


The signature below indicates this entity/agency's agreement to: serve as the DSE and fulfill all the responsibilities in Sec. 704(c) of the Act; affirm the State will comply with the aforementioned assurances during the three-year period of this SPIL; and develop, with the SILC, and ensure that the SILC resource plan is necessary and sufficient (in compliance with section 8, indicator (6) below) for the SILC to fulfill its statutory duties and authorities under Sec. 705(c) of the Act, consistent with the approved SPIL.¹

Toni Wolf, Commissioner Massachusetts Rehabilitation Commission

Name and Title of DSE director/authorized representative



Signature

06/16/2023

Date

Electronic signature may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

Section 8: Statewide Independent Living Council (SILC) Assurances and Indicators of Minimum Compliance

8.1 Assurances

Steven Higgins acting on behalf of the SILC **Massachusetts Statewide Independent Living Council** located at **280 Irving St. Framingham Massachusetts 01702 508-620-7452 info@masilc.org** 45 CFR 1329.14 assures that:

- (1) The SILC regularly (not less than annually) provides the appointing authority recommendations for eligible appointments;
- (2) The SILC is composed of the requisite members set forth in the Act;¹
- (3) The SILC terms of appointment adhere to the Act;¹
- (4) The SILC is not established as an entity within a State agency in accordance with 45 CFR Sec. 1329.14(b);
- (5) The SILC will make the determination of whether it wants to utilize DSE staff to carry out the functions of the SILC;
 - a. The SILC must inform the DSE if it chooses to utilize DSE staff;
 - b. The SILC assumes management and responsibility of such staff with regard to activities and functions performed for the SILC in accordance with the Act.¹
- (6) The SILC shall ensure all program activities are accessible to people with disabilities;
- (7) The State Plan shall provide assurances that the designated State entity, any other agency, office, or entity of the State will not interfere with operations of the SILC, except as provided by law and regulation and;
- (8) The SILC actively consults with unserved and underserved populations in urban and rural areas that include, indigenous populations as appropriate for State Plan development as described in Sec. 713(b)(7) the Act regarding Authorized Uses of Funds.¹

- iv. Meeting expenses including meeting space, alternate formats, interpreters, and other accommodations;
- v. Resources to attend and/or secure training and conferences for staff and council members and;
- vi. Other costs as appropriate.

The signature below indicates the SILC's agreement to comply with the aforementioned assurances and indicators:

Steven Higgins

Name of SILC chairperson

Steven Higgins

June 7, 2023

Signature

Date

Electronic signature may be used for the purposes of submission, but hard copy of signature must be kept on file by the SILC.

Section 9: Signatures

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____

Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Steven Higgins

June 7, 2023

SIGNATURE OF SILC CHAIRPERSON

DATE

Steven Higgins

NAME OF SILC CHAIRPERSON

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____

Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Cape Organization for Rights of the Disabled, Inc.

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

Coreen S Brinckerhoff

6/7/2023

SIGNATURE OF CIL DIRECTOR

DATE

Coreen S Brinckerhoff

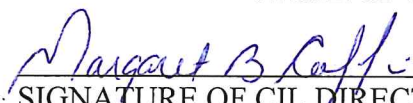
NAME OF CIL DIRECTOR

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____
Massachusetts Statewide Independent Living Council
and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Center for Living & Working, Inc.

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)



SIGNATURE OF CIL DIRECTOR

June 7, 2023

DATE

Margaret B Coffin

NAME OF CIL DIRECTOR

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____

Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Independence Associates



NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

6/15/2023

SIGNATURE OF CIL DIRECTOR

DATE

Steve Higgins

NAME OF CIL DIRECTOR

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____

Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Disability Resource Center, Inc.

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)



SIGNATURE OF CIL DIRECTOR

June 8, 2023

DATE

Lisa Orgettas

NAME OF CIL DIRECTOR

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____

Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Metrowest Center for Independent Living

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)



6/15/2023

SIGNATURE OF CIL DIRECTOR

DATE

Sadie Simone

NAME OF CIL DIRECTOR

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____

Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Northeast Independent Living Program Inc. _____

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

June C Sauvageau

SIGNATURE OF CIL DIRECTOR

6/13/2023

DATE

June C Sauvageau

NAME OF CIL DIRECTOR

The signatures below are of the SILC chairperson and at least 51 percent of the directors of the centers for independent living listed in section 6.3. These signatures indicate that the _____


Massachusetts Statewide Independent Living Council

and the centers for independent living in the state agree with and intend to fully implement this SPIL's content. These signatures also indicate that this SPIL is complete and ready for submission to the Independent Living Administration, Administration for Community Living, U.S. Department of Health and Human Services.

The effective date of this SPIL is **October 1, 2020 (year)**

Stavros Center for Independent Living, Inc.

NAME OF CENTER FOR INDEPENDENT LIVING (CIL)

	06/08/2023
SIGNATURE OF CIL DIRECTOR	DATE

Angelina Ramirez

NAME OF CIL DIRECTOR