

2012

Minnesota STAR
Program, a division of
the Department of
Administration

[RSA 572 - SGAT FEDERAL REPORT]

State Grant for Assistive Technology Program - Minnesota Annual Report for Fiscal Year
2012

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GENERAL INFORMATION

A. CONTACTS

1. State and Program Title

Minnesota STAR Program

LEAD AGENCY

2. Agency name

Minnesota Department of Administration

3. Mailing address

50 Sherburne Avenue Room 200

4. City

Saint Paul

5. State

MN

6. Zip code

55155

7. Phone

651-201-2555

8. Fax

651-297-7909

9. Program URL

<http://www.starprogram.state.mn.us>

10. Program E-mail

star.program@state.mn.us

11. Program toll-free number

888-234-1267

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12. Program TTY number

7-1-1

IMPLEMENTING AGENCY

13. Check here if not applicable. If applicable, complete Items 14-24.

Yes

14. Name

15. Mailing address

16. City

17. State

18. Zip code

19. Phone

20. Fax

21. Program URL

22. Program E-mail

23. Program toll-free number

24. Program TTY number

PROGRAM DIRECTOR AT LEAD AGENCY

25. Name (last, first)

Beyer-Kropuenske, Laurie

26. Title

Community Services Director

27. Phone

651-201-2501

28. E-mail

Laurie.Beyer-Kropuenske@state.mn.us

PROGRAM DIRECTOR AT IMPLEMENTING ENTITY - IF APPLICABLE

29. Name (last, first)

30. Title

31. Phone

32. E-mail

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PERSON RESPONSIBLE FOR COMPLETING THIS FORM IF OTHER THAN PROGRAM DIRECTOR

33. Name (last, first)

Moccia, Kim

34. Title

Program Co-Ordinator

35. Phone

651-201-2297

36. E-mail

Kim.Moccia@state.mn.us

37. Date form completed (mm/dd/yy)

12/26/2012

CERTIFYING REPRESENTATIVE

38. Name (last, first)

Cronk, Spencer

39. Title

Commissioner, Department of Administration

40. Phone

651-201-2566

41. E-mail

Spencer.Cronk@state.mn.us

STATE FINANCING

OVERVIEW OF ACTIVITIES PERFORMED

Did your approved State Plan for this reporting period include conducting any State Financing activities?

No

This section is not required based on the data set in the Overview of Activities Performed section.

REUSE

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OVERVIEW OF ACTIVITIES PERFORMED

Did your statewide AT program conduct any device reuse activities?

Yes

A. NUMBER OF RECIPIENTS OF REUSED DEVICES

In this section, report the number of recipients of devices through device exchange,* reassignment/refurbishment and repair activities,* and open-ended loans. In the table below, report on the number of individuals who receive devices through a reuse program. Recipients should be reported only once, even if they receive multiple devices during this reporting period. (The multiple devices will be reported in subsequent sections.)

A. Device exchange	0
B. Reassignment/refurbishment and Repair	0
C. Open-ended loans	1,623
D. Total Served	1,623
E. Device Exchange - Excluded from Performance Measure	0
F. Reassignment/refurbishment and Repair and Open-ended loans Excluded from Performance Measure because AT is provided to or on behalf of an entity that has an obligation to provide the AT such as schools under IDEA or VR agencies/clients)	0
G. Total Number of Individuals included in Performance Measure.	1,623

B. DEVICE EXCHANGE ACTIVITIES

Type of AT Device/Service	Number of Devices Exchanged	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Exchanged	Savings to Consumers
Vision	0	\$0	\$0	\$0
Hearing	0	\$0	\$0	\$0
Speech communication	0	\$0	\$0	\$0
Learning, cognition, and developmental	0	\$0	\$0	\$0

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Mobility, seating and positioning	0	\$0	\$0	\$0
Daily living	0	\$0	\$0	\$0
Environmental adaptations	0	\$0	\$0	\$0
Vehicle modification and transportation	0	\$0	\$0	\$0
Computers and related	0	\$0	\$0	\$0
Recreation, sports, and leisure	0	\$0	\$0	\$0
Total	0	\$0	\$0	\$0

C. DEVICE RECYCLING/REFURBISHMENT/REPAIR ACTIVITIES

Type of AT Device/Service	Number of Devices Recycled / Refurbished / Repaired	Total Estimated Current Purchase Price	Total Price for Which Devices Were Sold	Savings to Consumers
Vision	0	\$0	\$0	\$0
Hearing	0	\$0	\$0	\$0
Speech communication	0	\$0	\$0	\$0
Learning, cognition, and developmental	0	\$0	\$0	\$0
Mobility, seating and positioning	0	\$0	\$0	\$0
Daily living	0	\$0	\$0	\$0
Environmental adaptations	0	\$0	\$0	\$0
Vehicle modification and transportation	0	\$0	\$0	\$0
Computers and related	0	\$0	\$0	\$0
Recreation, sports, and leisure	0	\$0	\$0	\$0
Total	0	\$0	\$0	\$0

If Other was used in the above table, briefly describe.

D. OPEN-ENDED LOANS

Type of AT Device/Service	Number of Devices on Long-Term Loan	Total Estimated Current Purchase Price	Cost to Consumer for the Loan	Savings to Consumers
Vision	0	\$0	\$0	\$0
Hearing	0	\$0	\$0	\$0
Speech communication	0	\$0	\$0	\$0
Learning, cognition, and developmental	0	\$0	\$0	\$0
Mobility, seating and positioning	1,623	\$75,000	\$0	\$75,000
Daily living	0	\$0	\$0	\$0

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Environmental adaptations	0	\$0	\$0	\$0
Vehicle modification and transportation	0	\$0	\$0	\$0
Computers and related	0	\$0	\$0	\$0
Recreation, sports, and leisure	0	\$0	\$0	\$0
Total	1,623	\$75,000	\$0	\$75,000

If Other was used in the above table, briefly describe.

E. ANECDOTE

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

Parent of a child with mobility needs received a wheelchair to help transport her child to community events and doctor appointments.

F. PERFORMANCE MEASURES

Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community Living	Total
1. Could only afford the AT through the statewide AT program (n,d)	0	161	1,452	1,613
2. AT was only available through the statewide AT program (n,d)	0	0	0	0
3. AT was available through other programs, but the system was too complex or the wait time was too long (n,d)	0	0	0	0
4. Subtotal	0	161	1452	1613
5. None of the above (d)	0	0	0	0
6. Subtotal	0	161	1452	1613
7. Nonrespondent (d)	0	10	0	10
8. Total	0	171	1452	1623
9. Performance on this measure 		94.15	100.00	99.38

G. CUSTOMER SATISFACTION

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	1,577	99.00%
Satisfied	0	0.00%
Satisfied somewhat	0	0.00%
Not at all satisfied	16	1.00%
Nonrespondent	30	-

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Total surveyed	1,623	-
Response rate	98.15%	-

H. NOTES

Describe any unique issues that may affect your data in this section (e.g., types of devices that are not reused because they are available from another source). If you have a device exchange program, please describe your data collection method, any challenges with collecting these data, and plans for overcoming those challenges.

DEVICE LOANS

OVERVIEW OF ACTIVITIES PERFORMED

Did your approved State Plan for this reporting period include conducting short-term device loans?

Yes

A. SHORT-TERM DEVICE LOANS BY TYPE OF PURPOSE

Report the number of short-term device loans made by primary purpose of the loan. Count each loan in only one category, even if the loan included multiple devices. If at least one device included in the loan was obtained for the purpose of decision-making, report the loan in the first row.

Assist in decision making (device trial or evaluation)

652

Serve as loaner during device repair or while waiting for funding

4

Provide an accommodation on a short-term basis

223

Conduct training, self-education or other professional development activity

0

Total

879

B. NUMBER OF DEVICE LOANS BY TYPE OF BORROWER

In this section, report the number of device loans by type of borrowers, by type of individual or entity. The total number of device borrowers should equal the total number of short-term device loans reported by primary purpose in Item A. You must be able to categorize borrowers to report them in this table as there is no option for "unable to categorize" or "other".

Individuals with disabilities

528

Family members, guardians, and authorized representatives

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	104
Representatives of Education	
	168
Representatives of Employment	
	6
Representatives of Health, allied health, and rehabilitation	
	51
Representatives of Community Living	
	7
Representatives of Technology	
	15
Total	879

C. LENGTH OF SHORT-TERM DEVICE LOANS

What is the length of a short-term device loan, as established by your statewide AT program's policies not including extensions. Please report the length in calendar days. If your policy/procedures establish a range, use the midpoint.

Length of short-term device loan, in days	30
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D. TYPES OF DEVICES LOANED

Enter the number of devices that were loaned, by type of device. For guidance on how to categorize devices, refer to the "General Instructions." The number of devices loaned may exceed the number of loans reported above in Item A, since a loan may include more than one device.

Vision	22
Hearing	21
Speech communication	208
Learning, cognition, and developmental	333
Mobility, seating and positioning	26

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Daily living	39
Environmental adaptations	41
Vehicle modification and transportation	0
Computers and related	155
Recreation, sports, and leisure	77
Total	922

E. ANECDOTE

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

An Early Childhood Teacher working with a non-verbal 2-year old with Spinal Muscular Atrophy borrowed a low tech communication device and several switches as part of a communication assessment. This loan allowed the child to communicate independently for the first time in her life, which delighted her parents and teacher. The device loan not only confirmed that the child could communicate independently by using a low tech communication device it also assisted the teacher and parents in determining appropriate switch access.

F. PERFORMANCE MEASURES

Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community Living	IT/ Communications	Total
1. Decided that an AT device/service will meet needs (n,d)	138	25	123	9	295
2. Decided that an AT device/service will not meet needs (n,d)	37	3	29	2	71
3. Subtotal	175	28	152	11	366
4. Have not made a decision (d)	52	1	28	1	82
5. Subtotal	227	29	180	12	448
6. Nonrespondent (d, if >35%)	173	0	31	0	204
7. Total	400	29	211	12	652

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8. Performance on this measure 	67.31	96.55	84.44	91.67	76.09
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G. CUSTOMER SATISFACTION

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	457	80.04%
Satisfied	91	15.94%
Satisfied somewhat	20	3.50%
Not at all satisfied	3	0.53%
Nonrespondent	308	-
Total	879	-
Response rate	64.96%	-

H. NOTES

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

DEVICE DEMONSTRATIONS

OVERVIEW OF ACTIVITIES PERFORMED

Did your approved State Plan for this reporting period include conduct device demonstrations?

Yes

A. NUMBER OF DEVICE DEMONSTRATIONS BY DEVICE TYPE

Vision	28
Hearing	34
Speech communication	363
Learning, cognition and developmental	403
Mobility, seating and positioning	41
Daily living	

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	153
Environmental adaptations	
	29
Vehicle modification and transportation	
	14
Computers and related	
	309
Recreation, sports and leisure	
	18
Total	
	1,392

B. TYPES OF PARTICIPANTS

Individuals with disabilities	601
Family members, guardians, and authorized representatives	565
Representatives of Education	93
Representatives of Employment	34
Representatives of Health, allied health, and rehabilitation	56
Representatives of Community Living	40
Representatives of Technology	3
Total	1392

C. NUMBER OF REFERRALS

Funding source (non-AT program)	157
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Service provider	196
Vendor	704
Repair service	18
Others (required description)	0
Total	1,075

If Other was used in the above table, briefly describe.

D. ANECDOTE

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

A student who used an iPad with the original Proloquo2Go app to say single word messages received a demonstration on the upgraded Proloquo2Go app, as well as, other iPad apps. There was also a demonstration of Improv on a Slate tablet for comparison. After demonstrating the upgraded apps the student increased her communication from single word to four words immediately. In fact, she even had a complete conversation with professionals in the room. As a result of the demonstration, her teacher, who was present during the demonstration, observed that the student's intelligence may have been underestimated and indicated that a more rigorous education program might be appropriate for the student. The demonstration also provided an opportunity to discuss how the device could be used to provide independence and safety in the community.

E. PERFORMANCE MEASURES

Response	AT Primarily Needed for Education	AT Primarily Needed for Employment	AT Primarily Needed for Community Living	IT/Communications	Total
1. Decided that an AT device/service will meet needs (n,d)	561	44	302	39	946
2. Decided that an AT device/service will not meet needs (n,d)	64	11	59	17	151
3. Subtotal	625	55	361	56	1097
4. Have not made a decision (d)	154	47	76	0	277
5. Subtotal	779	102	437	56	1374
6. Nonrespondent (d)	9	0	9	0	18
7. Total	788	102	446	56	1392
8. Performance on this	79.31	53.92	80.94	100.00	78.81

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measure [i](#)

F. CUSTOMER SATISFACTION

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	998	82.82%
Satisfied	179	14.85%
Satisfied somewhat	28	2.32%
Not at all satisfied	0	0.00%
Nonrespondent	187	-
Total	1,392	-
Response rate	86.57%	-

G. NOTES

Describe any unique issues that may affect your data in this section - e.g., types of participants that may appear to be underrepresented because they receive demonstration services from another organization, types of devices/services that are not demonstrated because those demonstrations are available from another source, issues related to use of distance education mechanisms to deliver demonstrations, or issues related to dissatisfaction (e.g.; consumer may be dissatisfied because they assumed the AT Program could purchase the device for them)

TRAINING

OVERVIEW OF ACTIVITIES PERFORMED

Training activities are required and must be reported as described below.

A. TRAINING PARTICIPANTS: NUMBER AND TYPES OF PARTICIPANTS; GEOGRAPHICAL DISTRIBUTION

1. Enter the number of training participants by type.

Individuals with disabilities	0
Family members, guardians, and authorized representatives	48
Representatives of Education	0
Representatives of Employment	0
Representatives of Health, allied health, and rehabilitation	0

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	1,211
Representatives of Community Living	
	152
Representatives of Technology	
	0
Unable to categorize	
	0
Total	1411
2. Enter the number of individuals who participated in training, by the Rural Urban Continuum Code (RUCC) of the participant's county.	
Metro (RUCC 1-3)	
	996
Non-Metro (RUCC 4-9)	
	415
Unknown	
	0
Total	1,411

B. TRAINING TOPICS

Enter the number of participants by the primary purpose of the training.

1. AT Products/Services Training focused on AT: such as instruction to increase skills and competency in using AT, and integrating AT into different settings.	0
2. AT Funding/Policy/Practice Training focused on funding sources and related laws, policies, and procedures required to implement and deliver access to AT devices/services and related.	0
3. Information Technology/Telecommunication Access Training focused on accessible information technology and telecommunications including web access, software accessibility, procurement of accessible IT and telecommunications, etc.	10
4. Combination of any/all of the above AT Products/Services, AT Funding/Policy/Practice and/or IT/Telecommunications Access.	

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30

5. Transition Training focused on education transition (school to work or post-secondary education and early intervention (birth to 3) to school aged (3-21) and community transition (maintaining or transitioning to community living). (NOTE: A number MUST be reported here unless transition technical assistance activity/activities are reported).

1,371

Total

1411

C. DESCRIPTION OF TRAINING ACTIVITIES

1. Briefly describe one innovative or high-impact training activity conducted during this reporting period. Note who conducted the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome.

Minnesota Continuing Legal Education (MN CLE) contacted STAR's program coordinator to facilitate training on electronic and information technology accessibility with a focus on improving access to electronic-based legal information and services. The training (via live webcast) was conducted by members of Minnesota's Technology Accessibility Advisory Committee and a representative from ADA Great Lakes; topics included accessibility basics, overview of assistive technology and how it is used to access electronic information and an overview of Minnesota's accessible information technology legislation.

2. Briefly describe a training activity related to transition conducted during this reporting period. Note who conducted the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome. This section must be completed unless you are reporting transition technical assistance activities. If this section is completed, an associated number of training participants must be reported in Section B row 5.

STAR staff conducted a four-part training series (Introduction to AT; Environmental Controls and Cognitive Supports; Hearing; and, Vision) on accessing, selecting, and funding assistive technology to increase self-sufficiency of older adults and people with disabilities. The free trainings were conducted using video-conferencing system serving Minnesota's Department of Human Service Aging Services Division, case managers, community care coordinators, and other interested professionals in 47 counties statewide.

D. NOTES

TECHNICAL ASSISTANCE

OVERVIEW OF ACTIVITIES PERFORMED

Technical Assistance activities are required and all activities should be reported in the aggregate in Section A. One Technical Assistance activity must be described in Section B and a transition Technical Assistance activity must be reported unless a transition training activity was reported.

A. FREQUENCY AND NATURE OF TECHNICAL ASSISTANCE

Complete this section summarizing all major technical assistance activities that you conducted. Indicate the percentage of total technical assistance provided by the type of program or agency receiving the technical assistance. Use the person hours invested in each technical assistance activity to report the percentage by type of program or agency. For example, if you conducted two

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major TA activities this reporting period with 90 total person hours for an activity related to education and 50 person hours for an activity related to employment, you would report 64% in education and 36% in Employment.

	Percentage of all TA
Education	5
Employment	5
Health, Allied Health, Rehabilitation	0
Community Living	15
Technology (Information Technology, Telecommunications, Assistive Technology)	75
Total	100

B. DESCRIPTION OF TECHNICAL ASSISTANCE ACTIVITIES

1. Describe in detail one innovative or high-impact technical assistance activity conducted during this reporting period.

STAR's program coordinator serves on Minnesota's Technology Accessibility Advisory Committee. This committee provides technical assistance to Minnesota's Chief Information Accessibility Officer and assists with developing strategies to implement Minnesota's Office of Enterprise Technology (MN.IT Services) electronic and information technology accessibility standards.

2. Briefly describe one technical assistance activity related to transition conducted during this reporting period.

STAR staff serves on Minnesota's Department of Education, Special Education, AT Leadership Team. As a member of the AT Leadership Team, STAR staff assisted with planning statewide assistive technology in special education conference for educators, which included sessions on using assistive technology to transition from school to higher education/employment.

C. NOTES

Describe any unique issues with data in this section (e.g., reasons why particular topics or audiences were emphasized or were not included during this reporting period).

PUBLIC AWARENESS AND INFORMATION AND ASSISTANCE

OVERVIEW OF ACTIVITIES PERFORMED

Public awareness and information and assistance activities are required and must be reported.

A. PUBLIC AWARENESS ACTIVITIES

Estimated number of individuals reached

Newsletters

6,439

Other print materials

1,500

Listserves/blogs/social media

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Internet information	275
Other electronic media	20,000
PSA/radio/TV/other media	9,529
Presentations/expos/conferences	0
Total	1,238
	38,981

B. INFORMATION AND ASSISTANCE

Types of Recipients of Information and Assistance	AT Device / Service	AT Funding	Total
Individuals with disabilities	58	0	58
Family members, guardians, and authorized representatives	81	0	81
Representative of Education	8	7	15
Representative of Employment	0	7	7
Representative of Health, Allied Health, and Rehabilitation	9	27	36
Representative of Community Living	38	2	40
Representative of Technology	5	0	5
Unable to Categorize	20	0	20
Total	219	43	262

C. NOTES

STAR staff routinely provide information on AT Funding when responding to I&A even if the initial request is for AT Device/Service information.

STATE IMPROVEMENT OUTCOMES

OVERVIEW OF ACTIVITIES PERFORMED

State improvement outcomes are not required. You may report up to two MAJOR state improvement outcomes for this reporting period. How many will you be reporting?

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This section is not required based on the data set in the Overview of Activities Performed section.

ADDITIONAL AND LEVERAGED FUNDS

OVERVIEW OF ACTIVITIES PERFORMED

Did you have Additional and Leveraged Funds to report?

No

A. LEVERAGED FUNDING FOR STATE PLAN ACTIVITIES (PREVIOUSLY REPORTED)

Fund Source	Amount	Use of Funds
-------------	--------	--------------

B. LEVERAGED FUNDING FOR ACTIVITIES NOT IN STATE PLAN (NOT PREVIOUSLY REPORTED)

Fund Source	Amount	Use of Individuals Served or Other Funds Outcomes
-------------	--------	---

C. NOTES

This section is not required based on the data set in the Overview of Activities Performed section.

SYSTEM INFORMATION

This form has been approved for use by OMB through Jul 31, 2014.

The following information is captured by the MIS.

Last updated on

December 26, 2012

Last updated by

sgatmmocciak

Completed on

December 26, 2012

Completed by

sgatmmocciak

Approved on

Approved by

OMB Notice