

Alabama Council for Developmental Disabilities (ACDD)

**EMPLOYMENT**

*Quarterly Report Form*

*(Revised FY 13)*

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 box for the reporting period of this report.)*

**Fiscal Quarter**

1<sup>st</sup> Qtr  
(Oct1 - Dec 31)

2<sup>nd</sup> Qtr  
(Jan1 - Mar 31)

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

4<sup>th</sup> Qtr/Annual  
(July 1- Sep30)

**Section 1 Statistical Information** *(Information in this section is for activities for this reporting period, only).*

1. \_\_\_\_\_ Number of individuals earning jobs of their choice through Council efforts.
2. \_\_\_\_\_ How many additional dollars were leveraged through your project?
3. \_\_\_\_\_ Number of employers providing vocational supports to students on the job.
4. \_\_\_\_\_ Number of business/employers employing adults
5. \_\_\_\_\_ Number of individuals who facilitated employment
6. \_\_\_\_\_ Number of individuals trained in employment.
7. Based on your anecdotal observations, briefly list programs/policies that were created or improved as a direct result of your grant activities.

8. How many individuals were provided training in systems advocacy through your project?  
 \_\_\_\_\_ Self-Advocates  
 \_\_\_\_\_ Family Members  
 \_\_\_\_\_ Others
9. How many individuals actively participated in systems advocacy through your project ?  
 \_\_\_\_\_ Self-Advocates  
 \_\_\_\_\_ Family Members  
 \_\_\_\_\_ Others
10. \_\_\_\_\_ How many policy makers were recipients of educational efforts about issues related to your grant activities?
11. \_\_\_\_\_ How many copies of products from your project were distributed to policymakers?
12. \_\_\_\_\_ 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 or Unexpected Results**

Please write a brief narrative of highlights or unexpected results that have occurred as a result of your grant activities during this reporting period ( i.e., has your project leveraged additional funds or services, have new policies or procedures been developed in agencies or other community establishments as an indirect result of this project's activities, etc.). *(Fill in electronically in space below or if not filing electronically, please include information on an attached sheet of paper.)*

**Section 3 Networking**

Briefly, describe collaborative efforts you have had with other entities, as well as with other DD Council funded projects during this reporting period. *(Fill in electronically in space below or if not filing electronically, please include information on an attached sheet of paper.)*

**Section 4 Project Management Plan/Outcome Measures**

Copy information from your current approved project management plan into the table below, then list actual outcomes as they have occurred for the current reporting period. If you have more than one objective, please make a copy of the table for each objective. *(NOTE: If the targeted Outcome Measure has not been reached within the timelines indicated in your Project Management Plan, please attach a description of what has occurred and describe the action you have taken, or will be taking, to achieve the specified outcome measure.)*

**GOAL:**

**Objective:**

Federal Outcome	Activity	Outcome Measure	Timeline	Actual Outcomes

Federal Outcome	Activity	Outcome Measure	Timeline	Actual Outcomes

**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 \_\_\_\_\_

### Additional Reporting Information

Given that our reporting format has changed, we are asking for more detailed information from our grantees. Please choose the strategies that were implemented during the project. Then please complete the Reporting Checklist.

Strategies	Planned for this Project	Strategies Used
Outreach		
Training		
Technical Assistance		
Supporting and Educating Communities		
Interagency Collaboration and Coordination		
Coordination with Related Councils, Committees and Programs		
Barrier Elimination		
Systems Design and Redesign		
Coalition Development and Citizen Participation		
Informing Policymakers		
Demonstration of New Approaches to Services and Supports		
Other Activities		

## Reporting Checklist

Before submitting this report, did you:

Question	YES	NO	N/A	Additional Information
Answer all questions in the Federal Data Requirements Section?				
Include consumer and/or stakeholder satisfaction results? In these results did you include the number of respondents and not just the percentage of respondents?				
Include information on specific deliverables or products and the distribution of these deliverables or products?				
Include information on people with developmental disabilities whose lives are better because of this project?				
Include information on policy or legislative changes that have happened as a result of this project?				
Include information regarding the number of participants and the number of trainings or meetings in this project				

and any follow-ups conducted?				
Include information on any supports provided during the project?				
Include information on any advocacy engaged in during the project?				
Include information on methods to gather input from people with disabilities and their families?				
Include information on public awareness strategies for this project?				
Include information on any website development or utilization for this project?				