

NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES QUARTERLY PROJECT REPORT

Grantee Information

Grantee		Report Period	through
Project Name		Date of Report	
Project Director		Signature of PD	

Quarterly Program Information (Please report this data at the end of each quarter)

Respond to the following prompts in a narrative format so that the goals, objectives and strategies of the Project Action Plan are addressed in a comprehensive manner. Attach pages as necessary to answer each question completely.

1. What successes have been achieved during the report period that will lead to fulfillment of the purpose of the grant?
2. What were the activities the project has been striving to achieve during this reporting period, yet have met with barriers to accomplishment? What are the barriers? What is being done to overcome the barriers?
3. What activities must the grantee focus on in the next quarter to give the project the best opportunity to succeed?
4. What can the Council do to be of most assistance to assure success of the project?

Quarterly Performance Measures for Employment (EM)

(Please do not duplicate numbers from previous reports)

	Data
EM01: Adults have jobs of their choice through Council efforts	
EM02: Dollars leveraged for employment	\$
EM03: Employers provided vocational supports to students on the job	
EM04: Businesses/employers employed adults	
EM05: Employment programs/policies created/improved	
EM06: People Facilitated employment	
EM07: People trained in employment	
EM08: People active in systems advocacy about employment	
EM08A: Self advocates active in systems advocacy about employment	
EM08B: Family members active in systems advocacy about employment	
EM08C: Others active in systems advocacy about employment	

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EM09: Self-advocate, Family members and Others trained in systems advocacy about employment	
EM09A: Self-advocates trained in systems advocacy about employment	
EM09B: Family members trained in systems advocacy about employment	
EM09C: Others trained in systems advocacy about employment	
EM10: Other Performance Target Description	

Annual Program Information (Please include narrative responses to these prompts only at the end of the 4th quarter)

5.	What impact has the project had on the intended purpose of the grant?
6.	What impact are the grant activities having on changing the service delivery system?
7.	What impact has the grant had on influencing/changing policy?
8.	What impact has the grant had on advocacy for people with developmental disabilities?
9.	What has the project done to identify and secure commitment from resources to continue the project after Council funds have ended?
10.	What has been accomplished in the project that may not have been addressed through any of the other questions or may have been an unexpected outcome?