

Welcome



Texas Council for Developmental Disabilities

At the end of the grant, all grantees must submit a final report detailing all project activities conducted, with a focus on the overall impact and outcomes of the TCDD-funded project. Please complete the following survey for the entire project period (e.g. five year project).

Please contact your TCDD Grants Coordinator with any questions about this report.

Additional surveys, training videos, forms, and resources can be found on TCDD's Grantee website: <https://tcdd.texas.gov/grantee/>

I. Grantee Information

1. Name of grantee organization:

2. TCDD grant number:

This number can be found on the Notice of Grant Award.

3. Name of the person completing this report:

4. Email address of the person completing this report:

5. RFA Title:

6. Title of the grant project:

7. Final budget period:

Please enter the start and end dates for the final budget period.

II. Program Performance

2. Provide the total number of participants engaged in project activities for the entire project:

	Please indicate the # of people in each category	
	# of people with disabilities	# of people who are family members/other
Total # of individual participants	<input type="text"/>	<input type="text"/>
Total # of others reached by project activities	<input type="text"/>	<input type="text"/>

Q102. Provide the total number of participants engaged in project activities for the entire project:

	Please indicate the # of people in each category	
	# of people with disabilities	# of people who are family members/other
Total # of individual participants	<input type="text"/>	<input type="text"/>

	Please indicate the # of people in each category	
	# of people with disabilities	# of people who are family members/other
Total # of others reached by project activities	<input type="text"/>	<input type="text"/>

Q101. Please describe who is included in your total # of others reached by project activities who are not individuals with disabilities and/or family members reported above.

1. Overall Program Activities and Accomplishments

What were the overall outcomes and significant accomplishments of the project? Describe the goals and objectives and the strategies to implement your workplan. What strategies worked best? Where were the targets exceeded?

3. Overall Program Barriers

Describe any specific obstacles, challenges or issues encountered during this project.

4. Corrective Action Taken

For objectives not being met, what corrective actions were taken? Please indicate if the corrective actions were successful.

5. Goals Not Met and Lessons Learned

Explain any project goals and objectives that were not met. Please describe any overall lessons learned from the project experience and how similar activities could be revised in the future.

6. What is the overall impact of this project on Systems Change?

"Systems change" are outcomes to help improve a problem and ultimately change the way we support people with disabilities in Texas. System change may include sharing information to change thinking, implementing best practice models, and improving skills for individuals and families to better say what they want and need. Projects may have an impact on changing policies or rules or improving access to services. Please describe the

impact of this project on individuals with disabilities and their families, and/or the impact on professionals and others working in our communities to support people with disabilities in Texas.

A large, empty rectangular box with a thin black border, intended for a response to the question above. A small double-slash icon is located in the bottom right corner of the box.

7. What is the plan for the overall sustainability of this project?

"Sustainability" is what happens to a program or activities after TCDD funding ends. The goal of sustainability is to promote the continuation of the project's goals, principles, and efforts to achieve desired outcomes for individuals with disabilities. Goals could be sustained in multiple ways (e.g., organizational support, partnerships, policy change) and is not limited to whether a project identifies additional funding.

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8. Based on your project experience, what recommendations do you have for future TCDD projects?

9. Dollars Leveraged

As a result of this project and TCDD funded activities, have you obtained other organizational funds or federal, state, local or private sector resources to help finance other initiatives that extend program goals or led to any other grant or match contributions?

III. Stories

1. Throughout the grant period, TCDD collects stories representing the impact of the project. Please add any additional stories you may have that represent how your project activities have impacted individuals, the community, and our systems of services and supports.

*Please share a story that demonstrates the impact of the project on **individuals**.*



2.
*Please share a story that demonstrates the impact of the project on **the community.***



3.
*Please share a story that demonstrates the impact of the project on our **systems of services and supports.***

"Systems change" can help improve a problem and change the way we support people with disabilities in Texas. System change may include sharing information to change thinking, implementing best practice models, and improving skills for individuals and families to better say what they want and need. Projects may have an impact on changing policies or rules or improving access to services.



4. Please upload any photos you would like to share from project activities. You can upload up to three photos here. If you have more than three photos to share, email them to Grants2@tcdd.texas.gov.

Upload photo 1 here:

5. Upload photo 2 here:

6. Upload photo 3 here:

IV. Final Equipment Controlled Assets Inventory

1. Instructions:

- **Description/Serial No./Model No.:** Unique identifying number for the electronic device.
- **Purchase Date:** Date the item was purchased (please include original documentation supporting this date)
- **Inventory Control Number / State Asset Tag:** If state property tag is on the device please include this number
- **Purchase Cost:** (TCDD) Purchase price of the equipment when originally purchased (Must match documentation)
- **Purchase Cost:** (Match) Depreciated value of the equipment if grantee is keeping equipment to sustain the funded program
- **Payee:** Self-explanatory
- **Future Use & Sustainment:** For Corporations Only. Please select the profit status of your business.

Please complete and upload the Final Equipment/Controlled Assets Inventory List form.

1. Download the [Grantee Equipment List](#) form.
2. Complete the form.
3. Upload the completed form below.

V. Policy Fellow Supplemental Report

1. Is this Final Grant Closeout Report for a Policy Fellow grant?

Yes

No

2. Which policy contacts did the fellow collaborate with? Please list all partnerships and collaborations.

3. Which elected officials did the fellow meet with and in what context?

4. ******Which elected officials did the fellow meet with and in what context?

5. Will the Fellow be employed at the end of the Fellowship? If so, what is the place of employment and position? If employment is not yet obtained, does the Fellow intend to seek employment in the field of disability policy?

6. What thoughts and recommendations do the fellow and the advising entity have for the Fellows Program itself? What appeared to work and not work, and how can

future programs be improved?

7. Name of the Policy Fellow:

8. Email Address of the Policy Fellow:

VI. Leadership and Advocacy Training Grant Supplemental Report

1. Is this Final Grant Closeout Report for a leadership and advocacy training grant?

Yes

No

2. Please provide the names and email addresses of the individuals who were trained through this project so they may be included in the TCDD Leadership and Advocacy Training Network.

You may copy and paste names and email addresses below or upload this information in Microsoft word or excel format. Re-submission is not required if names have been previously submitted in Quarterly Performance Reports.

2A. Upload file here:

Final Closeout Report Checklist

Q100. Please indicate if you have completed all items required to closeout your TCDD grant

- Submitted all Requests for Advance and Reimbursement (RAR) Invoices, including the Final RAR
- Reviewed and approved the Final Report of Expenditures
- Completed the Final Equipment List
- Submitted all Products (e.g., websites, social media, publications, presentations, videos, training curriculum, educational materials, etc)
- Submitted all participant satisfaction data
- Submitted all leadership and advocacy survey data (if applicable)
- Submitted follow-up contact information for staff and participants (if applicable)

Signatures

Q97. Email Address of the Policy Fellow:

Signature and Submission

Submitted reports must be complete, thorough, accurate, and signature-approved by a representative who is authorized to verify and submit data and information on behalf of the grantee organization. Your typed name and electronic signature below indicates the submission of this report in compliance with the terms of your grant.

Type the name and title of the person completing this report on behalf of the grantee organization.

Please sign below using the cursor or a touch screen.

SIGN HERE

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clear

. By clicking on the box below, you indicate that you are authorized to submit the Final Grant Closeout Report on behalf of this grantee organization.

I am authorized to submit report on behalf of grantee organization

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