

Commission: _____ Reporting Period¹: 1/1/2008 – 12/31/2008 _____

PDAT Reporting Questions

Narratives

1. Describe your progress in meeting the goals you stated in your PDAT Plan.
[insert text]

2. (Optional) In implementing your PDAT plan over the last year, what was your
 - a. Chief success [insert text],
 - b. Biggest challenge [insert text],
 - c. Important learning [insert text].

Demographic Information

3. Please list the training events supported by PDAT funds. Then indicate the number of members and staff members trained at each event. You may list a maximum of 24 training events Also indicate whether each training event was conducted using CNCS training providers.

4. Please indicate the type of topics covered in each training event supported by PDAT funds by category, below. If the training event covered a topic other than the categories listed, please specify in the Other column. You may only specify one Other category for each event.

	Training Event	# of Members Trained	# of Staff Trained	Used CNCS Contractor (Y/N)	MEMBER RECRUITMENT	MEMBER DEVELOPMENT	VOLUNTEER LEVERAGING	COMMUNITY ENGAGEMENT	RESOURCE DEVELOPMENT	PERFORMANCE MEASUREMENT	EVALUATION	FINANCIAL MANAGEMENT	EGRANTS/MY AMERICORPS	Other, please specify
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¹ We realize we are asking you to report on the grants before the end of the year. Please report your progress to-date in implementing your 2008 plans for these grants and your anticipated activities/accomplishments in the remainder of this year.

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Disability Reporting Questions

Narratives

1. Describe your progress in meeting the goals you stated in your Disability Inclusion Plan. [insert text]

2. (Optional) In implementing your Disability Inclusion plan over the last year, what was your:
 - a. Chief success [insert text],
 - b. Biggest challenge [insert text],
 - c. Important learning or creative accommodation [insert text].

Demographic Information

3. Please list the total accommodations requested and total accommodations provided below.

Number of accommodations requested	
Number of accommodations provided	

4. Please list the training events supported by Disability funds. Then indicate the number of members and staff members trained at each event. You may list a maximum of 24 training events Also indicate whether each training event was conducted using CNCS training providers.

5. Please indicate the type of topics covered in each training event supported by Disability funds by category, below. If the training event covered a topic other than the categories listed, please specify in the Other column. You may only specify one Other category for each event.

	Training Event	# of Members Trained	# of Staff Trained	Used CNCS Contractor (Y/N)	OUTREACH AND RECRUITMENT	ACCESSIBILITY	REASONABLE ACCOMMODATION	INCLUSION ETIQUETTE	SUPERVISION AND RETENTION	LEGAL RESPONSIBILITIES	INCLUSION POLICY DEVELOPMENT	EMERGENCY PREPARATION AND RESPONSE	INCLUSION STRATEGIC PLANNING	Other, please specify
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