

<b>hds</b> human development services	<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Administration on Developmental Disabilities</b>	
	<b>1. Log No.</b> ADD-PI-85-4	<b>2. Issuance Date:</b> 12/4/85
	<b>3. Originating Office:</b> Administration on Developmental Disabilities	
	<b>4. Key Word:</b> Basic State Grant	<b>5. Annual Program Performance  Report</b>
	<b>6.</b>	<b>7.</b>

PROGRAM INSTRUCTION

**TO :** Directors, State Planning Council

**SUBJECT :** Developmental Disabilities Basic State Grant  
Program Annual Program Performance Report (PPR)  
Instructions

**LEGAL AND  
RELATED**

**REFERENCES :** Developmental Disabilities Assistance and Bill  
of Rights Act, as amended by P.L. 98-527

**CONTENT :** Section 107 (a) requires that, by January 1 of  
each year, each State Planning Council prepare  
and transmit to the Secretary a report  
concerning activities carried out during the  
preceding fiscal year with funds paid to the  
State under part B for such fiscal year. This  
report must contain a description of activities  
and accomplishments resulting from those  
activities and a comparison of the  
accomplishments with the goals, objectives and  
proposed activities specified by the State in  
the State Plan submitted for the fiscal year  
covered by the report. The fiscal information  
required to be submitted by section 107 will be  
collected through the Financial Status Report,  
HHS Form 269.

**RECEIVED**

**DEC 13 1985**

**TPCDD**

**INSTRUCTION :** The Program Performance Report (PPR) covers all  
activities during the Federal Fiscal Year,  
October 1 through September 30 (the reporting  
period). It should be submitted to the  
appropriate Regional Office within ninety days  
after the end of the Fiscal Year.

**ATTACHMENT :** Developmental Disabilities Basic State Grant  
Program Annual Program Performance Report  
Instructions - OMB # 0980-0172.

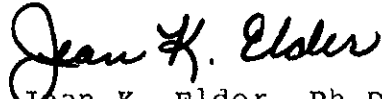
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EFFECTIVE

DATE : The report should be submitted within ninety days following the close of the Federal Fiscal Year, beginning with FY 1985.

INQUIRIES

TO : ADD Regional Program Directors.



Jean K. Elder, Ph.D.  
Commissioner

Administration on Developmental  
Disabilities

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES  
BASIC STATE GRANT PROGRAM  
ANNUAL PROGRAM PERFORMANCE REPORT INSTRUCTIONS

Introduction

Section 107 of Public Law 98-527, the Developmental Disabilities Act of 1984, requires the State Planning Council of each State to prepare and transmit to the Secretary, Department of Health and Human Services an annual report. The report is to describe the activities and accomplishments resulting from the activities carried out with the funds received for the Fiscal Year for the Basic State Grant Program.

This Program Performance Report is the required reporting format and shall be utilized in the preparation of the Administration on Developmental Disabilities Annual Report to the President, the Congress, and to the National Council on the Handicapped.

The Basic State Grant Annual Program Performance Report will include the following information for a Federal Fiscal Year, October 1, through September 30, (the reporting period) and shall be due to the Secretary by January 1st of the succeeding year:

1. A description of program activities and accomplishments;
2. A comparison of the annual accomplishments with the proposed goals, objectives and activities as specified in the State Plan;
3. A reporting of the obligation of Federal funds.

Please read carefully all of the instruction before using the reporting form.

## INSTRUCTIONS

### Identification Data

1. Enter the last digit for the beginning and ending of the Federal fiscal year being reported. (Reporting Period)
2. Name of State
3. If the address of the Administering Agency has changed within the past 12 months, check the box indicated and provide the correct mailing address.
4. If the address of the State Planning Council has changed with the past 12 months, check the box indicated, and provide the correct mailing address.
5. Provide the name and telephone number (including area code) of the individual most knowledgeable about the contents and the preparation of the report.

### Section I: Fiscal Year Goals and Objectives

Please provide the applicable goals and objectives statements adopted by the Planning Council and implemented by the State Administering Agency during the reporting period. Your selections should correspond to those originally proposed in the Three Year State Plan or added as amendments to the plan. In addition, describe the activities selected by the State to attain the stated goals and objectives. Be sure to reflect the activities of the State Administering Agency.

### Section II: Fiscal Year Accomplishments

Describe the progress made in improving the independence, productivity, and integration into the community of persons with developmental disabilities, in relation to the Goals, Objectives and activities provided in Section I above. Be sure to reflect the accomplishments of the State Administering Agency.

The term 'independence' means the extent to which persons with developmental disabilities exert control and choice over their lives.

The term 'productivity' means: (1) engagement in income-producing work by a person with developmental disabilities which is measured through improvements in income

level, employment status, or job advancement, or (2) engagement by a person with developmental disabilities in work which contributes to a household or community.

The term 'integration' means: (1) the use by persons with developmental disabilities of the same community resources that are used by and available to other citizens, (2) the participation by persons with developmental disabilities in the same community activities in which non-handicapped citizens participate and (3) the residence by persons with developmental disabilities in homes or in home-like settings which are in proximity to community resources, together with regular contact with non-handicapped citizens in their community.

Be sure to include in this section the use of subgrants as well as the cooperative efforts with the University Affiliated Facilities Program and the Protection and Advocacy System in the State. Use additional space if necessary.

### Section III: Planning Council Data

- A. Please indicate for each category of membership both the number of regularly scheduled meetings of the Planning Council attended and the number of committee/sub-committee meetings attended.
- B. Provide the number of regularly scheduled meetings of the Planning Council for the reporting period.
- C. Enter the total number of committee and sub-committee meetings of the Planning Council.
- D. Enter in the appropriate category the total of all funds obligated for travel, lodging, and meals by Council members, including travel expenses to attend Council meetings.
- E. Describe the accomplishments resulting from the activities undertaken by the Planning Council during the reporting period. Be sure to note any systemic, and or legislative initiatives undertaken. Use this section also to describe any cooperative efforts undertaken with the State Protection and Advocacy System and/or the University Affiliated Facility(s).

Section IV: Use of Funds for Service Activities

Enter the amount and the proportion of the total Federal funds obligated during the reporting period for the provision of service activities by the providers listed:

- A. State Administering Agency
- B. Other State Agencies
- C. Local Government Agencies
- D. Non-profit Private Agencies
- E. Others

## Section V. Other Funding Sources

Provide the total amount of funding from all other sources which support services for developmentally disabled persons. Do not include any funds authorized by the Developmental Disabilities Act of 1984, Public Law 98-527.

## Section VI. Client Data: (Direct Services)

Provide in this section information about clients who received direct services, supported as a whole or in part by funds allocated through Part B of the Act, provided by the State Administering Agency or through sub-grantees, provider agencies, etc. The information may be provided in the format of your choice.

"Direct services" are defined as those services provided to clients in accordance with an Individualized Habilitation Plan, and include priority services or any other services or special adaptations of generic services for persons with developmental disabilities (i.e., diagnosis, evaluation, treatment, personal care, domiciliary care, special living arrangements, training, education, sheltered employment, recreation and socialization, counseling, protective and other social and sociolegal services, information and referral services, transportation services and services to promote and coordinate activities to prevent developmental disabilities.)

If your State program does not provide direct services but supports only service activities (capacity building, influencing etc.), which increase the capacity of agencies to provide services in the area, coordinate the provision of services in the area with the provision of other services, and train personnel to provide services in the area, the State is not required to complete this section.

For the purpose of this form, a client is defined as a person with a problem related to a developmental disability for whom the State Administering Agency or its contractors provides a service.

Each client shall be counted only once during the reporting period, regardless of the number of times he or she returns for assistance. Clients carried over from the previous year will be included in this count.

- A. Enter the number of individual clients served during the reporting period.
- B. Enter the number of clients listed in "A" who are multiply handicapped.

C. Age of Clients

Enter the age of each client served during the reporting period. Examples:

"0-4" means from birth through age four.

"5-20" means from the fifth birthday through age 20.

D. Client Disability

Provide the number and primary categorical disabilities of clients served. It is assumed all clients receiving direct services meet the functional definition of developmentally disabled.

E. Clients' Geographic Location

Select the geographic location that best corresponds with each client's situation.

Urban - a city with a population of 50,000 or more, including the surrounding contiguous territory.

Rural - all other areas that have a population of less than 50,000.

F. Services Received

Provide the total number of individuals served by the State either through direct services provided by the State, through purchase of services arrangements or through subgrants. Use the category of "Other" to indicate a State Priority Service or to identify one or more generic services.



OMB # 0980-0172

Expiration Date: October 31, 1988

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES  
BASIC STATE GRANT PROGRAM  
ANNUAL PROGRAM PERFORMANCE REPORT

1. Reporting Period: October 1, 198\_\_ - Through September 30, 198\_\_

2. State:

3. Administering Agency Address  4. Planning Council Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of Preparer: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

I. Fiscal Year Goals and Objectives

II. Progress made in Improving the Independence, Productivity,  
and Integration of the Developmentally Disabled.

III. Planning Council Data

A. Membership and Council Meeting Attendance

Category of Membership	Number of Regular Council Meetings Attended	Number of Committee or Subcommittee Meetings Attended
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1. Person with developmental disabilities
2. Immediate relative or guardian of person(s) with mentally impairing developmental disabilities
3. State Voc Rehab Agency
4. State Special Ed Agency
5. State Title XIX
6. Higher Ed Training Facilities
7. UAF/Satellite
8. P&A
9. Other

B. Number of Regular Meetings Held \_\_\_\_\_

C. Number of Committee or Subcommittee Meetings Held \_\_\_\_\_

D. Funds Expended for Council Travel:      Federal      Non Federal

1. Travel
2. Lodging
3. Meals

_____	_____
_____	_____
_____	_____

E. Accomplishments

IV. Use of Federal Funds for Service Activities

	<u>Amount</u>	<u>Percentage</u>
A. State Admin. Agency	\$	
B. Other State Agencies	\$	
C. Local Government Agencies	\$	
D. Non-Profit Private Agencies	\$	
E. Others	\$	

V. Other Funding Sources

<u>Source:</u>	<u>Total Amount</u>
1. Federal	
2. State	
3. Local	
4. Private Sector	
Total	

VI. Client Data: (If Applicable)

A. Number of Individual Clients Served \_\_\_\_\_

B. Number of Individual Clients Multiply Handicapped \_\_\_\_\_

C. Client Age Distribution

1. 0-4 \_\_\_\_\_

2. 5-20 \_\_\_\_\_

3. 21-64 \_\_\_\_\_

4. 65 and over \_\_\_\_\_

D. Client Disability

1. Autism \_\_\_\_\_

2. Cerebral Palsy \_\_\_\_\_

3. Epilepsy \_\_\_\_\_

4. Mental Retardation \_\_\_\_\_

5. Mental Illness \_\_\_\_\_

6. Multiple Sclerosis

\_\_\_\_\_

7. Spina Bifida

\_\_\_\_\_

8. Physical/Orthopedic

\_\_\_\_\_

9. Other

\_\_\_\_\_

E. Clients' Geographic Location

Urban

\_\_\_\_\_

Rural

\_\_\_\_\_

F. Services Received

Number Served

Alternative Community living  
Arrangement Services

\_\_\_\_\_

Employment Related Services

\_\_\_\_\_

Child Development Services

\_\_\_\_\_

Case Management Services

\_\_\_\_\_

Other Services

\_\_\_\_\_