

Assistive Technology State Grant Program

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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. Guam System for Assistive Technology (GSAT) Program.
- 2 Website dedicated to Statewide AT Program <http://www.gsatcedders.org>
- 3 Name and Address of Lead Agency
University of Guam Center for Excellence on Developmental Disabilities Education, Research, and Service (Guam CEDDERS)

University of Guam
Office of Academic and Student Affairs
House 29 *Deans Circle
UOG Station
Mangilao, GU 96923
- 4 Name, Title, and Contact Information for Lead Agency Certifying Representative.
Heidi San Nicolas, Ph.D.
Director

University of Guam
Office of Academic and Student Affairs
House 29 *Deans Circle
UOG Station
Mangilao, GU 96923

Tel: (671) 735-2480/1/2
TTY: (671) 734-6531
Fax: (671) 734-5709
Email: heidi.sannicolas@guamcedders.org
- 5 Information about Program Director at Lead Agency.
June Quitugua
Inclusive Communities Initiative Area Coordinator

- 6 Information about Program Contact(s) at Lead Agency.
Carla Torres
Assistive Technology Specialist
- 7 Telephone at Lead Agency for Public. 671-735-2480
- 8 E-mail at Lead Agency for Public. gsat@guamcedders.org
- 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

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 Section B: Advisory Council, Budget Allocations, and Identification of Activities Conducted

NOTE: You MUST answer questions 11&12 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 Yes
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.
- 2 The advisory council includes a representative of the designated State Yes
agency, as defined in section 7 of the Rehabilitation Act of 1973 (29
U.S.C. 705)
- 3 The advisory council includes a representative of the State agency for N/A
individuals who are blind (within the meaning of section 101 of that Act
(29 U.S.C. 721));
- 4 The advisory council includes a representative of a State center for Yes
independent living described in part C of title VII of the Rehabilitation Act
of 1973 (29 U.S.C. 796f et seq.);
- 5 The advisory council includes a representative of the State workforce Yes
investment board established under section 111 of the Workforce
Investment Act of 1998 (29 U.S.C. 2821);
- 6 The advisory council includes a representative of the State educational Yes
agency, as defined in section 9101 of the Elementary and Secondary
Education Act of 1965
- 7 The advisory council includes other representatives (list below)
Advocate, Guam Legal Services Corporation (Protection and Advocacy Agency)

Executive Director, Guam Developmental Disabilities Council

8 The advisory council includes the following number of individuals with disabilities that use assistive technology or their family members or guardians: 8

9 If the Statewide AT Program does not have the composition and representation required under section 4(c)(2)(B), explain below.

We do not have a separate state agency for individuals who are blind.

10 Proposed Budget Allocations

	Proposed Budget Allocation for Entire Annual Award
State-level Activities	
State Financing Activities	\$10,001-\$20,000
Device Reutilization Activities	\$10,001-\$20,000
Device Loan Activity	\$30,001-\$40,000
Device Demonstration Activity	\$10,001-\$20,000
State Leadership Activities	\$40,001-\$50,000

11 State Financing Activities Performed

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

Other Activities Performed

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

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

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 C State Financing Activities

Financial loan program

1 Enter the year when the program began conducting this activity. 2005

2 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

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

Provides financial support to other entities via an agreement with the Statewide AT Program.	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.	Yes
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	No
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	No
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	No

4 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	b. Receive	c. Receive	d. Collaborate
--------------------------	----------------	------------	------------	----------------

	support	support from the state	support from these private entities	with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	Yes	No	Yes	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	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	Yes
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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

One central location

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

7 This activity is available (choose all that apply)

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

- 8 Enter the total endowment of the activity. 523311.53
- 9 Select the option that best describes the primary source of capital used to begin the activity.
Title III of the AT Act of 1998
- 10 Select the option that best describes the primary source of support for ongoing operation of the activity.
Interest and investments from the original source of capital
- 11 Even if they are not the primary source of support, do you support this program using section 4 funds? Yes
- 12 This activity offers the following types of assistance (select all that apply).
- | | |
|--------------------------|-----|
| Revolving loans | No |
| Loan guarantees | Yes |
| Low interest loans | No |
| Interest buy-downs | No |
| Preferred interest loans | No |
- 13 The lowest loan amount provided as established by the policies of the activity (leave blank if N/A) \$100
- 14 The highest loan amount provided as established by the policies of the activity (leave blank if N/A) \$3000
- 13 Provide any additional information about this activity you wish to share.
The Loan Review Committee and Lending Institution may, at their joint discretion, recommend to the Guam Options for Alternative Loans-Assistive Technology Loan Program Board for approval of loans that exceed the maximum amount if such exceptions are justified and would serve the purposes of the Program.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 C State Financing Activities

Access to telework loan fund

1 Enter the year when the program began conducting this activity. 2005

2 Who conducts this activity? Check all that apply.

The Statewide AT Program	Yes
Other entities (e.g. contractors)	Yes

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

Provides financial support to other entities via an agreement with the Statewide AT Program.	No
Provides in-kind support to other entities via an agreement with the Statewide AT Program.	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.	Yes
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes
Coordinates and collaborates with other entities for the purpose of expanding an existing program or service.	Yes
Coordinates and collaborates with other entities for the purpose of reducing duplication of programs or services.	Yes

4 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	b.	c.	d.
--------------------------	--------	----	----	----

	provide support	Receive support from the state	Receive support from these private entities	Collaborate with
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	Yes	No	Yes	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	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	Yes
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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

One central location

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

7 This activity is available (choose all that apply)

- By website Yes
- By phone Yes
- By e-mail Yes
- By mail Yes

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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.
Our AT program supports a device exchange specifically for our own state. Our exchange is open to the public and directly serves consumers. Guam's System of Assistive Technology (GSAT) supports an online and call-in system that may be a source for "previously-owned" assistive devices, usually available at a lower cost than buying new. This service helps get used assistive technology devices such as wheelchairs, walkers, commodes, lifts, portable ramps, and other devices out of attics and garages and into the hands of people with disabilities who need them. From this site, sellers can post their own listings, including photos. Buyers can view the listings and obtain contact information about the sellers. This service is provided through Recycled and Exchanged Equipment Online Classifieds ("REES Classified") located on our website www.gsatcedders.org. We are establishing a listserv of consumers through which they can receive updated lists as well. If one does not have access to the web, he/ she can also call GSAT at (671)735 □ 2490 (v) or (671)735- 2491 (TTY) to find out what is available.

- 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. 1994

- 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. Yes

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

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

- 7 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	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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

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

10 This activity is available (choose all that apply)

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

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

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

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

14 Provide any additional information about this activity you wish to share.
GSAT will promote its device reutilization program through print, radio, television media and in person at all public awareness presentations and device demonstrations. GSAT will continue to work collaboratively and establish agreements with various disability, health, public, and private agencies to promote the device reutilization program and refer clients to avail of GSAT's programs. We hope with the launch of our website, mailing list server and continued efforts, we will see increases in this activity.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 D Device Reutilization Activities

Device Reassignment (1 of 1)

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

- 2 Enter the year when the program began conducting this activity. 1994

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

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

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

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

- 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	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	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	Yes

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

One central location

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

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

- 13 If applicable, describe how consumers demonstrate the need for devices.
A consumer will demonstrate a need for a device by coming to our AT center. He/she can request the device by name or type. If an individual is unfamiliar with AT, qualified GSAT staff will conduct an assessment and offer suitable AT to meet his/her needs.
- 14 Describe any supports provided to the consumer to ensure successful use of the device.
Guam System for Assistive Technology will provide device demonstrations and technical assistance to ensure successful use of the device.
- 15 If this is an open-ended loan program, describe it.
A consumer can visit our AT center to request a device on an open-ended loan. The consumer will fill out a form that includes his/her personal information and information about the device. He/she can borrow the device for as long as it is needed.
- 16 Provide any additional information about this activity you wish to share.
GSAT will continue to offer open-ended loans to individuals requiring devices beyond a 30-day period. GSAT will promote its open-ended loan program to reach varied individuals by highlighting the different purposes an open-ended loan could serve. For example, the loan could provide accommodations for a sudden and short-term injury, allow for individuals to fully experience incorporating AT into their lifestyle before making a purchase, and provide AT to individuals in the interim as they are awaiting the procurement from other agencies. GSAT will continue to work collaboratively with the Guam Public School System(GPSS) and the Department of Vocational Rehabilitation to support their AT program by providing them with needed AT devices on open-ended loans. Because their procurement processes and the shipping of devices from off-island vendors can be time-consuming, GSAT can provide their clients with AT in the interim and in a timely manner.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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 demonstration program is intended and why.

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

- 4 If you selected other, describe

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

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

The Statewide AT Program	Yes	
Other entities (e.g. contractors)	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.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes

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

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

- 8 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	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	Yes
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	Yes

- 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 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.
Guam System for Assistive Technology will provide device demonstrations and technical assistance as needed to ensure a successful loan.
- 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 consumer picks up the device at a designated site
- 17 Provide any additional information about this activity you wish to share.
GSAT conducts and maintains a device loan program that is available to all Guam residents throughout the year. Budget allocations for this activity will be used to purchase new and highly requested AT devices. GSAT will build an inventory of adapted toys. Residents will have access to these devices and can avail of short-term loans of these devices for a period of 30 days at no cost. However, individuals will be held responsible for any damages or replacement of the device in the event it is damaged, lost, or stolen. GSAT will assist individuals in making informed decisions about AT and continue to work collaboratively with other agencies, public and private, to promote the program and for referrals.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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 demonstration program is intended and why.

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

- 4 If you selected other, describe

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

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

The Statewide AT Program	Yes	
Other entities (e.g. contractors)	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.	No
Receives financial support from private entities.	No
Receives in-kind support from private entities.	No
Coordinates and collaborates with other entities for the purpose of establishing a new program or service.	Yes

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

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

- 8 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	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	Yes
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	Yes

- 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.
GSAT conducts device demonstrations throughout the year at our AT center as well as various sites throughout the community. Generally, demonstrations are done upon requests and come from consumers, family members, University classes, and disability/health related agencies and organizations. GSAT conducts an annual AT conference and fair, where device demonstrations are available to the public.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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. | No |
| Provides in-kind support to other entities via an agreement with the Statewide AT Program. | No |
| Receives financial support from the state. | No |
| Receives in-kind support from the state. | No |
| Receives financial support from private entities. | No |
| Receives in-kind support from private entities. | Yes |
| Coordinates and collaborates with other entities for the purpose of establishing a new program or service. | 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	c. Receive support from	d. Collaborate with

		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	Yes	No
Community Living agency	No	No	No	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	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	Yes
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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

One central location

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

6 This activity is available (choose all that apply)

By website	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 fixed sites supported by the Statewide AT Program

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

- 9 Select the option that best describes the policy of the program for charging professionals for training.
Nothing

- 10 Provide any additional information about this activity you wish to share.
Guam CEDDERS/GSAT collaborates with the Guam Developmental Disabilities Council and Guam Legal Services Corporation(P&A) to host a tri-agency disabilities conference. The conference includes numerous training sessions on a broad array of disabilities, programs and devices. GSAT also holds an annual AT conference in which various training sessions specifically regarding AT are conducted. GSAT will continue to work collaboratively with the University of Guam Special Education Department and the Guam Public School System Special Education Department in conducting these trainings. We are looking into bringing experts in AT to the island to expand on our training activity.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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. | Yes |
| 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	c. Receive support from	d. Collaborate with

		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	Yes	No
Community Living agency	No	No	No	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	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	Yes
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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

One central location

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

6 This activity is available (choose all that apply)

By website	No
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.

GSAT provides technical assistance to agencies and organizations upon request. These requests generally come from Guam agencies and organizations but on occasions we do receive requests from neighboring islands such as the Commonwealth of the Northern Mariana Islands and the Federated States of Micronesia. More recent requests from these entities have been on equipment and policies newly implemented as a result of the Consortium for Instructional Materials Accessibility Project(CIMAP).

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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. | 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	c. Receive support from	d. Collaborate with

		the state	these private entities	
AgrAbility Program	No	No	No	No
Alliance for Technology Access Center	No	No	No	No
Bank or other financial institution	No	No	No	Yes
Community Living agency	No	No	No	Yes
Easter Seals	No	No	No	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	No
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	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	Yes
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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

One central location

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

6 This activity is available (choose all that apply)

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

7 Describe the activity.

GSAT conducts public awareness activities throughout the year at our AT center and various sites around the community. We use a multifaceted approach to increase awareness about the availability and benefits of assistive technology devices and services, funding options for the procurement of AT, and policies related to AT. GSAT uses mailings, Internet, exhibits, presentations, television, radio and trainings to carry out public awareness activities. GSAT's annual AT conference and fair is yet another venue used to support this activity.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011 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. | 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	c. Receive support from	d. Collaborate with

		the state	these private entities	
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	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	Yes
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	Yes
Technology agency	No	No	No	No
UCP	No	No	No	No
Other	No	No	No	Yes

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

One central location

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

6 This activity is available (choose all that apply)

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

7 Describe the activity.

A consumer can make an inquiry by calling into our center directly, speaking to a staff member during operating hours from 8am-5pm. After operating hours, consumers can leave voice-messages and expect a return phone call the following day. GSAT staff will make themselves available after regular working hours and on the weekends if to accommodate consumer requests. E-mail inquiries are handled similarly, except they go into a general account and are forwarded to the appropriate staff member. If GSAT staff is not able to directly respond to a consumer's inquiry, all necessary information will be obtained from that consumer to connect the consumer with appropriate resources and/or research will be conducted to locate the requested information. Our AT center houses a wealth of resources of topical information available for quick reference.

Assistive Technology State Grant Program

Guam State Plan for FY 2009-2011

Section H: Assurances and Signature

- | | | |
|----|---|-----|
| 1 | As Certifying Representative of the Lead Agency for the Territory of Guam, I hereby assure the following. | Yes |
| 2 | The Lead Agency prepared and submitted this State Plan on behalf of the Territory of Guam. | 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 Guam System for Assistive Technology will ensure equitable access to AT products, services and funding and participation in our program regardless of gender, race, national origin, color, disability, or age.

27 Access Goal Table

Access	Education	Employment	Community Living	IT/Telecomm
a. Long-term Goal	70.00	50.00	72.00	50.00
b. Long-term Goal Status	Met	Met	Met	Met
c. FY 2007 Performance	100.00	100.00	100.00	0.00
d. FY 2008 Short-term goal	60.00	30.00	70.00	30.00
e. FY 2008 Performance	100.00	0.00	100.00	100.00
f. FY 2008 Status	Met	Not met	Met	Met
g. FY 2009 Short-term goal	65.00	40.00	71.00	40.00
h. FY 2009 Performance	0.00	0.00	0.00	0.00
i. FY 2009 Status				
j. FY 2010 Short-term goal	70.00	50.00	72.00	50.00
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	50.00	50.00	72.00
b. Long-term Goal Status	Not met	Met	Met
c. FY 2007 Performance	0.00	0.00	100.00
d. FY 2008 Short-term goal	30.00	30.00	70.00
e. FY 2008 Performance	69.57	100.00	93.75
f. FY 2008 Status	Met	Met	Met

g. FY 2009 Short-term goal	40.00	40.00	71.00
h. FY 2009 Performance	0.00	0.00	0.00
i. FY 2009 Status			
j. FY 2010 Short-term goal	50.00	50.00	72.00
k. FY 2010 Performance	0.00	0.00	0.00
l. FY 2010 Status			

29 Name of Certifying Representative for the Lead Agency Dr.Robert Underwood

30 Title of Certifying Representative for the Lead Agency President University of Guam

31 Signed? Yes

32 Date Signed 01/22/2009

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