

Alabama Council for Developmental Disabilities (ACDD)

CHILDCARE

Quarterly Report Form

(Form Revised FY 3-24-10)

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 reports. Do not enter each quarter as separate data.

Section 1 Statistical Information

Federal Data Requirements	Qtr 1	Qtr. 2	Qtr. 3	Qtr. 4
1. Number of children in inclusive childcare settings through Council efforts.				
2. Number of individuals who facilitated inclusive childcare.				
3. How many additional dollars were leveraged through your project?				
4. Number of individuals trained in childcare services.				

5. 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			
	Qtr. 4			
	Qtr 1	Qtr. 2	Qtr. 3	Qtr. 4
6. How many individuals were provided training in systems advocacy through your project?				
Self-Advocates				
Family Members				
Others				
7. How many individuals actively participated in systems advocacy through your project ?				
Self-Advocates				
Family Members				
Others				
8. How many policy makers were recipients of educational efforts about issues related to your grant activities?				
9. How many products were developed by your project and distributed to policymakers?				
10. 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. ACTIONS TAKEN TO REMOVE BARRIERS

2. 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:

				<u>1st Qtr:</u> <u>2nd Qtr:</u> <u>3rd Qtr:</u> <u>4th Qtr:</u>
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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 _____