

**NEW HAMPSHIRE COUNCIL ON DEVELOPMENTAL DISABILITIES**

**SMALL GRANT REPORTING FORM**

**10/1/2020 – 9/30/2021**

The NH Council on Developmental Disabilities is federally-funded and required to report to the federal government, on an annual basis, the outcomes of the projects supported by the Council through small grants. This report will provide the Council with the information it needs to fulfill its reporting obligations, and assess the value of the Council’s small grant program. Please contact the Council office at 603-271-3236 or [grants@nhcdd.us](mailto:grants@nhcdd.us) if you have questions, require assistance or would like to respond orally or in an alternative format.

Please provide the following information about the activities and outcomes of your project. If your project was not completed prior to September 30, 2021, the end of the federal fiscal year and reporting period, the report should reflect the status of the project as of September 30, 2021 and the anticipated completion date. The Council supports many different types of initiatives, so some of the questions may not be applicable to your project, however it is expected that all projects will have some reportable outcomes.

**DESCRIPTION OF COUNCIL-SUPPORTED PROJECT**

Project Name or Brief Description: \_\_\_\_\_

\_\_\_\_\_

Recipient/ Agency: \_\_\_\_\_

Tax ID \_\_\_\_\_

Beginning and Completion (or Anticipated Completion) Dates:

\_\_\_\_\_

\_\_\_\_\_

Grantee Contact Information (please provide name, email and phone number for the person who has prepared the report and can answer questions): \_\_\_\_\_

\_\_\_\_\_

Amount of funding from the Council: \_\_\_\_\_

Amount of funding or in-kind support from other sources: \_\_\_\_\_

(Please identify source, type and amount): \_\_\_\_\_

\_\_\_\_\_

Total cost of the project: \_\_\_\_\_

\_\_\_\_\_





**PERFORMANCE MEASURES**

The Council is accountable to the federal government for the projects it supports in terms of quantifiable performance measures established by the Administration on Developmental Disabilities (ADD).

The following questions will help us accurately describe the impact of your project using criteria the federal government has established. Please provide the information requested for those questions that are applicable to your project or N/A if not applicable.

Please provide or estimate numbers for each applicable category and a brief explanation, if needed, of what the numbers are based on or how the numbers were derived. If you are unsure how to respond, please use the "explanation" section to explain the project outcome in your own words, and attach a sheet if you need additional space.

<u>Education and Training</u>	<u>Numbers</u>
Number of people who received education or training in area related to project (e.g. transportation, employment)	_____

Explanation:

Coalition Building, leadership development and advocacy.

Did your project involve training people in leadership or advocacy skills, or involve people in systems advocacy, which refers to the process of supporting changes in policies, rules or laws to improve supports, services or quality of life for people with disabilities? If so, please provide or estimate the following numbers.

Number of people trained in leadership, self-advocacy and self-determination	_____
Number of people trained in systems advocacy	_____
Number of people active in systems advocacy	_____
Number of people who attained membership on public/private bodies and leadership coalitions	_____
Number of programs/policies created or improved	_____
Number of organizations involved in coalitions, networks or partnerships	_____
Number of organizations engaged in systems change efforts	_____

Explanation:

Public Education and Outreach.

Did your project involve educating policymakers or raising public awareness about issues important to children or adults with disabilities? (“Policymakers” refer to any officials at the State, regional/county or local levels whose positions enable them to change programs for the better). If applicable, please provide or estimate the following numbers.

Public policymakers educated \_\_\_\_\_

Members of general public reached  
(through any form of communication or media) \_\_\_\_\_

Explanation:

Dollars Leveraged.

Have you (or another person or organization) secured additional funding or anything of value (such as services, space or equipment) as a consequence of your project? Example: A group of parents organize an inclusive family game night at the town recreation center funded through a small grant from the Council. As a result of the program’s success, the town provides funding and a church donates space so that the program can be expanded. The town funding and value of the donated space would be considered “leveraged.” If applicable, please indicate the amount or value of dollars or items leveraged and a brief explanation.

Dollars leveraged \_\_\_\_\_

Explanation:

Other

Please identify and describe any other quantifiable performance measure that you used to assess the outcome of your project

Other (Please describe below) \_\_\_\_\_

Explanation:

Explanation/ additional information about any of the above performance measures

(Attach additional sheet if needed):

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**Five-Year Plan Goals.** All projects supported by the Council must help achieve one or more goals in the Council's Five-Year strategic plan. Please identify which of the following goals you believe your project supports. Please choose no more than two that most closely match your project.

\_\_\_\_\_ Goal 1. Children with developmental disabilities will receive quality supports and services in welcoming environments that enable them to reach their potential.

\_\_\_\_\_ Goal 2. Individuals with developmental disabilities will have greater opportunities for vocational training, competitive employment, expanded work hours, and increased career options.

\_\_\_\_\_ Goal 3. New Hampshire communities will become more accessible and better support individuals with disabilities to fully engage in community life.

\_\_\_\_\_ Goal 4. People with developmental disabilities will lead high quality lives with an increased level of personal choice and greater control over their lives.

\_\_\_\_\_ Goal 5. There will be at least one statewide self-advocacy organization led by people with disabilities, more people will participate and more individuals with developmental disabilities will achieve greater choice, independence, and self-determination through their advocacy efforts.

\_\_\_\_\_ Goal 6: Young adults with developmental disabilities will be supported in making a successful transition to adult life.

## **OTHER INFORMATION AND DATA**

Please identify any products developed and attach copies. Products include materials on any media including agendas, conference materials and handouts from educational events or trainings.

Grantees are required to forward the Council's annual satisfaction survey, available in either electronic or paper format, to everyone who participated in or was otherwise impacted by the project. A link to the survey can be found at either (depending on whether you are an individual or partnering organization respectively):

### **General survey:**

<https://www.surveymonkey.com/r/2020-2021outcomesurvey>

Please also provide any feedback you have received or results of any satisfaction surveys you have done.

Please identify any outcomes of your project that are not reflected in your responses. Any additional information or data may be attached.

Records verifying the basis of the numbers reported for the performance measures must be maintained and provided upon request. Grantees are required to keep financial records and records verifying the basis of numbers reported for performance measures for at least three years following the conclusion of the grant.

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Signature of Agency Director/ Designee or Person Completing Report

Date

Please return completed form and other requested materials to NH Council on Developmental Disabilities, 2 ½ Beacon Street, Suite 10, Concord, NH 03301-4447.

TEL: (603) 271-3236 FAX: (603) 271-1156 Email: [grants@nhcdd.us](mailto:grants@nhcdd.us).