*OVERVIEW:*

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

|  |  |
| --- | --- |
| *Section* | *Area* |
|  | Identification |
|  | Comprehensive Review and Analysis (CRA) |
|  | State Plan Implementation |
|  | Progress Report |
|  | Council Financial Information  |
|  | Measures of Collaboration |

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

|  |
| --- |
|  PURPOSE : To provide an update to the Comprehensive Review and Analysis  |
| Comprehensive Review and Analysis- Update- [Section 124(C)(3)] |
| There are two required updates. 1. Describe the adequacy of health care, services, supports and assistance that people living in Intermediate Care Facilities receive. If you do not have any ICF/DD facilities, please state “We do not have any ICF/DD facilities”.
2. Describe the adequacy of health care, services, supports and assistance that people receive through Home and Community Based Waiver services, supports, and other assistance.

Summarize the following:1. The types of services, support, and other assistance people with I/DD receive in each (ICF/DD facility and Home and Community Based Waiver Services).
2. Summarize the need for additional services in each (ICF/DD facility and Home and Community Based Waiver Services).
3. For each, (ICF/DD facility and Home and Community Based Waiver Services) provide a statement based on your understanding of the information you reviewed, that speaks to the adequacy of services.

Links are not an accepted substitution for narrative.  |

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 |

|  |
| --- |
| 1. Introduction
 |
| At a minimum, provide the following information:1. A cohesive summary that describes the major highlights and significant accomplishments from the reporting period. (Note: This information may be used to inform members of Congress and other people about your work. Consider writing this section for a wider audience and proofread carefully).
2. Provide a description of how the Council will share an annual report with partners, collaborators, and the public. Include information on how the Council will make the report available in accessible formats.

Cultural DiversityDescribe the overall efforts the Council made to conduct projects and activities in a manner that is culturally and linguistically competent. In other words, answer the question “what has the DD Council done to make sure the needs of people with developmental disabilities and their families of a diverse culture are being addressed?”Do not include project specific information in this section.  |

|  |
| --- |
| 1. 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 ActivitiesThe purpose of this section is to assess to what extent the Council implemented the Evaluation Plan (as submitted in the state plan). Include a description of evaluation activities used to assess the projects and activities during this reporting period. |
| B2. Evaluation Results This section is an evaluation summary of overall results. Specific evaluation results for activities will be reported in a later section.This section should include the following broad evaluation information for activities worked on during the reporting period: * Provide a broad assessment of the overall progress towards each goal and objectives for this reporting period. Supply the rating scale you used (e.g., no progress, some progress, satisfactory progress, excellent progress).
* Provide the grand total number of people with I/DD, family members of people with I/DD, professionals, and other groups that took part in Council supported activities.
* Provide overall satisfaction results for all state plan activities for this reporting period (grand total from all work).
* If you did not collect key data (for example, demographic information), explain why you did not collect the information and what the Council (and sub-recipients as appropriate) will do to collect the data in the future.
 |
| B3. Lessons Learned and Future work of the CouncilDescribe what was learned and how the Council used the information on state plan activities during the reporting period or how you intend to use the information in the upcoming year’s plan activities.  |
| 1. Input on National Priorities

Provide OIDD with information about disability priorities that your Council recommends be addressed by ACL/AoD/OIDD at the national level. Include ideas about partnerships ACL/AoD/OIDD could pursue with other federal agencies. |

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:

|  |  |  |
| --- | --- | --- |
| Area of Emphasis | Planned for this goal*Taken directly from State Plan; areas checked off* | Areas addressed*To be completed annually; Council checks off Areas*  |
| Quality Assurance |  |  |
| Education and Early Intervention |  |  |
| Child Care |  |  |
| Health |  |  |
| Employment |  |  |
| Housing |  |  |
| Transportation |  |  |
| Recreation |  |  |

Strategies:

|  |  |  |
| --- | --- | --- |
| \*\*Strategies\*\* As identified in Section 125 (c)(5)(A-L) of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) | Planned for this goal*Taken directly from State Plan; strategies checked off* | Strategies Used*To be completed annually; Council checks off 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 |  |  |
| Demonstration of projects and activities |  |  |
| Other Activities |  |  |

Intermediaries/Collaborators:

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

|  |
| --- |
| 1. Goal # 1:
2. State Plan Objective 1:
 |
|  Check the appropriate box for each of the questions below: 1. This Objective is:

 Individual & Family Advocacy  System Change  Capacity Building 1. This Objective is:

 New  Ongoing  Completed1. This Objective is:
	1. Fulfilling the Self-Advocacy DD Act Requirement  Yes  No
	2. Targeted Disparity  Yes  No
	3. DD Network Collaboration  Yes  No
	4. A demonstration project of New Approaches to Services and Supports  Yes  No , If Yes, Indicate project name and original start date for this effort: name of project; mm/yy
	5. A demonstration of projects or activities  Yes  No, If Yes, indicate project or activity name and original start date for this effort: name of project/ mm/yy
2. Stage of Implementation for activities:

 planning  implementation  outcome/fully integrated |
| Background/Context |
| 1. Provide an overall description of this objective:

The description should at a minimum provide background information on the objective to establish a context for the activities. |
| Goal # 1 | Objective # 1 :  |
| 1. Expected Outputs

 List expected outputs from annual work plan1.2.3. | 1. Outputs Achieved

 List outputs achieved1.2.3. |
| Progress Report  |
| * The report should include the following:

This section is to focus on activities implemented for the objective. Note: the assessment of progress is reported in the section “Progress towards achieving outcomes for the overall objective”.* Select the activities that best describe the Council’s work and progress towards the **objective.**
* Discuss the strategy or strategies used and tell how using the strategy helped to achieve the objective’s activity outcomes. This is a good place to describe challenges or barriers if you did not achieve or partially achieved planned activity outcomes.
* Describe how the outcomes **affected** people with developmental disabilities and their families to exercise self-determination, be independent, productive, and included in all facets of community life.
* Describe how the systems change outcomes **affected or will impact people** with developmental disabilities and their families to exercise self-determination, be independent, productive, and included in all facets of community life. **Include the performance measure numbers for each activity. The numbers must add up to the performance measure totals reported for the objective.**
* Discuss the monitoring and evaluation activities **and results** for the objective activities described. (Note: Use the information on your annual work plan as a guide)
	+ Data sources - (people, documents, products, activities, events, and records).
	+ Monitoring and evaluation results including any assessment of the activity.
	+ Include information about barriers or concerns during activity implementation (if applicable *and not previously described*).
 |
| 1. Expected Outcomes (matches the expected outcomes from the annual work plan as it relates to the objective)

List the expected outcomes for the activities described for the objective from the annual work plan | 1. Outcomes achieved
 |
| 1. Progress towards achieving outcomes for overall objective :

The annual report should include an assessment as to the extent to which progress was made on the intended outcomes for the objective.  |
| Stories of people with DD whose lives are better because of Council work; stories of policy or legislative changes because of Council work. The purpose of the stories is for the Council to illustrate how the important work of Councils affects people with developmental disabilities and their families, service systems, and public policy.You can include stories from different points of view (people with I/DD, family members of people with I/DD, communities, policymakers, representatives of systems of services and supports affected by systems change efforts).  |

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

|  |
| --- |
| 1. Goal # Narrative

This section is for the Council staff to describe the progress made (or not made) toward EACH 5-Year goal in the State Plan for the reporting year.Include a statement of assessment towards progress and provide the rating scale (i.e., no progress, some progress, satisfactory progress, excellent progress).* Supply information to justify your statement of progress. Information can include, but is not limited to, the overall impact of objective activities, goal level data points to illustrate your assessment, and/or progress on public policy and systems change efforts.
* If you need to amend a goal, supply a statement for each goal indicating that need. If you do not need to amend a goal, provide a statement such as “there are no goal amendment needs”.
* Include the dollar amounts and information about dollars leveraged for activities. Provide information about what the dollars leveraged will do. For example, new monies for services, money for sustaining projects and programs, or parts of projects and programs, etc. (note: you will report the grand total of all dollars leveraged for all goals in the financial section).
 |
| 4 Year Overview (FY 2025)Identify what current state plan efforts will likely move forward and why. Include activities, projects, programs, and systems change efforts.Describe the current 5-year plan efforts you plan to build upon in the next plan.If the Council is not planning to build upon outcomes from the current plan, supply information about why (i.e., other entities are taking up the work, the project or program was sustained, etc.) |
| 5 Year Overview (FY2026) Use your five-year goal outcome statements as the guide to provide the information.* Assess the extent to which you achieved the outcomes as stated in your five-year goal outcome statements.
* Describe your major accomplishments.
* Describe any factors that got in the way of goal achievement.
* Describe the extent to which people from diverse backgrounds were satisfied with Council activities.
 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Race/Ethnicity | #  | % | Gender | # | % |
| 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 |  |  |  |  |  |

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

1. Output Measures

|  |  |  |
| --- | --- | --- |
| Objective # | Performance Measure | Performance Measure  |
|  | IFA 1.1 The number of people with developmental 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 | IFA 1.2 The number of family members who participated in Council supported in 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 #
 |  |  |
| 1. Specify Objective #
 |  |  |
| 1. Specify Objective #
 |  |  |
| 1. Add additional lines as needed
 |  |  |
| Denominator:TOTAL # of Output Respondents(this is the total number of people responding to a survey):  |  |  |

1. Outcome Measures

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

|  |  |  |  |
| --- | --- | --- | --- |
| Sub- Outcome Measures | Projects | #People with developmental disabilities | #Family Members |
| The number (#) of people who are better able to say what they want/say what is important to them | 1. Specify Objective #
 | # | # |
| 1. Specify Objective #
 | # | # |
| 1. Add additional lines as needed
 | # | # |
| Total # of Sub-Outcome Respondents:  | # | # |
| IFA 2.3The 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%  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sub- Outcome Measures | Projects | #People with developmental disabilities | #Family Members |
| The number (#) of people who are participating in advocacy activities  | 1. Specify Objective #
 | # | # |
| 1. Specify Objective #
 | # | # |
| 1. Add additional lines as needed
 | # | # |
| Total # of Sub-Outcome Respondents:  | # | # |
| IFA 2.4The 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 | #People with developmental disabilities | #Family 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 #
 | # | # |
| 1. Specify Objective #
 | # | # |
| 3. Add additional lines as needed | # | # |
| Total # of Sub-Outcome Respondents:  | # | # |
| IFA 2.5The 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%  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| IFA 3 The percent of people satisfied with a project activity | 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) |
| IFA 3.1 The percentage (%) of people with developmental disabilities who are satisfied with a project activity | 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) |
| IFA 3.2 The percentage (%) of family members satisfied with a project activity | 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) |

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

|  |
| --- |
| SC 1: Output MeasuresThe 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 #
 |  |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |

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

|  |  |
| --- | --- |
| Objective | SC 1.3 The number of promising and/or best practices created and/or supported |
|  | 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 #
 |  |  |  |  |
| 1. Specify Objective #
 |  |  |  |  |
| 1. Specify Objective #
 |  |  |  |  |
| 1. Specify Objective #
 |  |  |  |  |

|  |  |
| --- | --- |
| Objective | SC 1.4 The number of people trained or educated through Council systemic change initiatives |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |

|  |  |
| --- | --- |
| Objective | SC 1.5 The number of Council supported systems change activities with organizations actively involved |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |
| 1. Specify Objective #
 |  |

Systems Change SC 2: Outcome Measures

|  |  |
| --- | --- |
| Outcome Measures |  Number (#) |
| SC 2.1The number of Council efforts *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)* |  |
| SC 2.2The number of Council efforts *that were implemented* 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. *(sub-measures 2.1.2; 2.14)* |  |

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

III. Sub-Outcome Measures

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

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 |
| 1. Reporting Period
 | MM/DD/YR - MM/DD/YR |
| 1. Total Federal Fiscal Award for Reporting Year
 | $ |
| 1. State Funds Contributing to Council State Plan Activities
 | $ |
| 1. Additional Funds Used for Other Activities
 | $ |
| 1. Federal Share of Expenditures
 | $ |
| 1. Federal Share of Unliquidated Obligations
 | $ |
| 1. Unobligated Balance of Federal Funds (=Total Federal Fiscal Year Award – Federal Share of expenditures – Federal Share of unliquidated obligations
 | $ |
| 1. Match Required
 | $ |
| 1. Match Met
 | $ |
| 1. Match Unmet
 | $ |

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

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

Dollars leveraged for the reporting year being reported: $

 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

|  |
| --- |
|  |

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

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

|  |
| --- |
| In this section, Councils are to discuss collaborative work that occurred during the reporting period with a specific DD Network partner and/or other collaborators that has not been reported in the previous sections of this report. Describe the issue or barrier worked on, the area(s) of emphasis addressed, the collaborative strategies used, the Council’s role and responsibilities, any problems encountered, and unexpected benefits of this collaborative effort. Also, indicate if Council staff can provide technical assistance or expertise to other Councils in this area. Do not report the planned DD Network Collaboration goal/objective in this section. |

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 | 1. Number of People Served
 | 1. Narrative
 | 1. Successes
 | 1. Challenges
 |
| 1. Education about the importance of receiving a vaccine
 | Provide the following:* Number of people with disabilities reached by your education activities
* Number of all other people[[1]](#footnote-1) reached by your education activities
 | Describe the type of education activities conducted (e.g., one on one assistance, brochures/pamphlets/ fliers, social media postings, social stories) | Describe the most successful/effective education activities implemented  | Describe challenges that limited your ability to educate others about the importance of the vaccine |
| 1. Identifying people unable to independently travel to a vaccination site
 | List the number of people unable to independently travel to a site | Describe:* The strategy to identify people unable to independently travel to a vaccination site
* The most commonly cited reasons for why they couldn’t travel to the site
 | 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 |
| 1. 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 |
| 1. 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 |
| 1. Arranging or providing accessible transportation
 | List the number of people assisted with accessible transportation to a vaccination site | Describe the type of activities used to assist people with accessible transportation to a vaccination site | Describe successes achieved as a result of accessible transportation activities  | Describe challenges that limited your ability to arrange or provide accessible transportation |
| 1. Providing companion/personal support
 | 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  |
| 1. Reminding people of their second vaccination appointment if needed
 | 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 |

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

Provide:

1. The number of people with disabilities vaccinated as a result of implementing one or more of the service activities
2. The total number of all other people vaccinated as a result of implementing one or more of the service activities
3. 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

1. 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

1. Overall lessons learned (narrative):

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

1. Recommendations for future activities (narrative):

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

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
1. Other people include family members, direct support providers/workers, personal care attendants, and other support providers. [↑](#footnote-ref-1)