

Alabama Council for Developmental Disabilities (ACDD)

QUALITY ASSURANCE

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

1st Qtr
(Oct 1 - Dec 31)

2nd Qtr
(Jan 1 - Mar 31)

3rd Qtr
(April 1 - June 30)

4th 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

Federal Data Requirements	Qtr 1	Qtr 2	Qtr 3	Qtr4
1. Number of individuals benefiting from quality assurance efforts through Council.				
2. Number of individuals who facilitated quality assurance services.				
3. How many additional dollars were leveraged through your project?				
4. Number of individuals trained in quality assurance services.				
5. Number of individuals trained in leadership, self advocacy, self determination				
6. Number of individuals who have attained membership on public and private bodies and other leadership coalitions.				
7. Number of entities participating in partnerships or coalitions created or sustained as a result of Councils efforts.				
8. Based on your anecdotal observations, briefly list programs/policies that were created or improved as a direct result of your grant activities.	Qtr 1			
	Qtr 2			
	Qtr 3			
	Qtr4			

9. How many individuals were provided training in systems advocacy through your project?	Qtr 1	Qtr 2	Qtr 3	Qtr4
Self-Advocates				
Family Members				
Others				
10. How many individuals actively participated in systems advocacy through your project ?				
Self-Advocates				
Family Members				
Others				
11. How many policy makers were recipients of educational efforts about issues related to your grant activities?				
12. How many products developed by your project were distributed to policymakers?				
13. 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 each quarter.

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
				1 st Qtr: 2 nd Qtr: 3 rd Qtr: 4 th Qtr:
				1 st Qtr: 2 nd Qtr: 3 rd Qtr: 4 th Qtr:
				1 st Qtr: 2 nd Qtr: 3 rd Qtr: 4 th Qtr:

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?				