

Alabama Council for Developmental Disabilities (ACDD)

**TRANSPORTATION**

*Quarterly Report Form*

Grant title \_\_\_\_\_ Grant number \_\_\_\_\_

Contracted agency \_\_\_\_\_

Name and title of individual completing report \_\_\_\_\_ Telephone number : \_\_\_\_\_

Fax number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**REPORTING PERIOD**

*(Please check the boxes for all of the reporting periods included in this report.)*

**Fiscal Quarter**

1<sup>st</sup> Qtr  
(Oct 1 - Dec 31)

2<sup>nd</sup> Qtr  
(Jan 1 - Mar 31)

3<sup>rd</sup> Qtr  
(April 1 - June 30)

4<sup>th</sup> Qtr/Annual  
(July 1- Sep 30)

**NOTE: THIS IS A CUMULATIVE REPORT.**

Please add information and data to previous report data. Do not enter each quarter as separate data.

**Section 1 Statistical Information**

<b>Federal Data Requirements</b>		<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr4</b>
1. Number of individuals received transportation services through Council efforts.					
2. Number of individuals who facilitated transportation services.					
3. How many additional dollars were leveraged through your project?					
4. Number of individuals trained in transportation services.					
5. Based on your anecdotal observations, briefly list programs/policies that were created or improved as a direct result of your grant activities.		<b>Qtr 1</b>			
		<b>Qtr 2</b>			
		<b>Qtr 3</b>			
		<b>Qtr4</b>			
6. How many individuals were provided training in systems advocacy through your project?		<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr4</b>
Self-Advocates					
Family Members					
Others					

7. How many individuals actively participated in systems advocacy through your project ?				
	Self-Advocates			
	Family Members			
	Others			
8. How many policy makers were recipients of educational efforts about issues related to your grant activities?				
9. How many products developed by your project were distributed to policymakers?				
10. To the best of your knowledge, how many members of the general public were estimated to have been reached by public education, awareness, and media activities.				

**Section 2 Highlights/Barriers/Unexpected Results.** Please write a brief narrative for each of the areas in this section.

**Highlights**

**Barriers**

1. BARRIERS:
  
2. ACTIONS TAKEN TO REMOVE BARRIERS
  
3. RESULTS OF EFFORTS TO REMOVE BARRIERS
  
4. NEXT STEPS

**Unexpected Results**

**Section 3 Networking.** Briefly, describe collaborative efforts you have had with other entities.

**Section 4 Outcome Measures**

Copy the Activities, Target Outcome Measures, and Timelines from your current approved project management plan into the table below, then list Actual Outcomes as they have occurred for the current reporting period. This report is cumulative, please keep data reported in previous quarters, while adding the current quarter data.

**GOAL:**

**Objective:**

Federal Outcome	Target Outcome Measures	Activities	Timeline	Actual Outcomes
				<u>1<sup>st</sup> Qtr:</u> <u>2<sup>nd</sup> Qtr:</u> <u>3<sup>rd</sup> Qtr:</u> <u>4<sup>th</sup> Qtr:</u>
				<u>1<sup>st</sup> Qtr:</u> <u>2<sup>nd</sup> Qtr:</u> <u>3<sup>rd</sup> Qtr:</u> <u>4<sup>th</sup> Qtr:</u>
				<u>1<sup>st</sup> Qtr:</u> <u>2<sup>nd</sup> Qtr:</u> <u>3<sup>rd</sup> Qtr:</u> <u>4<sup>th</sup> Qtr:</u>

**Section 5 Certification**

I understand that we entered into a contractual agreement to provide specific services, as outlined in our contract, within the timeframes indicated in the most current Project Management Plan. If it becomes necessary to deviate from the contracted financial and programmatic plans because of reasons beyond our control, I understand that I must submit a written request for approval to make said changes from the contracted agreement.

As an authorized individual for this grant, I certify that the information contained in this report and the attachments (if applicable) are accurate, and to the best of my knowledge, the program expenditures and activities are in compliance with the grant contract and federal and state regulations.

Project Director:

\_\_\_\_\_  
Typed or printed Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Authorized Official:

\_\_\_\_\_  
Typed or printed Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_