

# ACF

**Administration  
for Children  
and Families**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration on Children, Youth and Families**

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**2. Issuance Date: 2/13/98**

**3. Originating Office: Administration on  
Developmental Disabilities**

**4. Key Word: Electronic Data Submission System**

**5. Key Word: Basic Support and Protection & Advocacy**

**INFORMATION MEMORANDUM**

**TO:** Directors, Designated State Agencies  
Chairpersons, State Developmental  
Disabilities Councils  
Executive Directors, State Developmental  
Disabilities Councils  
Directors, State Protection and Advocacy Systems

**REFERENCE:** (1) ADD-IM-97-7 dated 11/5/97  
(2) ADD-IM-97-5 dated 6/30/97  
(3) ADD-IM-96-6 dated 12/24/96

**SUBJECT:** The purpose of this Information Memorandum (IM) is to communicate the status of the Electronic Data Submission (EDS) System, transmit the ADD JetForm Filler Instructions and reiterate the requirement that each Developmental Disabilities Council and Protection and Advocacy Agency provide ADD with an electronic copy of their respective Fiscal Year 1998-2000 Three Year State Plan, Fiscal Year 1998 Statement of Objectives and Priorities (SOPs), and the Fiscal Year 1997 Program Progress Reports.

**CONTENT:** Over the past several months, the Administration on Developmental Disabilities (ADD) has developed, distributed, and refined our EDS system. The purpose of the EDS system is to afford all of our grantees the opportunity to transmit data via electronic form to ADD.

Several Councils and P&A Agencies have volunteered to pilot test the system prior to its general distribution to the network. Results of this pilot testing effort have been encouraging, with at least one full electronic relay of data to our office.

While some of the pilot sites have experienced early technical problems, ADD has been able to investigate these problems and provide corrective action.

Accordingly, all Councils and P&A Agencies are required to submit their appropriate State Plan, PPR, and SOP by electronic form to ADD by April 15, 1998. Hard copies of these reports were due January 1, 1998.

Please be reminded that in order for each program to be able to operate the EDS system, the following PC hardware and software are required.

- . IMB/IBM compatible PC with a 486 or Pentium processor
- . Minimum of 8MB of RAM
- . 5MB of free hard disk space
- . Modem
- . JetForm 4.3 version is for Windows 3.1 and must be used
- . JetForm 5.1 version or later must be used with Windows 95

In addition to electronically transmitting the completed forms to ADD, each component program must have an E-mail address. All EDS transmissions are to be forwarded to this office via Mrs. Radhika (Bobbie) Iyer, ADD computer consultant, at her E-mail address listed below.

As indicated to you in previous correspondence, this software must be purchased from the JetForm Corporation distributor at the following address:

Mr. Andy Bridge or Ms. Debbie Rowell  
Government Operations  
JetForm Corporation  
7600 Leesburg Pike - Suite 430  
Falls Church, Virginia 22041  
1(800) 224-4104 or (703) 448-9544  
Internet: abridge@jetform.com


If you have any questions regarding the technical operation of the ADD EDS system, please feel free to contact:

Radhika (Bobbie) Iyer - ADD Computer  
Consultant  
Telephone No. (202) 690-6120  
Internet: [riyer@acf.dhhs.gov](mailto:riyer@acf.dhhs.gov)

Other questions regarding the EDS system should be forwarded to:

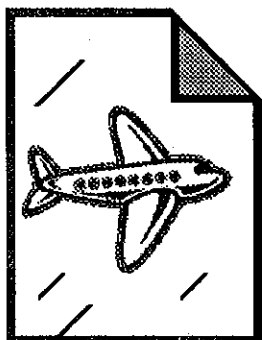
Lonnie Stewart - ADD Program Specialist  
Telephone No. (202) 690-5557  
Internet: [astewart@acf.dhhs.gov](mailto:astewart@acf.dhhs.gov)

We look forward to receiving your electronic submissions. Please be reminded that this new system is user friendly, however, time must be allocated in order to achieve success. ADD is committed to the success of this project and hope that you will join us with a minimum of difficulty.

  
Reginald F. Wells, Ph.D.  
Acting Commissioner  
Administration on Developmental  
Disabilities

ATTACHMENTS: ADD JetForm Filler Instructions - DDC Forms  
ADD JetForm Filler Instructions - P&A Forms

cc: Regional Administrators, Region I - X  
Director, Office of Regional Operations  
Vice President for Government Relations, CDDC  
Executive Director, NADDC  
Executive Director, NAPAS



# **ACF JetForm® Filler™ Instructions**

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## **Completing DD Council Forms**

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### **Prepared by:**

The Department of Health & Human Services  
Administration for Children & Families  
Office of Administration  
Office of Information Services  
Division of Application Development Services  
**January 12th, 1998**

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# Introduction

## About This Guide

### Overview

This guide provides information for electronically submitting the Three Year State Plan and the Annual Program Performance Report (PPR) for the Developmental Disabilities (DD) Council.

Chapter 2 describes how to fill out the online State Plan. Chapter 3 describes how to fill out the online PPR. Both forms are completed using the JetForm Filler software. See the beginning of each chapter for a summary of required steps, including the information that must be completed in the online form.

### Related Publications

This guide describes how to complete ADD forms using JetForm Filler. For an introduction to JetForm Filler, see the ADD *Getting Started* guide as well as the manuals that accompanied your copy of the JetForm Filler product.

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## About DD Council Forms

Section 107 of The Developmental Disabilities Assistance and Bill of Rights Act requires the DD Council of each state to prepare and transmit an annual report to the Secretary, Department of Health and Human Services. The report focuses on the activities (including collaborative ones) carried out with Part B funds and the outcomes during the fiscal year, including measures of success. Also included in the report is a description of the general trends in the state for persons with developmental disabilities.

The Three Year State Plan establishes the goals and objectives used in reporting performance in the PPR. The PPR must be submitted by January 1 of the year following the fiscal year being reported. The information is necessary to provide data to the Administration on Developmental Disabilities (ADD) in the preparation of the Annual Report to the President, the Congress, and the National Council on Disability. Compiled national data will also be made publicly available on the internet and disseminated by other means.

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## About the Reporting Process

Public reporting of this information is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this estimate, or any other aspect of the collection of this information (including suggestions for improving the process) to:

Commissioner  
Administration on Developmental Disabilities  
Room 329-D (OMB Clearance)  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

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# **Three Year State Plan**

## Introduction

The Three Year State Plan for the DD Council is contained in the following JetForm files (Note: these files should be copied to your C drive):

**DDCPLAN1.MDF** (Sections I through XI)

**DDCPLAN2.MDF** (Sections I and XII)

These blank forms consist of the following sections:

File	Section	Title	Description	Form Page
DDCPLAN1.MDF	I	Identification	Identifies version, plan year, and council.	1
	II	Assurances	Provides date assurances were mailed and the approving official's name and title.	2
	III	Developmental Disabilities Council	Describes philosophy, role, composition, and staff of DD Council.	3-8
	IV	Designated State Agency	Describes the structure, role, and staff of the state agency designated to support the DD Council.	9-11
	V	Prevalence of Developmental Disabilities	Provides estimates of developmental disability rates and describes how the estimates were obtained.	12
	VI	Environmental Factors Affecting Services	Describes factors that affect persons with developmental disabilities in the state.	13
	VII	Barriers: Unserved and Underserved Groups	Describes unserved/underserved groups and the barriers preventing full participation	14
	VIII	Review and Analysis of State Service Systems	Describes how state service systems are reviewed and analyzed.	15
	IX	Selection of Priority Areas	Enables priority areas to be selected and describes rationale.	16
	X	Council Budget	Details funding of priority area activities.	17-22
	XI	Evaluation Plan	Describes how the DD Council monitors the State Plan.	23

## Introduction (continued)

File	Section	Title	Description	Form Page
DDCPLAN2MDF	I	Identification	Identifies the version, plan period, Council, and goal.	1
	XII	Council Goals and Objectives	Describes one objective of goal and lists expected outcomes.	2-5

## Overview of Steps

Following is an overview of the steps required for filling out the Three Year State Plan. The information that goes in each section is further described later in this chapter.

### Gathering Required Information

- 1 Gather the required information for each section in the form. The following table lists by form section the information that must be completed.

Section	Required Information
I. Identification	<ul style="list-style-type: none"> <li>• Beginning year of state plan period</li> <li>• Regular telephone and fax numbers</li> <li>• Tenure end date of Council chairperson</li> <li>• Council executive director name and telephone number</li> </ul>
II. Assurances	Approving official's name.
III. Developmental Disabilities Council	<ul style="list-style-type: none"> <li>• Statement of DDC philosophy and role</li> <li>• Calendar year in which Council was established</li> <li>• Authorization citation</li> <li>• Summary of Council composition</li> <li>• Number/percentage of members representing individuals with developmental disabilities, out of all Council members</li> <li>• Number/percentage of members representing themselves as individuals with developmental disabilities, out of all members representing individuals with developmental disabilities</li> </ul>

## Overview of Steps (continued)

Section	Required Information
III. Developmental Disabilities Council (continued)	<ul style="list-style-type: none"> <li>• Number/percentage of members who are parents/ guardians of children with developmental disabilities, or who are immediate relatives/ guardians of adults with mentally impairing development disabilities, out of all members representing individuals with developmental disabilities</li> <li>• Number of persons representing individuals with developmental disabilities who have resided in institutions</li> <li>• Executive director name</li> </ul>
IV. Designated State Agency	<ul style="list-style-type: none"> <li>• Calendar year in which agency was designated by governor</li> <li>• Description of designated agency roles and responsibilities</li> </ul>
V. Prevalence of Developmental Disabilities	<ul style="list-style-type: none"> <li>• Estimated prevalence of developmental disabilities</li> </ul>
VI. Environmental Factors Affecting Services	A description of how economic, social, political, and litigative factors affect people with developmental disabilities and their families.
VII. Barriers: Unserved and Underserved Groups	A description of racial/ethnic (and other) groups and their barriers to participation.
VIII. Review and Analysis of State Service Systems	A description of the review and analysis of state service systems.
IX. Selection of Priority Areas	None
X. Council Budget	<ul style="list-style-type: none"> <li>• Federal fiscal year</li> <li>• Federal and recipient share of funding by activity, including breakdown by priority area activity</li> </ul>

## Overview of Steps (continued)

Section	Required Information
XI. Evaluation Plan	A description of the Council's plan for monitoring, reviewing, and evaluating the State Plan at least annually.
XII. Council Goals and Objectives	For each objective of a Council goal, the objective ID number.

### Opening the First Form File

- 2 Start JetForm Filler.
- 3 To start with a blank State Plan form, click the **Use Form** icon or select **Use Form** from the File menu. Find and select the **DDCPLAN1.MDF** file.

To open a previously saved form with data, click the **Open Data** icon or select **Open Data** from the File menu. Find and select the data file (it will have the extension **.DAT**).

- 4 If working with a blank form, tab past the **Version #** field (it is filled in for you).

If working with a data file, change the version number if you are creating a new version of a previously submitted State Plan. If you are working with the latest draft of a form that has not been submitted, just skip this field.

- 5 Complete Sections I through XI of the form.

## Overview of Steps (continued)

### Saving Data in the First Form File

- 6 If starting with a *blank form* or a previously saved form, click the **Save** button or select **Save** from the **File** menu.

**Note:** If saving the form for the first time, follow the naming convention described later in this step.

If creating a new version from a previously submitted form, select **Save As** from the **File** menu and rename the file. Use the following naming convention when typing the name of the file in the **File Name** field of the **Save Data As** window:

#### Naming Convention for New Files

*ySSCddvv.DAT* where:

<i>y</i>	=	The last digit of the initial plan year.
<i>SS</i>	=	The 2-letter postal code.
<i>C</i>	=	Program code for DD Council (do not change).
<i>dd</i>	=	Letter identifier of the State Plan .DAT file. When saving data entered in the DDCPLAN1.MDF file, use <b>AA</b> . When saving the .DAT file for each goal using DDCPLAN2.MDF, use <b>AB</b> for the first goal, <b>AC</b> for the second, <b>AD</b> for the third, and so on up to <b>OZ</b> .
<i>vv</i>	=	The 2-digit version number (01 to 99).
<i>.DAT</i>	=	File extension (do not change).

### Printing the First Form File

- 7 To print all information in the form, click the **Print** button. Make sure **All Pages** is selected and click **OK**.

### Opening, Saving, and Printing the Second Form File

- 8 Click **Use Form** to work with the second State Plan file, **DDCPLAN2.MDF** (or click **Open Data** to work with a previously saved form with data).
- 9 Complete Section I for the first Council goal.
- 10 Complete Section XII for the first objective of the goal.
- 11 To enter information about the next objective of the same goal, select **Next Record** from the **Position** menu. A message asks if it's OK to create a new record. Click **Yes**.

## Overview of Steps (continued)

- 12** Complete only the required fields of Section I for the new record (a message is displayed if you try to skip a required field—click **OK** to return to the field and complete it).
- 13** Complete all of Section XII for the objective.
- 14** Repeat steps 11, 12, and 13 for each objective.
- 15** After entering information for all of the goal's objectives, save the file as described in step 6.
- 16** To print all information for this goal, click the **Print** button. Make sure **All Records** and **All Pages** are selected and click **OK**.
- 17** Repeat steps 8 through 15 for each Council goal.

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## State Plan Instructions, Section I (Page 1)

THREE YEAR STATE PLAN DEVELOPMENTAL DISABILITIES COUNCIL	
Section I: Identification	Version # <input type="text"/>
State Plan Period Beginning: October 1, <input type="text"/>	
Through: September 30, <input type="text"/>	
State: <input type="text"/>	
Council Name: <input type="text"/>	
Council Address: <input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Toll free phone (voice):	<input type="text"/>
Toll free phone (TDD):	<input type="text"/>
Regular phone (voice):	<input type="text"/>
Regular phone (TDD):	<input type="text"/>
FAX:	<input type="text"/>
Name, Email, and Phone Number of Contact Person (regarding reporting questions):	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

*Three Year State Plan, Section I (page 1).*

The fields in Section I are mostly self-explanatory.

When revising a previously submitted form, update the number in the **Version #** field to reflect the fact that this is a revision of the form and not a resubmission of the last version.

**Important!** Type years in the State Plan Period using four digits and type the state code accurately to ensure that the report is correctly identified by ADD.

2



## State Plan Instructions, Section II (Page 2)

<b>THREE YEAR STATE PLAN</b>	<b>DD COUNCIL</b>
<p><b>Section II: Assurance</b></p> <p>Written and signed assurances have been submitted to the Regional Office, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all the requirements specified in Section 122(c)(5)(A)(ii) in the Developmental Disabilities Assistance and Bill of Rights Act.</p> <p>Date when Assurances were mailed: <input style="width: 100px;" type="text"/></p> <p>Approving Official: <input style="width: 250px;" type="text"/></p> <p>Name: <input style="width: 250px;" type="text"/></p> <p>Title: <input style="width: 250px;" type="text"/></p>	

*Three Year State Plan, Section II (page 2).*

Complete the date assurances were mailed. Enter the name and title of the Approving Official.

**Note:** Written and signed assurances must be submitted to Regional Office, ACF, DHHS under separate cover.

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## State Plan Instructions, Section III (Pages 3-8)

**THREE YEAR STATE PLAN**
**DD COUNCIL**

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**Section III: Developmental Disabilities Council**

**Statement of Developmental Disabilities Council Philosophy and Role in the State:**

Calendar year in which Council was established:

Authorization: Legislative ☐ Executive ☐

Authorization citation:

*Three Year State Plan, Section III (page 3).*

This section is self explanatory regarding Council philosophy and role in state, year Council was established, and authorization.

For Composition of Council Membership, list Council members, agency/organization affiliation (A), consumer representation (B), include institutional status (C), and indicate alternate representative.

The Council Staff section has spaces for listing 20 Council staff members.

*2*

## State Plan Instructions, Section IV (Pages 9-11)

<b>THREE YEAR STATE PLAN</b>	<b>DD COUNCIL</b>
<b>Section IV. Designated State Agency</b>	
Calendar year in which the Designated State Agency was designated by the Governor of the State: _____	
Describe the hierarchical structure from the Governor to the Designated State Agency, and within the agency down to the Council location:	
Is the Council its own Designated State Agency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, then complete the following section:	
Name of State Agency or office designated by the Governor to support the Council in accordance with Section 124(d): _____	
State Official of the Designated State Agency:	
Name:	_____
Phone, Email:	_____
Address:	_____

*Three Year State Plan, Section IV (page 9).*

This section is self explanatory.

2

## State Plan Instructions, Section V (Page 12)

<i>THREE YEAR STATE PLAN</i>	<i>IN COUNCIL</i>
<b>Section V. Prevalence of Developmental Disabilities</b>	
Estimated prevalence of developmental disabilities	[ ]
How was estimate created:	
<input type="checkbox"/> National prevalence rate (Gallay, 1.8%)	
<input type="checkbox"/> Other	
If Other, describe the estimation method:	
Are there areas in the State with higher rates:      Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, describe the areas, estimate the rates if able, and describe the causes for the higher rates:	
Are there groups in the State with higher rates:      Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Three Year State Plan, Section V (page 12).*

This section is self explanatory.

2

## State Plan Instructions, Section VI (Page 13)

THREE YEAR STATE PLAN	DD COUNCIL
<b>Section VI. Environmental Factors Affecting Services</b> Describe how economic, social, political, and litigative factors affect persons with developmental disabilities and their families in the State.	

Three Year State Plan, Section VI (page 13).

This section is self explanatory.

2

## State Plan Instructions, Section VII (Page 14)

THREE YEAR STATE PLAN	TO COUNCIL
<b>Section VII: <u>Barriers: Unserved and Underserved Groups</u></b>	
<b><u>Unserved/Underserved racial/ethnic groups:</u></b>	
List and describe racial/ethnic groups that may be unserved/underserved	
<div></div>	
Describe the barriers that impede full participation of these racial/ethnic groups:	
<div></div>	
<b><u>Other Unserved/Underserved groups:</u></b>	
For each other unserved/underserved group, provide this information:	
Describe the unserved/underserved group:	
<div></div>	

Three Year State Plan, Section VII (page 14).

This section is self explanatory.

2

## State Plan Instructions, Section VIII (Page 15)

<i>THREE YEAR STATE PLAN</i>	<i>DD COUNCIL</i>
<p><b>Section VIII. <u>Review and Analysis of State Service Systems for People with Developmental Disabilities</u></b></p> <p>Describe the process of review and analysis of the state service systems for people with developmental disabilities as required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act.</p> <div style="border: 1px solid black; height: 200px; width: 100%; margin-top: 10px;"></div>	

*Three Year State Plan, Section VIII (page 15).*

This section is self explanatory.

2

## State Plan Instructions, Section IX (Page 16)

THREE YEAR STATE PLAN		DD-COEN-001
<p><b>Section IX: Selection of Priority Areas</b></p> <p><u>Priority Area Selected</u></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> : Employment (Required)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> : System Coordination/Community Education</p> <p>If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> : Community Living</p> <p>If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> : Child Development</p> <p>If Yes, then provide a rationale for selection based on the review and analysis required in Section 122(b)(3) of the Developmental Disabilities Assistance and Bill of Rights Act:</p> <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>		

*Three Year State Plan, Section IX (page 16).*

The federal priority area of Employment has been preselected as being required. Select other priority area(s) that may apply.

*2*



## State Plan Instructions, Section X (Pages 17-22)

THREE YEAR STATE PLAN		DD COUNCIL	
Section X: Council Budget			
Projected Council Funding Plan			
Federal Fiscal Year: FY <input type="text"/>			
Activities Funded	(A) Federal Share	(B) Recipient's Share	(C) Total (Calculated)
<b>Priority Area Activities</b>			
DDC In-house Activities	<input type="text"/>	<input type="text"/>	
In Poverty Areas	<input type="text"/>	<input type="text"/>	
In Non-Poverty Areas	<input type="text"/>	<input type="text"/>	
Total Priority Area Activities	<input type="text"/>	<input type="text"/>	
<b>Other Activities</b>			
Plan'g. Coord. & Advoc.	<input type="text"/>	<input type="text"/>	
Devg. State Ag. Func.	<input type="text"/>	<input type="text"/>	
Total Funding (Col'd)			
Total Fed. Funding for Devg. State Agency		<input type="text"/>	

Three Year State Plan, Section X (page 17).

This section is self explanatory.

2

## State Plan Instructions, Section XI (Page 23)

THREE YEAR STATE PLAN	DD COUNCIL
<b>Section XI. Evaluation Plan</b>	
Describe the Council's plan for monitoring, reviewing, and evaluating its State Plan at least annually.	
<div style="border: 1px solid black; height: 250px; width: 100%;"></div>	

*Three Year State Plan, Section XI (page 23).*

This section is self explanatory.

2

## State Plan Instructions, Sections I and XII (Pages 1-5)

<b>THREE YEAR STATE PLAN GOALS AND OBJECTIVES DEVELOPMENTAL DISABILITIES COUNCIL</b>	
Section I: Identification	Version # <input type="text"/>
State Plan Period: Beginning: October 1, <input style="width: 50px;" type="text"/> Through: September 30, <input style="width: 50px;" type="text"/>	
State: <input style="width: 50px;" type="text"/>	
Council Goal and Objectives	
Council Goals	
For each Council Goal, provide the following information:	
Goal ID Number: G <input style="width: 50px;" type="text"/>	
Goal Title: <input style="width: 80%; height: 20px;" type="text"/>	
Goal Description: <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 5px;"></div>	

*Three Year State Plan, Section I in second file (DDCPLAN2.MDF).*

The second State Plan form, DDCPLAN2.MDF, is used to enter information about objectives for each Council goal. This form lets the user create multiple .DAT files for submission to ADD, one .DAT file for each goal.

For each goal:

- 1** Complete Section I once.
- 2** Complete Section XII for each objective.

**Note:** Use **Next Record** on the Position menu to create a new record for entering information about the next objective.

In Section I, it is important that the State Plan Period and state code be entered exactly the same as for the DDCPLAN1.MDF file and exactly the same as for the .DAT files of other goals to ensure that the report is linked together successfully.

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# Program Performance Report

## Introduction

The Program Performance Report (PPR) for the DD Council is contained in the following JetForm files (Note: these files should be copied to your C drive):

**DDCPPR1.MDF** (Sections I through VI)

**DDCPPR2.MDF** (Sections I, IIA, and IIB)

These blank forms consist of the following sections:

File	Section	Title	Description	Form Page
<b>DDCPPR1.MDF</b>	<b>I</b>	Identification	Identifies version, fiscal year, and DD Council.	1
	<b>II</b>	Fiscal Year Expenditures	Details federal funds expended by type of recipient and cost category.	2
	<b>III</b>	Fiscal Year State Trends	Describes the state-wide trends affecting individuals and their families.	3
	<b>IV</b>	Network Collaboration	Describes up to 10 critical issues or barriers identified jointly by the DD Council, P&A system, and UAP (one per page).	4-13
	<b>V</b>	Dissemination of Annual Report	Describes how the Council disseminated report to affected constituencies and the general public.	14
	<b>VI</b>	Measures of Success	Provides numerical measures of positive results from the Council's activities.	15-22
<b>DDCPPR2.MDF</b>	<b>I</b>	Identification	Identifies version, fiscal year, and P & A agency.	1
	<b>IIA</b>	Fiscal Year Objectives	Describes the expected outcomes for each planned objective and their status as of the end of the fiscal year.	1
	<b>IIB</b>	Fiscal Year Projects/Activities	Describes the projects and activities for each planned objective undertaken by the Council during the fiscal year.	2

## Overview of Steps

Following is an overview of the steps required for filling out the PPR. The information that goes in each section is further described later in this chapter.

### Gathering Required Information

- 1 Gather the required information for each section in the form. The following table lists by form section the information that must be completed.

Section		Required Information
I.	Identification	2. Federal Fiscal Year Reporting
II.	Fiscal Year Expenditures	None
III.	Fiscal Year State Trends	A description of state-wide trends.
IV.	Network Collaboration	None
V.	Dissemination of Annual Report	None
VI.	Measures of Success	None
IIA.	Fiscal Year Objectives	1. Goal #
		2. Objective #
		3. Expected outcome #
IIB.	Fiscal Year Projects/Activities	1. Objective and goal numbers
		2. Project/activity number and description
		3. Project/activity start and end dates

### Opening the First Form File

- 2 Start JetForm Filler.
- 3 To start with a blank PPR form, click the **Use Form** icon or select **Use Form** from the File menu. Find and select the **DDCPPR1.MDF** file.

To open a previously saved PPR form with data, click the **Open Data** icon or select **Open Data** from the File menu. Find and select the data file (it will have the extension **.DAT**).

- 4 If working with a blank form, tab past the **Version #** field (it is filled in for you).

If working with a data file, change the version number if you are creating a new version of a previously submitted PPR. If you are working with the latest draft of a PPR that has not been submitted, just skip this field.

- 5 Complete Sections I through VI of the form.

## Overview of Steps (continued)

### Saving Data in the First Form File

- 6** If starting with a *blank form* or a previously saved form with data, click the **Save** button or select **Save** from the **File** menu.

**Note:** If saving the form for the first time, follow the naming convention described later in this step.

If creating a new version from a previously submitted form, select **Save As** from the **File** menu and rename the file. Use the following naming convention when typing the name of the file in the **File Name** field of the **Save Data As** window:

#### Naming Convention for New Files

*ySSCddvv.DAT* where:

<i>y</i>	=	The last digit of the reporting year.
<i>SS</i>	=	The 2-letter postal code.
<i>C</i>	=	Program code for DD Council (do not change).
<i>dd</i>	=	Letter identifier of the PPR .DAT file. When saving data entered in the DDCPPR1.MDF file, use <b>PA</b> . When saving the .DAT file for each objective using DDCPPR2.MDF, use <b>PB</b> for the first objective, <b>PC</b> for the second, <b>PD</b> for the third, and so on up to <b>ZZ</b> .
<i>vv</i>	=	The 2-digit version number (01 to 99).
<i>.DAT</i>	=	File extension (do not change).

### Printing the First Form File

- 7** To print this portion of the PPR, click the **Print** button. Make sure **All Pages** is selected and click **OK**.

### Opening, Saving, and Printing the Second Form File

- 8** Click **Use Form** to work with the second PPR file, **DDCPPR2.MDF** (or click **Open Data** to work with a previously saved form with data).
- 9** Complete Section I for the first objective identified in the Three Year State Plan.
- 10** Complete Section IIA for the first expected outcome of the objective.
- 11** Complete Section IIB for the first project/activity associated with the expected outcome.

## Overview of Steps (continued)

- 12** To enter information about the next project/activity or expected outcome of the objective, select **Next Record** from the Position menu. A message asks if it's OK to create a new record. Click **Yes**.
- 13** If there are more projects/activities associated with the expected outcome of the previous record, complete only the required fields of Sections I and IIA (a message is displayed if you try to skip a required field—click **OK** to return to the field and complete it). Complete Section IIB for the next project/activity.  
  
Otherwise, complete Section IIA for the next expected outcome of the objective, and Section IIB for the first project/activity associated with that outcome.
- 14** Repeat steps 12 and 13 until information for all expected outcomes and their associated projects/activities has been entered.
- 15** Save the file as described in step 6.
- 16** To print all information for this objective, click the **Print** button. Make sure **All Records** and **All Pages** are selected and click **OK**.
- 17** Repeat steps 8 through 15 for each objective identified in the State Plan.

✍

## PPR Instructions, Section I (Page 1)

**DEVELOPMENTAL DISABILITIES COUNCIL  
ANNUAL PROGRAM PERFORMANCE REPORT**

Version #

**Section I. Identification**

1. State/Territory Name:

2. Federal Fiscal Year Reporting:  (Oct 1 to Sep 30)  
 (e.g., 1992 for the period beginning October 1, 1991 and ending September 30, 1992)

3. Name of person or organization providing PPR information:

Telephone Number:

### PPR Section I (page 1).

The fields in Section I are mostly self-explanatory.

When revising a previously submitted form, update the number in the **Version #** field to reflect the fact that this is a revision of the form and not a resubmission of the last version.

**Important!** Type the reporting year (using four digits) and state code accurately to ensure that the report is correctly identified by ADD.

2



## PPR Instructions, Sections IIA - IIB (Page 2)

SERVICE PROGRAM PERFORMANCE REPORT		DD COUNCIL																		
<p><b>Section II: Fiscal Year Expenditures</b></p> <p>Provide reporting year federal expenditures. This may include Federal expenditures of funds awarded in previous fiscal years. Total Section A expenditures must equal total Section B expenditures and will not equal the reporting year's total allotment. Also, Section A, Row 1 equals or exceeds Section B.</p> <p><b>A. Types of Recipient</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">FEDERAL FUNDS EXPENDED</th> </tr> </thead> <tbody> <tr> <td style="width: 80%;">1. State Developmental Disabilities Council .....</td> <td style="width: 20%; text-align: center;">A</td> </tr> <tr> <td>2. Designated State Agency .....</td> <td style="text-align: center;">B</td> </tr> <tr> <td>3. Other State Agencies .....</td> <td style="text-align: center;">C</td> </tr> <tr> <td>4. Protection and Advocacy Systems .....</td> <td style="text-align: center;">D</td> </tr> <tr> <td>5. University Affiliated Programs .....</td> <td style="text-align: center;">E</td> </tr> <tr> <td>6. Non-Profit Private Agencies .....</td> <td style="text-align: center;">F</td> </tr> <tr> <td>7. Others .....</td> <td style="text-align: center;">G</td> </tr> <tr> <td>Total Federal Expenditures .....</td> <td style="text-align: center;">H</td> </tr> </tbody> </table>			FEDERAL FUNDS EXPENDED		1. State Developmental Disabilities Council .....	A	2. Designated State Agency .....	B	3. Other State Agencies .....	C	4. Protection and Advocacy Systems .....	D	5. University Affiliated Programs .....	E	6. Non-Profit Private Agencies .....	F	7. Others .....	G	Total Federal Expenditures .....	H
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c. Child Development .....	C																			
d. Community Living .....	D																			

PPR Sections IIA - IIB (page 2).

As noted on the form, "expenditures" is *not* equal to amount awarded during the fiscal year, but rather may include federal expenditures of funds awarded in previous fiscal years. Further, "Total" Section A expenditures must equal "Total" Section B expenditures.

2

## PPR Instructions, Section III (Page 3)

**STATE PROGRAM PERFORMANCE REPORT**

**DD COUNCIL**

**Section III. Fiscal Year State Trends**

List the major state-wide trends during the fiscal year affecting individuals with developmental disabilities in the state and their families. Examples of trend include: funding changes, policy changes, changes for underserved groups, new services, new efforts by advocacy groups, changes in consumer involvement. Do not report Council funded activities here, except by reference to Section II. This section is for showing state trends, not necessarily Council impact.

*PPR Section III (page 3).*

As noted on the form, state-wide trends do not necessarily mean only those influenced by the Council. Include *all* significant trends in the state affecting persons with developmental disabilities and their families. Provide both positive and negative trends.

*B*

## PPR Instructions, Section IV (Pages 4-13)

**ANNUAL PROGRAM PERFORMANCE REPORT** **DD COUNCIL**

**Section IV. Network Collaboration**

List five to ten of the most critical State issues or barriers that have been identified jointly by the DD Council, the Protection and Advocacy System (P&A), and University Affiliated Program (UAP), faced by the residents in your State with developmental disabilities. For each issue/barrier, provide the information:

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
---

### PPR Section IV (page 4).

The DD Network (Council, P&A, and UAP) in every state is expected to collaborate in the identification of five to 10 critical issues or barriers faced by individuals with developmental disabilities in the state.

For each issue or barrier, provide a short descriptive title (use one page per issue or barrier). For the one or more of these that the Network has selected to address collaboratively, describe it in greater detail, make reference to applicable State Plan objectives (with objective ID#), and provide additional information delineated in the form.

2

## PPR Instructions, Section V (Page 14)

<b>ANNUAL PROGRAM PERFORMANCE REPORT</b>	<b>DD COUNCIL</b>
<p><b>Section V. Dissemination of Annual Report</b></p> <p>Describe how the Council disseminated this Annual Program Performance Report to affected constituencies and to the general public, including accessible formats that were made available. Dissemination should include constituencies that were provided an opportunity to comment on the State Plan.</p> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>	

*PPR Section V (page 14).*

The Act requires the dissemination of the report to affected constituencies in the State. This section is for describing how the Council did this.

*2*

## PPR Instructions, Section VI (Pages 15-22)

ANNUAL PROGRAM PERFORMANCE REPORT			DD COUNCIL
Section VI. Measures of Success			
SCA = S if System Change Effort = C if Capacity Building Effort and = A if Advocacy Effort			* = Reported to Congress
Goal 2: People have control, choice, and flexibility in their services and supports that receive			
#	SCA	MEASURE	
		* # of policies and practices created or improved to increase choice, control, and flexibility related to support initiatives	
		# of dollars leveraged to enhance supports to individuals and families related to Council initiative	
		# of flexible funding mechanisms related to Council initiative	
		* # of people involved in system advocacy efforts related to Council initiatives in choice, control, and flexibility	
		# of people involved in service supports evaluation (QI) activities related to Council work	
		# of flexible funding mechanisms related to Council initiative	
		# of policy makers informed by Council about choice, control, and flexibility	
		# of issue papers, policy papers, fiscal impact statements, reports, etc. related to choice, control, etc. developed by the Council	
		# of issue papers, policy papers, fiscal impact statements, reports, etc. related to choice, control, etc. provided to policy makers by Council	
		# of dollars leveraged to enhance support Council funded short-term	

### PPR Section VI (page 15).

This section is mostly self explanatory. The number being reported for a measure is entered in the first column; a description of the measure is provided in the last column. Measures marked with an asterisk in the third column must be provided, as these measures will be reported to Congress in compliance with the Government Performance and Results Act (GPRA). All other numbers may be provided optionally where they appear relevant to the Council's activities. Unreported measures default to zero.

For each reported measure, provide in the second column (marked SCA) an indication of the predominant activity that influenced that number: type S if predominately system's change efforts; type C if predominantly capacity building efforts; and type A if predominantly advocacy efforts.

2

## PPR Instructions, Sections I, IIA, and IIB (Pages 1-2)

DEVELOPMENTAL DISABILITIES COUNCIL ANNUAL PROGRAM PERFORMANCE REPORT GOALS AND OBJECTIVES	
<b>Section I. Identification</b>	Version # <input type="text"/>
1. State/Territory Name <input type="text"/>	
2. Federal Fiscal Year Reporting <input type="text"/> (Oct 1 to Sept 30) (e.g., 1992 for the period beginning October 1, 1991 and ending September 30, 1992)	
<b>Section IIA. Fiscal Year Objectives</b>	
List reporting year objectives from the State Plan by goal. For each objective, provide the following information:	
<div> 1. Goal ID <input type="text"/>  2. Objective # <input type="text"/>  3. For Each Expected Outcome, Provide the following information: </div>	

*PPR Sections I and IIA in second file (DDCPPR2.MDF).*

The second PPR form, DDCPPR2.MDF, is used to enter information about expected outcomes and projects/activities for each objective identified in the State Plan. This form lets the user create multiple .DAT files for submission to ADD, one .DAT file for each objective.

For each objective:

- 1** Complete Section I once.
- 2** Complete Section IIA once for each expected outcome of the objective.
- 3** Complete Section IIB for each project/activity associated with each expected outcome.

**Note:** Use **Next Record** on the Position menu to create a new record for entering information about the next expected outcome or project/activity.

### **Section I. Identification**

It is important that the version number, state code, and fiscal reporting year be entered exactly the same as for the DDCPPR1.MDF file and exactly the same as for the .DAT files of other objectives to ensure that the report is linked together successfully.

## PPR Instructions, Sections I, IIA, and IIB (Pages 1-2)

(continued)

### *Section IIA. Fiscal Year Objectives*

For each objective, report on every planned expected outcome. For each expected outcome, check only one of the three status boxes (Met, Partially Met/Continuing, or Not Met). Additionally, provide explanation or summary of details; note that two boxes are provided and the proper one to use is dependent on whether the Not Met status box was checked.

If any unplanned outcomes occur, report them in the Other Outcomes Realized box.

### *Section IIB. Fiscal Year Projects/Activities*

The Council's main projects and activities should be reported, organized by Project/Activity ID#.

Any new project or activity should be assigned a non-zero two-digit numerical identifier (Project/Activity ID#) that is unique among the projects/activities for its objective.

**Example:** for Objective 01, there are Project/Activity 01, 02, and 03; for Objective 02, there are Project/Activity 01 and 02; for Objective 03, there are Project/Activity 01, 02, 03, and 04; for Objective 04, there are Project/Activity 01, 02, 03, 04, and 05; and for Objective 05, there is Project/Activity 01.

Do *not* reuse a previously assigned Project/Activity ID# for a project/activity under the current State Plan, even from a now terminated project.

Use the Describe box for new projects/activities to provide an overview of their background, purpose, and strategy; future tense can be used for this description. Include award amount in the description. Provide estimated start and end dates; these may be updated in reports of later fiscal years.

For reporting of what was done in the Project/Activity, use only past tense. Do not report what will happen in the future. For expenditures, only report funding that was actually expended during the fiscal year, and do not report on the amount that was awarded.

Do include any project or activity reported in a previous fiscal year and designated as continuing into this fiscal year, even if no activity occurred, identifying it with the Project/Activity ID# assigned in that previous reporting. For multi-year activities, report what actually took place this year, if anything.

Do *not* report on a new project or activity if the only action was the awarding of a sub-grant/contract to the grantee/contractor. If the grantee/contractor has not yet begun any activity, do not report on it. Wait until the fiscal year in which the grantee/contractor actually does something to report.

2