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# ANNUAL PROGRAM PERFORMANCE REPORT TEMPLATE FOR STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

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***OVERVIEW:***

This template incorporates new information being requested as part of the **Program Performance Report (PPR)** comprehensive reporting. It includes the following sections:

| <b><i>Section</i></b> | <b><i>Area</i></b>                      |
|-----------------------|---|
| <b><i>I.</i></b>      | Identification                          |
| <b><i>II.</i></b>     | Comprehensive Review and Analysis (CRA) |
| <b><i>III.</i></b>    | State Plan Implementation               |
| <b><i>IV.</i></b>     | Progress Report                         |
| <b><i>V.</i></b>      | Council Financial Information           |
| <b><i>VI.</i></b>     | Measures of Collaboration               |

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## ANNUAL PROGRAM PERFORMANCE REPORT (PPR)

### **SECTION I: IDENTIFICATION**

**PURPOSE:** To provide identifying information of the reporting Council

1. **State/Territory:**
2. **Federal Fiscal Year Reporting: October 1, 20\_\_ through September 30, 20\_\_**
3. **Contact person regarding PPR information:**
4. **Contact person's phone number:**
5. **Contact person's e-mail address:**
6. **Executive Director name (if different from contact person):**
7. **Executive Director's phone number:**
8. **Executive Director's email address:**

### **SECTION II: COMPREHENSIVE REVIEW AND ANALYSIS**

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**PURPOSE :** To provide an update to the Comprehensive Review and Analysis

## **Comprehensive Review and Analysis- Update- [Section 124(C)(3)]**

The **DD Act requires** the following annual descriptions:

- adequacy of health care and other services, supports and assistance that individuals with developmental disabilities in Intermediate Care Facilities (ICF) receive;
- adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers receive;

**AIDD interprets** this as **annual updates** to:

- adequacy of health care and other services, supports and assistance that individuals with developmental disabilities in Intermediate Care Facilities receive; (ICF updates)
- adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities served through home and community-based waivers (HCBW) receive; (HCBW updates)
- And other sections that apply (e.g.: state information, portrait of state services, analysis of state issues and challenges, rational for goal selection, collaboration).
- Federal and state initiatives impacting people with DD and their families in the State/Territory

**Note: (\*)- Adequacy may be described in terms of quality and/or populations served versus need.**

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## **SECTION III: STATE PLAN IMPLEMENTATION**

**PURPOSE:** To provide the context of what will be reported in the PPR. Section III is comprised of 3 reporting areas: (A) Introduction; (B) evaluation of state plan implementation; (C) Input on National Priorities

### **A. Introduction**

In this section provide an executive summary with cohesive information that provides an overview of the report including, but not limited to the following: (1) targeted areas of emphasis, (2) strategies used to implement activities; (3) significant accomplishments and/or barriers to state plan implementation; (4) needs requiring state plan amendments

Note: detailed information will be provided below in Section IV

#### **Cultural Diversity**

Describe the Council's overall efforts to address the needs of individuals with developmental disabilities and their families of a diverse culture through its state plan supported activities.

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## **B. Evaluation of State Plan Implementation [Section 125(c) (5) and (c)(7)]**

In this section report on the evaluation activities conducted and results. The report should include:

### **B1. Evaluation Activities**

Describe the evaluation activities undertaken during the fiscal year being reported, including evaluation activities conducted to strategically assess the overall progress and direction of the state plan implementation

### **B2. Evaluation Results**

Report the broad results of the evaluation activities described above (B1), including a broad assessment of the overall progress of Council supported activities.

### **B3. Lessons Learned and Future work of the Council**

Report on how the Council will use lessons learned from state plan implementation and the data gathered from the evaluation activities to move forward the work of the Council?

## **C. Input on National Priorities**

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## **SECTION IV: STATE PLAN IMPLEMENTATION PROGRESS REPORT**

### **Section IV.A. Detailed Progress Report on Goals**

**Goal #1: *Goal statement would be taken directly from State Plan***

**Area(s) of Emphasis:**

| <b>Area of Emphasis</b>                       | <b>Planned for this goal<br/><i>Taken directly from State Plan;<br/>areas checked off</i></b> | <b>Areas addressed<br/><i>To be completed annually; Council<br/>checks off Areas</i></b> |
|---|---|--|
| <b>Quality Assurance</b>                      |   |  |
| <b>Education and Early Intervention</b>       |   |  |
| <b>Child Care</b>                             |   |  |
| <b>Health</b>                                 |   |  |
| <b>Employment</b>                             |   |  |
| <b>Housing</b>                                |   |  |
| <b>Transportation</b>                         |   |  |
| <b>Recreation</b>                             |   |  |
| <b>Formal and Informal Community Supports</b> |   |  |

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**Strategies:**

| <b>**Strategies</b><br><br>** As identified in Section 125 (c)(5)(A-L) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) | <b>Planned for this goal</b><br><i>Taken directly from State Plan; strategies checked off</i> | <b>Strategies Used</b><br><i>To be completed annually; Council checks off Strategies Used</i> |
|---|---|---|
| <b>Outreach</b>   |   |   |
| <b>Training</b>   |   |   |
| <b>Technical Assistance</b>   |   |   |
| <b>Supporting and Educating Communities</b>   |   |   |
| <b>Interagency Collaboration and Coordination</b>   |   |   |
| <b>Coordination with Related Councils, Committees and Programs</b>  |   |   |
| <b>Barrier Elimination</b>  |   |   |
| <b>Systems Design and Redesign</b>  |   |   |
| <b>Coalition Development and Citizen Participation</b>  |   |   |
| <b>Informing Policymakers</b>   |   |   |
| <b>Demonstration of New Approaches to Services and Supports</b>   |   |   |
| <b>Demonstration of projects and activities</b>   |   |   |
| <b>Other Activities</b>   |   |   |

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**Intermediaries/Collaborators:**

| <b>Collaborators</b><br><i>Definition of collaborator: someone who works with another person or group in order to achieve or do something</i> | <b>Planned for this goal</b><br><i>Taken directly from State Plan; Collaborators checked off as planned</i> | <b>Actual</b><br><i>To be completed annually; Council checks off planned Collaborators who actually participated or adds collaborators not previously planned.</i> |
|---|---|--|
| <b>State Protection and Advocacy System</b>   |   |  |
| <b>University Center(s)</b>   |   |  |
| <b>State DD agency</b>  |   |  |
| <b>Other:</b>   |   |  |
| <b>Other:</b>   |   |  |
| <b>Other:</b>   |   |  |



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|   |   |
|---|---|
| 1.  | <b>Goal # 1:</b>  |
| 2.  | <b>State Plan Objective 1:</b>  |
| <b>Check the appropriate box for each of the questions below:</b> |   |
| 3.  | <b>This Objective is:</b><br><input type="checkbox"/> Individual & Family Advocacy <input type="checkbox"/> System Change <input type="checkbox"/> Capacity Building  |
| 4.  | <b>This Objective is:</b><br><input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed   |
| 5.  | <b>This Objective is:</b><br>a. Fulfilling the Self-Advocacy DD Act Requirement <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. Targeted Disparity <input type="checkbox"/> Yes <input type="checkbox"/> No<br>c. DD Network Collaboration <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d. A demonstration project of New Approaches to Services and Supports <input type="checkbox"/> Yes <input type="checkbox"/> No , If Yes, Indicate project name and original start date for this effort: name of project; <u>mm/yy</u><br>e. A demonstration of projects or activities <input type="checkbox"/> Yes <input type="checkbox"/> No, If Yes, indicate project or activity name and original start date for this effort: name of project/ mm/yy |
| 6.  | <b>Stage of Implementation for systems change activities :</b><br><input type="checkbox"/> planning <input type="checkbox"/> implementation <input type="checkbox"/> outcome/fully integrated   |
| <b>Background/Context</b>   |   |
| 7.  | <b>Provide an overall description of this objective:</b><br>The description should at a minimum provide background information on the objective to establish a context for the activities.  |

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|   |   |
|---|---|
| <b>Goal # 1</b>   | <b>Objective # 1 :</b>  |
| <b>8. Expected Outputs</b><br>List expected outputs from annual work plan<br>1.<br>2.<br>3.   | <b>9. Outputs Achieved</b><br>List outputs achieved<br>1.<br>2.<br>3. |
| <b>Progress Report</b>  |   |
| <b>10. The report should include the following:</b> <ul style="list-style-type: none"> <li>• A narrative progress report that cohesively describes the activities that were implemented toward achieving the objective, including <b>how</b> the identified strategy was used, how the activity was implemented, challenges to achieving the objective and unexpected benefits.</li> <li>• For system change activities, include a description of the stage of implementation (planning, initiation, implementation, outcome/fully integrated) of the system change initiative.</li> <li>• All narratives must describe what numbers make up the performance measures number for the activities being reported in the narrative.</li> <li>• A summary of evaluation activities to monitor progress and impact of council supported activities for the objective; data collected during the year, data sources, and data collection methods; (logic model and evaluation plan may be attached to the report).</li> </ul> |   |
| <b>11. <u>Expected Outcomes (matches the expected outcomes from the annual work plan as it relates to the objective)</u></b><br>List the expected outcomes for the activities described for the objective from the annual work plan   | <b>12. Outcomes achieved</b>  |
| <b>13. <u>Progress towards achieving outcomes for overall objective :</u></b><br>The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.   |   |
| <b>14.</b> Additionally, include stories of culturally diverse people with developmental disabilities whose lives are better because of Council work on this activity (e.g., became better advocates for themselves and others, became more connected to the community). Stories of policy or legislative changes that happened as a result of Council individual advocacy work that are likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative impact (e.g., created deleted, refined programs and/or legislation, reallocated use of funds, organizational systems change as a result of evidence based practices).  |   |

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Repeat this page for each goal and objectives as necessary for the individual Council's 5 year state plan

## **2. Goal # Narrative**

In this section, for each **goal** reported for this reporting period, provide an overall cohesive description of:

- the extent to which progress is being made in achieving the intended outcomes of the Goal for the reporting year;
- the extent to which each goal was or was not achieved for the reporting year;
- where applicable, factors that impeded goal achievement for the reporting year
- needs that require substantive state plan amendment (goal only)

## **4 Year Overview (FY 2020)**

A description of how the Council will use and build from knowledge gained and progress made to move forward in the next state plan cycle (FY 2022-2026).

## **5 Year Overview (FY2021)**

For the final PPR (FY2021) of this state plan cycle, provide an overall analysis of the outcomes achieved during the five year state plan cycle. The description should include the extent to which diverse stakeholders are satisfied with council activities that promote self-determination and community participation for individuals with disabilities and families, results of other types of information gathering such as focus groups, surveys, or other feedback or input methods with individuals with developmental disabilities and families and major accomplishments and factors impeding goal achievement (if applicable)

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## Section IV.B. Individual & Family Advocacy Performance Measure *(By GOAL)*

### Individual Responses (individuals with DD and Family members only)

#### Demographic Data \*\*

**\*\*This is an aggregated number from all individual responses collected for the reporting FFY**

| <b>Race/Ethnicity</b>                          | <b>#</b> | <b>%</b> | <b>Gender</b> | <b>#</b> | <b>%</b> |
|--|----------|----------|---------------|----------|----------|
| White, alone                                   |          |          | Female        |          |          |
| Black or African American alone                |          |          | Male          |          |          |
| American Indian and Alaska Native alone        |          |          | Other         |          |          |
| Hispanic/Latino                                |          |          |               |          |          |
| Asian alone                                    |          |          |               |          |          |
| Native Hawaiian & Other Pacific Islander alone |          |          |               |          |          |
| Two or more races                              |          |          |               |          |          |
| Race unknown                                   |          |          |               |          |          |

| <b>Category</b>     | <b>#</b>               | <b>%</b> |
|---------------------|------------------------|----------|
| Individual with DD  | <b>This is IFA1.1</b>  |          |
| Family Member       | <b>This is IFA 1.2</b> |          |
| <b>Geographical</b> |                        |          |
| Urban               |                        |          |
| Rural               |                        |          |

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## I. Output Measures

| Objective #  | Performance Measure   | Performance Measure  |
|--|---|--|
|  | <b>IFA 1.1</b><br>The number of <b>people with developmental</b> disabilities who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems | <b>IFA 1.2</b><br>The number of <b>family members</b> who participated in Council supported activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems |
| 1. Specify Objective #   |   |  |
| 2. Specify Objective #   |   |  |
| 3. Specify Objective #   |   |  |
| 4. Add additional lines as needed  |   |  |
| <b>Denominator:</b><br><b>TOTAL # of Output Respondents</b><br><b>(this is the total number of people responding to a survey):</b> |   |  |

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## II. Outcome Measures

| Performance Measures  | Percent (%) |
|---|-------------|
| <b>IFA 2.1</b><br>After participation in Council supported activities, <u>the percent of people with developmental disabilities</u> who report increasing their advocacy as a result of Council work. |             |
| <b>IFA 2.2</b><br>After participation in Council supported activities, <u>the percent of families</u> who report increasing their advocacy as a result of Council work.                               |             |

| Sub- Outcome Measures  | Projects                                   | #<br>People with<br>developmental<br>disabilities                | #<br>Family<br>Members   |
|--|--|--|--|
| The number (#) of people who are better able to say what they want/say what is important to them   | 1. Specify Objective #                     | #  | #  |
|  | 2. Specify Objective #                     | #  | #  |
|  | 3. Add additional lines as needed          | #  | #  |
|  | <b>Total # of Sub-Outcome Respondents:</b> | #  | #  |
| <b>IFA 2.3</b><br>The percent of people who are better able to say what they want or say what services and supports they want or say what is important to them |  | Total sub-outcome # / IFA 1.1 total # of output respondents = X% | Total sub-outcome # / IFA 1.2 total of output respondents = X% |

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| Sub- Outcome Measures   | Projects                                   | #<br>People with<br>developmental<br>disabilities                     | #<br>Family<br>Members  |
|---|--|---|---|
| The number (#) of people who are participating in advocacy activities                           | 1. Specify Objective #                     | #   | #   |
|   | 2. Specify Objective #                     | #   | #   |
|   | 3. Add additional lines as needed          | #   | #   |
|   | <b>Total # of Sub-Outcome Respondents:</b> | #   | #   |
| <b>IFA 2.4</b><br>The percentage (%) of people who are participating now in advocacy activities |  | Total sub-outcome # / IFA 1.1 total number of output respondents = X% | Total sub-outcome # / IFA 1.2 total number of output respondents = X% |

| Sub- Outcome Measures  | Projects                                   | #<br>People with<br>developmental<br>disabilities                     | #<br>Family<br>Members  |
|--|--|---|---|
| The number (#) of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership positions.              | 1. Specify Objective #                     | #   | #   |
|  | 2. Specify Objective #                     | #   | #   |
|  | <b>3. Add additional lines as needed</b>   | #   | #   |
|  | <b>Total # of Sub-Outcome Respondents:</b> | #   | #   |
| <b>IFA 2.5</b><br>The percent of people who are on cross disability coalitions, policy boards, advisory boards, governing bodies and/or serving in leadership position |  | Total sub-outcome # / IFA 1.1 total number of output respondents = X% | Total sub-outcome # / IFA 1.2 total number of output respondents = X% |

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|   |  |   |
|---|--|---|
| <b>IFA 3 The percent of people satisfied with a project activity</b>  | Divide the # of positive responses by PWDD to this question by the number of surveys received (IFA 1.1. denominator) | Divide the # of positive responses by family members to this question by the number of surveys received (IFA 1.2 denominator) |
| <b>IFA 3.1 The percentage (%) of people with developmental disabilities who are satisfied with a project activity</b> | Divide the # of positive responses by PWDD to this question by the number of surveys received (IFA 1.1. denominator) | Divide the # of positive responses by family members to this question by the number of surveys received (IFA 1.2 denominator) |
| <b>IFA 3.2 The percentage (%) of family members satisfied with a project activity</b>                                 | Divide the # of positive responses by PWDD to this question by the number of surveys received (IFA 1.1. denominator) | Divide the # of positive responses by family members to this question by the number of surveys received (IFA 1.2 denominator) |



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## Section IV.C. System Change Performance Measures (By Goal)

### SC 1: **Output Measures**

The number of Council efforts to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

| Objective              | SC 1.1 The number of policy and/or procedure created or changed |
|------------------------|---|
| 1. Specify Objective # |   |
| 2. Specify Objective # |   |
| 3. Specify Objective # |   |
| 4. Specify Objective # |   |

| Objective              | SC 1.2 The number of statute and/or regulations created or changed |
|------------------------|--|
| 1. Specify Objective # |  |
| 2. Specify Objective # |  |
| 3. Specify Objective # |  |
| 4. Specify Objective # |  |

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| Objective              | <b>SC 1.3 The number of promising and/or best practices created and/or supported</b> |   |  |  |
|------------------------|--|---|--|--|
|                        | SC 1.3.1 The number of promising practices created                                   | SC 1.3.2 The number of promising practices supported through Council activities | SC 1.3.3. The number of best practices created | SC 1.3.4 The number of best practices supported through Council activities |
| 1. Specify Objective # |  |   |  |  |
| 2. Specify Objective # |  |   |  |  |
| 3. Specify Objective # |  |   |  |  |
| 4. Specify Objective # |  |   |  |  |

| Objective              | <b>SC 1.4 The number of people trained or educated through Council systemic change initiatives</b> |
|------------------------|--|
| 1. Specify Objective # |  |
| 2. Specify Objective # |  |
| 3. Specify Objective # |  |
| 4. Specify Objective # |  |

| Objective              | <b>SC 1.5 The number of Council supported systems change activities with organizations actively involved</b> |
|------------------------|--|
| 1. Specify Objective # |  |
| 2. Specify Objective # |  |
| 3. Specify Objective # |  |
| 4. Specify Objective # |  |

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## Systems Change SC 2: Outcome Measures

| Outcome Measures  | Number (#) |
|---|------------|
| <p><b>SC 2.1</b><br/>The number of Council efforts <i>that led to the creation or improvement of best or promising practices, policies, procedures, statute or regulation changes. (sub-measures 2.1.1; 2.1.3)</i></p>  |            |
| <p><b>SC 2.2</b><br/>The number of Council efforts <i>that were implemented</i> to transform fragmented approaches into a coordinated and effective system that assures individuals with developmental disabilities and their families participate in the design of and have access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. <i>(sub-measures 2.1.2; 2.1.4)</i></p> |            |

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## III. Sub-Outcome Measures

| Objective              | SC 2: Sub outcome measures  |   |
|------------------------|---|---|
|                        | <b>SC 2.1.1</b><br># of <u>policy, procedure, statute or regulation</u> changes improved as a result of systems change. | <b>SC 2.1.2</b><br># <u>Policy, procedure, statute or regulation</u> changes implemented. |
| 1. Specify Objective # |   |   |
| 2. Specify Objective # |   |   |
| 3. Specify Objective # |   |   |
| 4. Specify Objective # |   |   |
|                        |   |   |
| <b>Objective</b>       | <b>SC 2.1.3</b><br># of <u>promising and/or best practices</u> improved as a result of systems change activities.       | <b>SC 2.1.4</b><br># of <u>promising and/or best practices</u> implemented                |
| 1. Specify Objective # |   |   |
| 2. Specify Objective # |   |   |
| 3. Specify Objective # |   |   |
| 4. Specify Objective # |   |   |

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**Additional goal/objective reporting fields would be created based on the individual Council's 5-year state plan.**

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## **SECTION V: COUNCIL Financial Information** [Section 124(c)(5)(B) and 125(c)(8)]

Council is its own DSA: \_\_\_Yes \_\_\_No

### Fiscal Information for Programmatic Purposes ONLY

Purpose: In this section, Councils are to identify the obligation and liquidation status for the 3 FFY of funds

| 1. Fiscal Year  | YR                  |
|---|---------------------|
| 2. Reporting Period   | MM/DD/YR - MM/DD/YR |
| 3. Total Federal Fiscal Award for Reporting Year  | \$                  |
| 4. State Funds Contributing to Council State Plan Activities  | \$                  |
| 5. Additional Council Funds Used for Other Activities   | \$                  |
| 6. Federal Share of Expenditures  | \$                  |
| 7. Federal Share of Unliquidated Obligations  | \$                  |
| 8. Unliquidated Balance of Federal Funds (=Total Federal Fiscal Year Award – Federal Share of expenditures – Federal Share of unliquidated obligations) | \$                  |
| 9. Match Required   | \$                  |
| 10. Match Met   | \$                  |
| 11. Match Unmet   | \$                  |

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| 1. Fiscal Year   | YR                  |
|--|---------------------|
| 2. Reporting Period  | MM/DD/YR - MM/DD/YR |
| 3. Total Federal Fiscal Award for Reporting Year   | \$                  |
| 4. State Funds Contributing to Council State Plan Activities   | \$                  |
| 5. Additional Council Funds Used for Other Activities  | \$                  |
| 6. Federal Share of Expenditures   | \$                  |
| 7. Federal Share of Unliquidated Obligations   | \$                  |
| 8. Unobligated Balance of Federal Funds (=Total Federal Fiscal Year Award - Federal Share of expenditures - Federal Share of unliquidated obligations) | \$                  |
| 9. Match Required  | \$                  |
| 10. Match Met  | \$                  |
| 11. Match Unmet  | \$                  |

| Fiscal Year  | YR                  |
|--|---------------------|
| 1. Reporting Period  | MM/DD/YR - MM/DD/YR |
| 2. Total Federal Fiscal Award for Reporting Year   | \$                  |
| 3. State Funds Contributing to Council State Plan Activities   | \$                  |
| 4. Additional Council Funds Used for Other Activities  | \$                  |
| 5. Federal Share of Expenditures   | \$                  |
| 6. Federal Share of Unliquidated Obligations   | \$                  |
| 7. Unobligated Balance of Federal Funds (=Total Federal Fiscal Year Award - Federal Share of expenditures - Federal Share of unliquidated obligations) | \$                  |
| 8. Match Required  |                     |
| 9. Match Met   |                     |
| 10. Match Unmet  |                     |

**Dollars leveraged for the reporting year being reported: \$**

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## **SECTION VI: MEASURES OF COLLABORATION**

Purpose: In this section, Councils are to discuss collaborative efforts with specific DD Network partners and other collaborators separate from the planned DD Network Collaboration goal/objective.

1. Identify the critical issues/barriers affecting individuals with developmental disabilities and their families in your State that the Council and the P&A, the Council and the UCEDD, the Council and other collaborators may have worked on during the reporting period

2. Identify the Area of Emphasis collaboratively addressed by the DD Council and Collaborators

| Area of Emphasis [Check Applicable area(s) ] | 8. Recreation                  |
|--|--------------------------------|
| 1. Quality Assurance                         | 1. Quality of Life             |
| 2. Education and Early Intervention          | 2. Other- Assistive Technology |
| 3. Child Care                                | 3. Other- Cultural Diversity   |
| 4. Health                                    | 4. Other- Leadership           |
| 5. Employment                                | 5. Other- please specify       |
| 6. Housing                                   | 14. Other- please specify      |
| 7. Transportation                            | 15. Other- please specify      |



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The report should include a narrative progress report that cohesively describes the activities that were implemented by the Council and the P&A, the Council and the UCEDD, the Council and other collaborators. DD Network. For at least one of the issues/barriers identified above describe:

- (a) the issue/barrier;
- (b) collaborative strategies to address issue/barrier and expected outcome(s);
- (c) the DDC's specific role and responsibilities in this collaborative effort. Include any technical assistance expertise DD Council staff can provide to other States in this area;
- (d) briefly identify problems encountered as a result of this collaboration, and technical assistance, if any, desired; and
- (e) any unexpected benefits of this collaborative effort.

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## Reporting Requirements for CDC Funding

Guidance for Administration on Disabilities Grantees

The Administration for Community Living (ACL), with funding and partnership support from the Centers for Disease Control and Prevention (CDC), awarded grants to disability networks to provide critical services to help communities combat COVID-19. A leading priority of this joint effort is to ensure vaccines are equally accessible to individuals with the disabilities. As part of the agreement with CDC, ACL is required to collect annual progress reports from the Protection and Advocacy Agencies (P&As), Centers for Independent Living (CILs), State Councils on Developmental Disabilities (DDCs), and University Centers for Excellence in Developmental Disabilities (UCEDDs) on the activities conducted, challenges, successes, and lessons learned. ACL is providing guidance on reporting requirements for the Administration on Disabilities grant programs that received CDC funding.

**Guidance:**

Grantees will report on any of the service activities listed in the chart below that were implemented using the CDC funding from April 1, 2021 up through September 30, 2022. All narrative sections (narrative, successes, challenges, and the questions 1 - 12) are limited to 500 words each.

AoD is developing the specific mechanisms you will use to submit your report on the CDC funded activities. More information will be provided when we have it available. Until then, you should begin tracking now the activities being carried out through CDC funding using the guidance below as a framework. Specific methods for reporting that data will be shared as soon as possible.

| Service Activity   | a. Number of People Served   | b. Narrative   | c. Successes  | d. Challenges   |
|--|--|--|---|---|
| 1. Education about the importance of receiving a vaccine | <p><b>Provide the following:</b></p> <ul style="list-style-type: none"> <li>Number of people with disabilities reached by your education activities</li> </ul> | Describe the type of education activities conducted (e.g., one on one assistance, brochures/pamphlets/ fliers, | Describe the most successful/effective education activities implemented | Describe challenges that limited your ability to educate others about the importance of the vaccine |

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|   |   |  |  |  |
|---|---|--|--|--|
|   | <ul style="list-style-type: none"> <li>Number of all other people<sup>1</sup> reached by your education activities</li> </ul> | social media postings, social stories)   |  |  |
| 2. Identifying people unable to independently travel to a vaccination site                                    | List the number of people unable to independently travel to a site  | Describe: <ul style="list-style-type: none"> <li>The strategy to identify people unable to independently travel to a vaccination site</li> <li>The most commonly cited reasons for why they couldn't travel to the site</li> </ul> | Describe successes achieved as a result of identifying people unable to independently travel to a site (e.g., were such individuals able to get vaccinated at an alternative site) | Describe challenges that limited your ability to identify people unable to independently travel to a site  |
| 3. Providing technical assistance (TA) to local health departments or other entities on vaccine accessibility | List the number of local health departments or other entities assisted with TA on vaccine accessibility                       | Describe the type of strategies/TA activities to assist local health departments or other entities on vaccine accessibility  | Describe successes achieved as a result of TA activities provided to local health departments  | Describe challenges that limited your ability to provide technical assistance to local health departments or other entities on vaccine accessibility |
| 4. Helping with scheduling a vaccine appointment  | List the number of people helped in scheduling vaccine appointments   | Describe the type of activities used to assist people in scheduling vaccines   | Describe successes achieved as a result of assistance provided to help schedule vaccine appointments   | Describe challenges that limited your ability to help with scheduling a vaccine appointment  |
| 5. Arranging or providing accessible transportation   | List the number of people assisted with accessible  | Describe the type of activities used to assist people with accessible  | Describe successes achieved as a result of accessible transportation activities  | Describe challenges that limited your ability to   |

<sup>1</sup> Other people include family members, direct support providers/workers, personal care attendants, and other support providers.

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|  |  |   |   |   |
|--|--|---|---|---|
|  | transportation to a vaccination site   | transportation to a vaccination site  |   | arrange or provide accessible transportation  |
| <b>6. Providing companion/personal support</b>                               | List the number of people assisted with companion/personal support to receive vaccines               | Describe the type of activities to provide companion/personal support services for people to receive vaccines | Describe successes achieved as a result of providing companion/personal support services for people to receive vaccines | Describe challenges that limited your ability to provide companion/personal support                               |
| <b>7. Reminding people of their second vaccination appointment if needed</b> | List the number of people who needed and received a reminder of their second vaccination appointment | Describe the type of activities to provide people with reminders on their second vaccination appointment      | Describe successes achieved as a result of providing reminders to people on their second vaccination appointment        | Describe challenges that limited your ability to provide people reminders on their second vaccination appointment |

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**8. Overall outcome: Number of people vaccinated as a result of implementing one or more of the service activities (number):**

Provide:

- a. The number of people with disabilities vaccinated as a result of implementing one or more of the service activities
- b. The total number of all other people vaccinated as a result of implementing one or more of the service activities

**9. Collaboration with ACL partners (ADRCs, AAA, CIL, DDC, P&A, UCEDD) (narrative):**

Describe the nature of collaboration and joint activities with ACL partners, including successes and challenges in your collaboration efforts

**10. Collaboration with other community-based organizations (narrative):**

Describe the collaboration and joint activities with other community-based organizations, including successes and challenges in your collaboration efforts

**11. Overall lessons learned (narrative):**

Describe the leading key lessons learned, as a result of, your overall implementation activities

**12. Recommendations for future activities (narrative):**

Provide recommendations for ACL to consider that will maximize the impact of future responses to disasters or pandemics.

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## PHWF- Data reporting requirements

Award recipients will be required to submit annual progress reports in the form of a :

- written summary on the number of full-time equivalents (FTEs)
- type of public health professional(s) hired
- the activities they are engaged in to advance public health