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

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

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

Completing
DD Council
Forms

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
JetForm is a registered trademark and Filler is a trademark of JetForm Corporation.
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1

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.

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.
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
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:

<table>
<thead>
<tr>
<th>File</th>
<th>Section</th>
<th>Title</th>
<th>Description</th>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDCPLAN1MDF</td>
<td>I</td>
<td>Identification</td>
<td>Identifies version, plan year, and council.</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>II</td>
<td>Assurances</td>
<td>Provides date assurances were mailed and the approving official's name and title.</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>III</td>
<td>Developmental Disabilities</td>
<td>Describes philosophy, role, composition, and staff of DD Council.</td>
<td></td>
<td>3-8</td>
</tr>
<tr>
<td></td>
<td>IV</td>
<td>Designated State Agency</td>
<td>Describes the structure, role, and staff of the state agency designated to support the DD Council.</td>
<td></td>
<td>9-11</td>
</tr>
<tr>
<td></td>
<td>V</td>
<td>Prevalence of Developmental Disabilities</td>
<td>Provides estimates of developmental disability rates and describes how the estimates were obtained.</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>VI</td>
<td>Environmental Factors Affecting Services</td>
<td>Describes factors that affect persons with developmental disabilities in the state.</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>VII</td>
<td>Barriers: Unserved and Underserved Groups</td>
<td>Describes unserved/underserved groups and the barriers preventing full participation</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>VIII</td>
<td>Review and Analysis of State Service Systems</td>
<td>Describes how state service systems are reviewed and analyzed.</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>IX</td>
<td>Selection of Priority Areas</td>
<td>Enables priority areas to be selected and describes rationale.</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Council Budget</td>
<td>Details funding of priority area activities.</td>
<td></td>
<td>17-22</td>
</tr>
<tr>
<td></td>
<td>XI</td>
<td>Evaluation Plan</td>
<td>Describes how the DD Council monitors the State Plan.</td>
<td></td>
<td>23</td>
</tr>
</tbody>
</table>
Introduction (continued)

<table>
<thead>
<tr>
<th>File</th>
<th>Section</th>
<th>Title</th>
<th>Description</th>
<th>Form Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DDCPLAN2.MDF</td>
<td>I</td>
<td>Identification</td>
<td>Identifies the version, plan period, Council, and goal.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>XII</td>
<td>Council Goals and Objectives</td>
<td>Describes one objective of goal and lists expected outcomes.</td>
<td>2-5</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Section</th>
<th>Required Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Identification</td>
<td>• Beginning year of state plan period</td>
</tr>
<tr>
<td></td>
<td>• Regular telephone and fax numbers</td>
</tr>
<tr>
<td></td>
<td>• Tenure end date of Council chairperson</td>
</tr>
<tr>
<td></td>
<td>• Council executive director name and telephone number</td>
</tr>
<tr>
<td>II. Assurances</td>
<td>Approving official’s name</td>
</tr>
<tr>
<td>III. Developmental Disabilities Council</td>
<td>• Statement of DDC philosophy and role</td>
</tr>
<tr>
<td></td>
<td>• Calendar year in which Council was established</td>
</tr>
<tr>
<td></td>
<td>• Authorization citation</td>
</tr>
<tr>
<td></td>
<td>• Summary of Council composition</td>
</tr>
<tr>
<td></td>
<td>• Number/percentage of members representing individuals with developmental disabilities, out of all Council members</td>
</tr>
<tr>
<td></td>
<td>• Number/percentage of members representing themselves as individuals with developmental disabilities, out of all members representing individuals with developmental disabilities</td>
</tr>
</tbody>
</table>
Overview of Steps (continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Required Information</th>
</tr>
</thead>
</table>
| III. Developmental Disabilities Council (continued) | - Number/percentage of members who are parents/guardians of children with developmental disabilities, or who are immediate relatives/guardians of adults with mentally impairing developmental disabilities, out of all members representing individuals with developmental disabilities  
- Number of persons representing individuals with developmental disabilities who have resided in institutions  
- Executive director name |
| IV. Designated State Agency | - Calendar year in which agency was designated by governor  
- Description of designated agency roles and responsibilities |
| V. Prevalence of Developmental Disabilities | - Estimated prevalence of developmental disabilities |
| 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 | - Federal fiscal year  
- Federal and recipient share of funding by activity, including breakdown by priority area activity |
Overview of Steps (continued)

<table>
<thead>
<tr>
<th>Section</th>
<th>Required Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>XI. Evaluation Plan</td>
<td>A description of the Council's plan for monitoring, reviewing, and evaluating the State Plan at least annually.</td>
</tr>
<tr>
<td>XII. Council Goals and Objectives</td>
<td>For each objective of a Council goal, the objective ID number.</td>
</tr>
</tbody>
</table>

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:

- \(y\) = The last digit of the initial plan year.
- \(SS\) = The 2-letter postal code.
- \(C\) = Program code for DD Council (do not change).
- \(dd\) = Letter identifier of the State Plan .DAT file. When saving data entered in the DDCPLAN1.MDF file, use AA. When saving the .DAT file for each goal using DDCPLAN2.MDF, use AB for the first goal, AC for the second, AD for the third, and so on up to OZ.
- \(vv\) = The 2-digit version number (01 to 99).
- \(.DAT\) = 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.
State Plan Instructions, 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.
State Plan Instructions, 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.
State Plan Instructions, Section III (Pages 3-8)

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

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

This section is self explanatory.
Three Year State Plan, Section V (Page 12).

This section is self explanatory.
State Plan Instructions, Section VI (Page 13)

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

This section is self explanatory.
Three Year State Plan, Section VII (page 14).

This section is self explanatory.
State Plan Instructions, Section VIII (Page 15)

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

This section is self explanatory.
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.

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

<table>
<thead>
<tr>
<th>Priority Area Activities</th>
<th>(A) Federal Share</th>
<th>(B) Recipient's Share</th>
<th>(C) Total (Column A+B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBC In-Home Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Poverty Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Non-Poverty Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Total Priority Areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning, Coord &amp; Advo.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data State Ag Tasks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Funding (Column B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fed. Funding for DBC State Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

This section is self explanatory.
State Plan Instructions, Section XI (Page 23)

Section XI: Instruction 21b.

Describe the Council's plan for monitoring, reviewing, and evaluating the State Plan at least annually.

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

This section is self explanatory.
State Plan Instructions, Sections I and XII (Pages 1-5)

Three Year State Plan, Section I in second file (DDCPPLAN2.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.
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:

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

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

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:

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

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

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.

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.

Completing DD Council Forms
PPR Instructions, Section V (Page 14)

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

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 predominately capacity building efforts; and type A if predominately advocacy efforts.

<table>
<thead>
<tr>
<th>#</th>
<th>MEASURING</th>
<th>S</th>
<th>C</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
PPR Instructions, Sections I, IIA, and IIB (Pages 1-2)

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.