necessary to implement the State Plan.	Yes
17	Funds received through the grant will be expended in accordance with Section 4 of the Act, and will be used to supplement, and not supplant, funds available from other sources for technology-related assistance, including the provision of assistive technology devices and assistive technology services.	Yes
18	The Lead Agency will ensure conformance with Federal and State accounting requirements.	Yes

- 19 The State will adopt such fiscal control and accounting procedures as may be necessary to ensure proper disbursement of and accounting for the funds received through the grant. Yes
- 20 Funds made available through a grant to a State under this Act will not be used for direct payment for an assistive technology device for an individual with a disability. Yes
- 21 A public agency or an individual with a disability holds title to any property purchased with funds received under the grant and administers that property. Yes
- 22 The physical facility of the Lead Agency and Implementing Entity, if any, meets the requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) regarding accessibility for individuals with disabilities. Section 4(d)(6)(E) Yes
- 23 Activities carried out in the State that are authorized under this Act, and supported by Federal funds received under this Act, will comply with the standards established by the Architectural and Transportation Barriers Compliance Board under section 508 of the Rehabilitation Act of 1973 (20 U.S.C. 794d). Section 4(d)(6)(G) Yes
- 24 The Lead Agency will coordinate the activities of the State Plan among public and private entities, including coordinating efforts related to entering into interagency agreements. Yes
- 25 The Lead Agency will coordinate efforts related to the active, timely, and meaningful participation by individuals with disabilities and their family members, guardians, advocates, or authorized representatives, and other appropriate individuals, with respect to activities carried out through the grant. Yes
- 26 Describe how your program will conform to section 427 of General Education Provisions Act by describing the steps you propose to take to ensure equitable access to, and participation in, your program for students, teachers, and other program beneficiaries with special needs.
- The University of South Carolina does not discriminate in educational or employment opportunities or decisions for qualified persons on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation or veteran status.
- The South Carolina Assistive Technology Program provides equal access to its AT Resource Center and provides special accommodations upon request to people who visit the Center, attend trainings and the annual SC AT Expo. Since 2000, SCATP staff has been the lead entity, in collaboration with other key agencies, in helping state agencies provide equal access to programs, information, equipment and devices. As a key member of the Assistive Technology Advisory Committee (ATAC) under the State Chief Information Officer, SC Budget and Control Board, SCATP staff have provided consultation, training, and support to state agencies in complying with Section 508, of the Rehabilitation Act of 1973, Amended by the Workforce Investment Act of 1998 in meeting accommodations for state employees. ATAC focused specifically on developing a Web Site Accessibility Policy and Transition Plan for the State of SC based on Section 508. It is recommended that agencies also follow the Web Content Accessibility Guidelines established by the World Wide Web Consortium's Web Accessibility Initiative (W3C-WAI) that are not addressed in Section 508. It was adopted by the State Architectural Oversight Committee and state agencies are required to comply. The State of South Carolina is committed to providing accessibility to all state government programs and services and Internet-based resources. SCATP staff also serves on the State's Emergency Management Division Special needs Task force for People with Disabilities in providing information about accessibility to people with disabilities in disaster preparedness and accommodating people with disabilities in shelters.
- Every attempt is made to provide effective communication, and reasonable accommodations to people who access our facilities and services. The end goal is to provide access to programs and services for people of all ages and disabilities that is comparable to that accorded individuals who do not have disabilities.

27 Access Goal Table

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	70.00	65.00	80.00	65.00
b. Long-term Goal Status	Not met	Not met	Not met	Not met
c. FY 2007 Performance	46.43	100.00	46.15	75.00
d. FY 2008 Short-term goal	50.00	50.00	50.00	50.00
e. FY 2008 Performance	59.62	100.00	73.33	83.33
f. FY 2008 Status	Met	Met	Met	Met
g. FY 2009 Short-term goal	65.00	60.00	78.00	60.00
h. FY 2009 Performance	0.00	0.00	0.00	0.00
i. FY 2009 Status	Not met	Not met	Not met	Not met

j. FY 2010 Short-term goal	0.00	0.00	0.00	0.00
k. FY 2010 Performance	0.00	0.00	0.00	0.00
l. FY 2010 Status				

28 Acquisition Goal Table

Acquisition	Education	Employment	Community Living
a. Long-term Goal	35.00	35.00	35.00
b. Long-term Goal Status	Not met	Not met	Not met
c. FY 2007 Performance	100.00	0.00	100.00
d. FY 2008 Short-term goal	25.00	10.00	25.00
e. FY 2008 Performance	100.00	0.00	100.00
f. FY 2008 Status	Met	Not met	Met
g. FY 2009 Short-term goal	30.00	25.00	30.00
h. FY 2009 Performance	0.00	0.00	0.00
i. FY 2009 Status	Not met	Not met	Not met
j. FY 2010 Short-term goal	0.00	0.00	0.00
k. FY 2010 Performance	0.00	0.00	0.00
l. FY 2010 Status			

29 Name of Certifying Representative for the Lead Agency Daniel Christmus

30 Title of Certifying Representative for the Lead Agency Senior Administrator for Sponsored Programs

31 Signed? Yes

32 Date Signed 01/21/2009



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is 1820-0664. The time required to complete this information collection is estimated to average 75 hours per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Robert Groenendaal.

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