|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Number** | Click here to enter text. | **Date** | Click here to enter a date. |
| **Grant Title** | Click here to enter text. | **Project Director** | Click here to enter text. |
| **Grantee** | Click here to enter text. | **Phone Number** | Click here to enter text. |
| **State Plan Priority** | Choose an item. | **Email** | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Certification** | | | | | |
| As an authorized individual for the grant, I certify the information contained in the report and the attachments (if applicable) are accurate, and to the best of my knowledge, program expenditure and activities are in compliance with the approved grant and federal/state regulations. | | | | | |
|  |  |  |  | Click here to enter a date. |  |
| *Signature of Project Director* | | | *Date* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Participants**  ***Report individual participants only.*** | | | |
| Number of **people with intellectual and developmental disabilities** who participated in grant activities. | | |  | | --- | | Enter number. | | |
| Number of **family members of people with intellectual and developmental disabilities** whoparticipated in grant activities. | | |  | | --- | | Enter number. | | |
| Number of **additional people trained or educated** as part of grant activities. | | |  | | --- | | Enter number. | | |
| *Include people who participated in organized activities designed to increase knowledge who are not yet counted.* | | | |
| Briefly describe who participated in trainings or educational activities *(eg: special ed. teachers, nursing students, law enforcement professionals, direct service professionals, etc)*: | | | |
|  | Click here to enter text. | | |
| Which survey data are attached to this report?  *All participants are to be surveyed on satisfaction and outcomes..* | |  | Satisfaction |
|  | Outcome |
| Programming materials are attached to this report. | | Yes |  |
| No |  |
| Briefly describe attached programming materials *(eg: Agenda, training PowerPoint presentation, assessments, MOU, etc.)*: | | | |
|  | Click here to enter text. | | |
| **Activity Narrative** | | | |
| **Describe expected outcomes and actual outcomes. Include how outcomes were measured.**   * *Eg, Survey data revealed 30 attendees increased knowledge on guardianship alternatives including Supported Decision Making and power of attorney.* | | | |
| Click here to enter text. | | | |
| **Describe collaborative partners and activities. Include each partner’s major contributions**.   * *Eg, Planning committee comprises organization xyz, organization abc, and entity efg. Organization xyz secured the keynote speaker, organization abc obtained meeting space, and entity efg provided publicity.* | | | |
| Click here to enter text. | | | |
| **Please share success stories about how grant activities made an impact on the target group.**  **(NOTE: Please submit photos related to success stories if available.)** | | | |
| Click here to enter text. | | | |
| **Please describe challenges overcome, new collaborative connections, and unexpected outcomes.** | | | |
| Click or tap here to enter text. | | | |