

**Minnesota State Plan
For
Fiscal Years 2009-2011**

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Table of Contents

Section	A	<u>Identification and Description of Lead Agency and Implementing Entity; Change in Lead Agency or Implementing Entity</u>	
Section	B	<u>Advisory Council, Budget Allocations, and Identification of Activities Conducted</u>	
Section	C	<u>State Financing Activities</u>	
		Financial loan program	N/A
		Access to telework loan fund	N/A
		Cooperative buying program	N/A
		Financing for home modifications program	N/A
		Telecommunications distribution program	N/A
		Last resort program	N/A
		Other program	N/A
Section	D	<u>Device Reutilization Activities</u>	
		Device exchange	
		Device reassignment	
	E	<u>Device Loan Activity</u>	
	F	<u>Device Demonstration Activity</u>	
	G	<u>State Leadership Activities</u>	
		<u>Training Activities</u>	
		<u>Technical Assistance Activities</u>	
		<u>Public Awareness Activities</u>	
		<u>Information and Assistance Activities</u>	
Section	H	<u>Assurances and Signatures</u>	

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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. System of Technology to Achieve Results (STAR) Program.

2 Website dedicated to Statewide AT Program <http://www.starprogram@state.mn.us>

3 Name and Address of Lead Agency
Minnesota Department of Administration
STAR Program
358 Centennial Office Building
658 Cedar Street
Saint Paul, MN 55155-1603

4 Name, Title, and Contact Information for Lead Agency Certifying Representative.
Dana Badgerow, Commissioner
Minnesota Department of Administration
Commissioner's Office
200 Administration Building
50 Sherburne Avenue
Saint Paul, MN 55155-1402
Phone: 651.201.2555
Email: Dana.Badgerow@state.mn.us

5 Information about Program Director at Lead Agency.
Colleen Wieck, Interim Executive Director
Minnesota Department of Administration
STAR Program
358 Centennial Office Building
658 Cedar Street
Saint Paul, MN 55155-1603
Phone: 651-296-9964
Email: Colleen.Wieck@state.mn.us
FTE = 5%

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

Jo Ann Erbes, Program Manager
Minnesota Department of Administration
STAR Program
358 Centennial Office Building
658 Cedar Street
Saint Paul, MN 55155-1603
Phone: 651-201-2295
Email: jo.erbes@state.mn.us

7 Telephone at Lead Agency for Public. 888-234-1267

8 E-mail at Lead Agency for Public. star.program@state.mn.us

9 Select the most appropriate descriptor of the agency/division/bureau directly responsible for the Statewide AT Program within the Lead Agency.

Other

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

STAR is located in the Minnesota Department of Administration. The Department of Administration provides a broad range of business management, administrative and professional services and a variety of resources to state and local government agencies and to the public.

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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

- 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?
No

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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

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

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

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

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

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

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 Yes 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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

Section C: State Financing Activities

	Proposed Budget Allocation for Entire Annual Award
State-level Activities	
State Financing Activities	Not performed due to comparability

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Device Reutilization Activities	\$90,001 - \$100,000
Device Loan Activity	\$90,001 - \$100,000
Device Demonstration Activity	\$80,001 - \$90,000
State Leadership Activities	more than \$100,000

11 For every activity for which you selected "claiming comparability" in item 10, describe the comparable activity.
 State Financing Activities: Assistive Technology of Minnesota (ATMn) has contracted with the state of Minnesota through the Department of Administration to provide access to Telework and Alternative Financing. On behalf of the Department of Administration, STAR receives and reviews quarterly activity reports provided by ATMn. According to the balance sheet dated September 30, 2008, there is \$2,008,834 invested for the purpose of teleworks and AFP. Funds available represent the initial federal funds, the match provided by the State of Minnesota, foundation grants and local resources to meet the match requirement in order to access federal funds.

12 Describe your planned procedures for tracking expenditures for State-level and State Leadership activities.
 When developing the budget for the STAR program, the allocation of expenses for state-level and state leadership activities is taken into consideration. To monitor actual expenses the Minnesota Department of Administration Finance Division has identified reporting categories used for tracking expenses related to state-level and state leadership activities. Staff monitor the time they spend on specific projects and personnel costs are attributed to each reporting category based on real time costs. The expense of goods and services are attributed to the appropriate reporting category. Expenses are monitored to determine that no more than 40% of our expenditures are in state leadership activities.

 At the beginning of the federal fiscal year the STAR program manager determines the total dollar amount needed for transition related activities and budgets accordingly.

13 State Financing Activities Performed

State Financing Activities	Activities Performed (select all that apply)
Financial loan program	
Access to telework loan fund	

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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?	2

14 What is the baseline year for the measurable goals for this state plan? 2007

Section 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.

The STAR program maintains a web site, www.mnstarte.org, for the purpose of enabling individuals to list assistive technology they have available to sell or give away to someone needing the equipment. Anyone posting equipment must register. Once they have registered they can post equipment on the web site. They have the option of selling, bartering, or giving the equipment away. STAR staff confirms the

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

entry. Anyone can view the equipment available on the web site. If someone wishes to purchase equipment posted on the web site, they must register. Upon registration they will have access to information about how to connect with the seller. Once the equipment is exchanged, the seller notifies STAR to remove the item from the list. STAR staff contacts both the buyer and seller to determine satisfaction with the program.

If an individual is seeking equipment, he/she can register on-line that they are looking for specific equipment and be notified by email if/when the equipment has been posted to the web site. If needed, we attempt to contact the buyer, so we can get information about the seller.

Also, at the moment, the site is setup so that folks can also list items for loan. We have the option to turn this off if we want. The original intent was that it might help loan programs drive folks to their program.

- 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) | 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. | 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 |

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

- 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	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	Yes	No	No	Yes
Independent Living Center	No	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	Yes
Organization that primarily serves individuals who are deaf or hard of hearing	No	No	No	Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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	No
UCP	No	No	No	Yes
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? 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.mnstarte.org>

12 Select the option that best describes what happens when a device is exchanged.

the transaction is direct consumer-to-consumer

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

- 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.

STAR will focus on promoting and marketing the STAR web site for the purpose of exchanging assistive technology.

STAR will promote information about reutilization of assistive technology in the statewide disability monthly newspaper, Access Press, by writing quarterly articles relating to exchange of assistive technology. Articles may include what to consider when purchasing or receiving used equipment and discussing the benefits/challenges of exchanging equipment.

STAR will appear on the Metro Area cable television show, Disability Viewpoints, to promote www.mnstarte.org. Staff will talk about what to consider when purchasing or receiving used equipment, and how to access the web site.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section 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	No
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.	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.	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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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	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	No
Non-categorical disability organization	Yes	No	No	Yes
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	Yes	No	No	Yes
Organization that primarily serves individuals with physical disabilities	No	No	No	No

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Organization focused specifically on providing AT	Yes	No	No	Yes
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.

Regional sites

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

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?

Multiple subcontractors are used and they set their own policies

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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	Yes	No	No
Hearing	Yes	No	No	Yes	No	No
Speech Communication	No	No	No	No	No	Yes
Learning, Cognition, and Developmental	Yes	No	No	Yes	No	No
Mobility, Seating, and Positioning	No	No	No	No	No	Yes
Daily Living	Yes	No	No	Yes	No	No
Environmental Adaptations	Yes	No	No	Yes	No	No
Vehicle Modification and Transportation	No	No	No	No	No	Yes
Recreation, Sports, and Leisure Equipment	Yes	No	No	Yes	No	No
Computer and Associated Equipment	No	No	No	No	No	Yes

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

Individual consumers contact program staff to request specific equipment. Individuals without insurance, are served by a healthcare, human-/social service agency or who are eligible for public assistance or Medicare are eligible for services.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

Staff duties include assisting customers, maintaining, cleaning and repairing equipment, insure that items are in working order and show the consumer or professional how to use the device.

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

Equipment may be available for short term loan if appropriate for the individual. Individuals are encouraged to return equipment to the program when they no longer have a need for it.

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

The agencies contracted with for utilization of AT provide services in limited areas of the state, but are willing to provide equipment statewide. All programs are available to anyone with a need for assistive technology.

Device Reassignment (2 of 2)

1 Select the option that best describes the reassignment program

reassigns computers only

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

1997

3 Who conducts this activity? Check all that apply.

The Statewide AT Program

No

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.

No

Receives in-kind support from the state.

No

Receives financial support from private entities.

No

Receives in-kind support from private entities.

No

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

impaired				
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	Yes
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	No
UCP	Yes	No	No	Yes
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? 3

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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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?

Multiple subcontractors are used and they set their own policies

1 In the following table, select by device type how the device is reassigned. Select the top two used by the
2 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	Yes
Hearing	No	No	No	No	No	Yes
Speech Communication	No	No	No	No	No	Yes
Learning, Cognition, and Developmental	No	No	No	No	No	Yes
Mobility, Seating, and Positioning	No	No	No	No	No	Yes
Daily Living	No	No	No	No	No	Yes
Environmental Adaptations	No	No	No	No	No	Yes
Vehicle Modification and Transportation	No	No	No	No	No	Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

n						
Recreation, Sports, and Leisure Equipment	No	No	No	No	No	Yes
Computer and Associated Equipment	Yes	Yes	Yes	Yes	No	No

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

Teachers identify students in need of computers; consumers or family members self identify the need for computers; individuals are eligible for services at the State Services for the Blind identify the need for computers. Professionals may assist consumers in identification of the types of software and access needed for the individual to be successful.

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

Training and set up is provided by computer technicians or educators for the consumers, family members or personal care attendants. There is a partnership established between the agency providing the equipment and the recipient. Individuals are encouraged to contract the agency if problems occur. Some minor repair may be provided on an as needed bases. A training manual may be provided with each computer.

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

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

The purpose of the computer reutilization program is to provide affordable technology solutions to schools, teachers, and individuals. Components that are not refurbished are recycled.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section 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. 2007

6 Who conducts this activity? Check all that apply.

The Statewide AT Program No

Other entities (e.g. contractors) Yes

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

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

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

Receives financial support from the state. No

Receives in-kind support from the state. No

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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.	No

- 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	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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

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

Regional sites

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

11 This activity is available (choose all that apply)

By website Yes

By phone Yes

By e-mail Yes

By mail Yes

In person Yes

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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Multiple subcontractors are used and they set their own policies

13 Select the option that best describes the policy of the program for charging professionals for a loan.

Multiple subcontractors are used and they set their own policies

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

Every device is sent from the loan inventory with the manufacturer's instructions and/ or a summary of basic instructions. Devices are sent to individuals who have knowledge about the basic features about the equipment. Program staff, with a speciality in technology, are available to troubleshoot basic operations, answer questions or provide technical assistance.

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?

Multiple subcontractors are used and they set their own policies

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

All contracting agencies provide equipment statement without regard to age, primary diagnosis or ethnicity.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section F: Device Demonstration Activity (1 of 2)

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

Program for targeted agencies or entities

- 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.

STAR has a computer, large screen monitor, various software, keyboards, and alternative access methods available for demonstration to state employees to try when returning to work following an injury or experiencing a change in their abilities to operate a computer.

- 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.

STAR is coordinating this program with human resource staff and staff from the Risk Management Division within the Department of Administration. The purpose of the STAR computer demonstration program is to educate state employees about alternative access methods and software that may assist them when performing their job duties. The focus is on employees with disabilities and those returning to work following an injury or illness who may need an accommodation on the job.

- 4 If you selected other, describe

- 5 Enter the year when the program began conducting this activity. 2008

- 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).

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

- 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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Employment-related agency	No	No	No	Yes
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	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	No
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 No

By phone No

By e-mail No

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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 from a fixed location	
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	No
Evaluations and assessments	No
Training	No
Public awareness	No
16 Select the option that best describes what is shared with the device loan program.	
N/A	
17 Provide any additional information about this activity you wish to share.	
Once the program is established, STAR will expand the computer demonstration program to other departments such as human resources, health, education, employment, etc., within state government.	

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section F Device Demonstration Activity (2 of 2)

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. 2007

6 Who conducts this activity? Check all that apply.

The Statewide AT Program No

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. No

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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.	No

- 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	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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

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

Regional sites

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

11 This activity is available (choose all that apply)

By website Yes

By phone Yes

By e-mail Yes

By mail Yes

In person Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

- 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 a fixed location
- 13 Select the option that best describes the policy of the program for charging individuals with disabilities for a demonstration.
- Multiple subcontractors are used and they set their own policies
- 14 Select the option that best describes the policy of the program for charging professionals for a demonstration.
- Multiple subcontractors are used and they set their own policies
- 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.
- Device demonstration is one method to use when introducing devices to individuals who are not familiar with assistive technology. Participation in a device demonstration has allowed individuals to move through the assessment and evaluation process with greater understanding of the equipment available. Demonstration of equipment has also led to creation of social opportunities such as a Wii bowling league.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section 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) | Yes |
- 2 The Statewide AT Program provides and/or receives the following support (choose all that apply).
- | | |
|---|-----|
| Provides financial support to other entities via an agreement with the Statewide AT Program. | Yes |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | Yes |
| Receives financial support from the state. | 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 |
- 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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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	Yes	No	No	Yes
Employment-related agency	Yes	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	No
Non-categorical disability organization	Yes	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	No
UCP	No	No	No	Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

	Other	No	No	No	No
--	-------	----	----	----	----

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

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	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.

Multiple subcontractors are used and they set their own policies

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

Multiple subcontractors are used and they set their own policies

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

Training is provided as requested about 1.) the use of specific equipment for individuals seeking employment, 2.) the importance of making documents accessible and 3.) funding resources.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section 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. | 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 |
- 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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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	Yes	No	No	Yes
Employment-related agency	Yes	No	No	Yes
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	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	No
Organization that primarily serves individuals with physical disabilities	No	No	No	No
Organization focused specifically on providing AT	No	No	No	Yes
Protection and Advocacy Organization	No	No	No	No
Technology agency	Yes	No	No	Yes
UCP	No	No	No	No

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Other	No	No	No	No
-------	----	----	----	----

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

A combination of a central location and regional sites

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

6 This activity is available (choose all that apply)

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

Staff are providing technical assistance to 1.) the MN Department of Education with regard to accessible alternative materials and access to assistive technology; 2.) the Department of Human Services as they consider the use of technology in adult foster homes and for use by the elderly who choose to age in place; 3.) a committee of agencies with in state government reviewing E-government and the need for accessible web sites.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Section 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. | 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. | 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.

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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	Yes
Education-related agency	Yes	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	No
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	Yes	No	No	No
Protection and Advocacy Organization	No	No	No	No
Technology agency	No	No	No	Yes
UCP	Yes	No	No	Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Other	No	No	No	No
-------	----	----	----	----

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

A combination of a central location and regional sites

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

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.

STAR participates in disability related agency vendor fairs; displays information about assistive technology at trade associations for OT's, PT's, educators, etc.; prints a quarterly newsletter about assistive technology related topics and services; maintains a web site, www.starprogram.state.mn.us, with information about device loan and demonstration programs, device reuse and training opportunities in the State of MN and provides articles for disability related newsletters, newspapers and television shows.

Section 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)	Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

- 2 The Statewide AT Program provides and/or receives the following support (choose all that apply).
- Provides financial support to other entities via an agreement with the Statewide AT Program. Yes
 - Provides in-kind support to other entities via an agreement with the Statewide AT Program. No
 - Receives financial support from the state. No
 - Receives in-kind support from the state. No
 - Receives financial support from private entities. No
 - Receives in-kind support from private entities. No
 - Coordinates and collaborates with other entities for the purpose of establishing a new program or service. 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	Yes
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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

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

A combination of a central location and regional sites

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

3

6 This activity is available (choose all that apply)

By website

Yes

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

By phone	Yes
By e-mail	Yes
By mail	Yes
In person	Yes
7 Describe the activity.	
<p>Information and assistance is provided by STAR staff and the three agencies providing device loans and demonstrations. All locations have part-time staff responding to questions submitted by phone calls and e-mail. Our policy is to respond to inquiries within one business day and follow-up contacts as needed. Staff receive training about resources and how to access information from the web and internal resources. If there is an inquiry that staff is not able to respond to, the inquiry is brought to other staff members for their collective input.</p>	

Section H: Assurances and Signature

1	As Certifying Representative of the Lead Agency for the State of Minnesota, I hereby assure the following.	Yes
2	The Lead Agency prepared and submitted this State Plan on behalf of the State of Minnesota.	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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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. STAR and the recipients of contracts issued by STAR for device loan and demonstration, reutilization, and transition services must be available to all Minnesotan's with out regard to race, color, age, ethnicity, religion, national origin, gender, age citizenship status or disability. For statistical purposes only STAR will attempt to monitor who uses various programs to assure that there is equal access to everyone.

27 Access Goal Table

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	85.00	85.00	75.00	100.00
b. Long-term Goal Status	Not met	Not met	Not met	Not met
c. FY 2007 Performance	83.33	100.00	82.35	100.00
d. FY 2008 Short-term goal	45.00	55.00	45.00	100.00
e. FY 2008 Performance	76.67	95.00	75.00	100.00
f. FY 2008 Status	Met	Met	Met	Met
g. FY 2009 Short-term goal	85.33	100.00	84.35	100.00
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	85.00	85.00	75.00	100.00
k. FY 2010 Performance	0.00	0.00	0.00	0.00
l. FY 2010 Status	Not met	Not met	Not met	Not met

28 Acquisition Goal Table

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

Acquisition	Education	Employment	Community Living
a. Long-term Goal	65.00	65.00	65.00
b. Long-term Goal Status	Not met	Not met	Not met
c. FY 2007 Performance	0.00	0.00	0.00
d. FY 2008 Short-term goal	45.00	45.00	45.00
e. FY 2008 Performance	0.00	0.00	25.00
f. FY 2008 Status	Not met	Not met	Not met
g. FY 2009 Short-term goal	45.00	45.00	45.00
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	65.00	65.00	65.00
k. FY 2010 Performance	0.00	0.00	0.00
l. FY 2010 Status	Not met	Not met	Not met

29 Name of Certifying Representative for the Lead Agency
Dana Badgerow

30 Title of Certifying Representative for the Lead Agency
Commissioner, Department of Administration

31 Signed? yes

32 Date Signed 1/23/2008

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

Assistive Technology State Grant Program

Minnesota State Plan for FY 2009-2011 (submitted FY 2010)

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. 20202-4760. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: Robert Groenendaal.