



## **National Institute on Disability and Rehabilitation Research ANNUAL PERFORMANCE REPORT**

### **Public Reporting Burden**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXX-XXXX, with an expiration date of XX/XX/XXXX. The web-based system is designed so that, whenever possible, information entered by grantees will be carried forward from one year to the next, with only verification and any necessary updating of that information required. The time required to complete this form is estimated to average 50 hours per response in a grantee's first year of award, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. In subsequent years, grantees will be asked to update that information, which we anticipate will require approximately 20 hours for NIDRR's major programs (i.e. RRTC, RERC, MS, DRRP) and 8 hours for the other program mechanisms. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-465 1. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of the Chief Financial Officer, U.S. Department of Education, 600 Independence Avenue, S.W., Washington, D.C. 20202-4248.

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## Contact and Identifying Information

### General Information (All general information will be preloaded.)

Purpose: Grantee identification

Frequency of data entry: Once with annual updates as necessary

Please complete the information on this screen so that we may verify your record in the future.

PR Award # (preloaded from log-in screen)

Reporting Period (preloaded)

DUNS #

Employee Identification Number (EIN)

NCES ID #

Grant Title (preloaded)

Program Mechanism: (preloaded)

Host Institution/Grantee Name

Grantee Street Address (limit: 500 characters)

City

State

Zip

Phone

Fax

URL

E-mail

TTY

Toll-Free Number

### Please fill out the following information about the Principal Investigator.

Last name

First name

Title

Phone

E-mail

### Please fill out the following information about an Administrative Contact. (This should be different from above.)

Last name

First name

Title

Phone

E-mail

**Please fill out the following information about the Authorizing Representative/Certifying Official** (the person who signed the Application for Federal Assistance ED 524 form with original grant application)

Last name

First name

Title

Phone

E-mail

Street Address (if different from original ED 524) (Limit: 500 characters)

City

State

Zip

## Award Abstract

In the box below, please enter/paste the abstract under which the activities of this award are being conducted. The abstract from your NIA has been preloaded.<sup>1</sup>

Abstract (Limit: 5,000 characters)

### [Box]

If changes have been made to the original abstract<sup>2</sup> during this reporting period, please complete the following:

Check all that apply.

- These changes have been discussed with, and approval was granted by, my NIDRR Project Officer.
- I have uploaded the changed abstract in the above box. Note: the abstract in the above box should be the new/changed one rather than the original.
- I have submitted the revised abstract to the National Rehabilitation Information Center ([www.NARIC.com](http://www.NARIC.com)).

## Impairment Group

Please select the one primary impairment group that is the focus of research in this award.

(Check only one.)

- Sensory disability
- Psychiatric disability
- Developmental disability
- Physical disability
- Intellectual disability
- All disability

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<sup>1</sup> In Year 2, change to say, "The abstract you provided last year has been preloaded."

<sup>2</sup> In Year 2, change to say, "If changes have been made to the abstract you submitted during the last reporting period."

## Budget Information

Purpose: Department of Education regulation

Frequency of data entry: Once with annual edits as necessary

Please complete the following Budget Information Section for the **current budget period** with respect to funds that directly support this NIDRR award or funds you receive as a result of this NIDRR award, including any carryover funds from the previous budget period. Enter all amounts rounded to the nearest dollar.

Note: **Budget period** is not synonymous with **reporting period**. Budget period is defined as 365 days from the start date of your grant. For multiyear awards, consecutive budget periods proceed immediately from the end of the previous budget period and are 365 days in duration. The inclusive dates of the first budget period can be found in Block 6 of the Grant Award Notification (GAN). **Reporting period** is variable. The first reporting period begins on the start date of your award until May 31st of the following year. Subsequent reporting periods begin June 1 (immediately following May 31) and end May 31. (This will also be found in Block 6 of the GAN.)

### 1. Projected budget summary submitted with original application

Below is the summary budget you submitted with your grant application. Refer to this information when completing the tables below.

SECTION A - BUDGET SUMMARY – SAMPLE						
U.S. DEPARTMENT OF EDUCATION FUNDS						
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Project Year 5 (e)	Total (f)
1. Personnel	\$0	\$0	\$0	\$0	\$0	\$0
2. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
3. Travel	\$0	\$0	\$0	\$0	\$0	\$0
4. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
5. Supplies	\$0	\$0	\$0	\$0	\$0	\$0
6. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
7. Construction	\$0	\$0	\$0	\$0	\$0	\$0
8. Other	\$0	\$0	\$0	\$0	\$0	\$0
9. Total Direct Costs (lines 1-8)	\$0	\$0	\$0	\$0	\$0	\$0
10. Indirect Costs*	\$0	\$0	\$0	\$0	\$0	\$0
11. Training Stipends	\$0	\$0	\$0	\$0	\$0	\$0
12. Total Costs (lines 9-11)	\$0	\$0	\$0	\$0	\$0	\$0

**\*Indirect Cost Information (To Be Completed by Your Business Office):**

If you are requesting reimbursement for indirect costs on line 10, please answer the following questions:

(1) Do you have an Indirect Cost Rate Agreement approved by the Federal government?  Yes  No

(2) If yes, please provide the following information:  
 Period Covered by the Indirect Cost Rate Agreement: From: 10/1/2005 To: 9/30/2007 (mm/dd/yyyy)  
 Approving Federal agency:  ED  Other (please specify): Health and Human Services

(3) For Restricted Rate Programs (check one) -- Are you using a restricted indirect cost rate that:  
 Is included in your approved Indirect Cost Rate Agreement? or,  Complies with 34 CFR 76.564(c)(2)?

**2. NIDRR funds expended**

NIDRR Funds Expended	
a. Actual amount of NIDRR grant expenditures during the <b>previous</b> budget period. (This would be 0 if this is your first year.)	
b. Estimated total amount of NIDRR grant expenditures during the <b>current</b> budget period	
c. Grantee cost-share amount for current budget period	

**3. NIDRR funds received**

NIDRR Funds Received	
a. The total amount (exclusive of supplements) of funds that you received from NIDRR for this budget period for this award	
b. The total amount of funds carried over from the <i>previous</i> budget period NOTE: Rationale question follows this section.	
c. The total amount of supplemental NIDRR funds added to the award in the current budget period	
d. The anticipated amount of funds carried over to <i>next</i> budget period. NOTE: Rationale question follows this section.	

**4. Rationale for carryover from previous budget period** (NOTE: System will display this item only if 3.b > 0.)

If you entered any amount of carryover funds from the previous budget period to the current budget period, briefly summarize the reason for this carryover.

**[Box] (limit 20,000 characters)**

**5. Rationale for carryover to next budget period** (NOTE: System will display this item only if 3.d > 0.)

If you entered any amount of anticipated funds to be carried over from the current budget period to the next budget period, briefly summarize the reason for the anticipated carryover.

**[Box] (limit 20,000 characters)**



**6. Additional funds**

Please enter the total amount of any additional (i.e., non-NIDRR) funds in direct support of this award during this budget period. NOTE: In-kind funding is reported later in this section.

Additional Funds Received	
a. The total amount of additional (i.e., non-NIDRR) funds that you received in direct support of this award during this budget period	

**7. Financial and in-kind support received from host institution in current budget period**

Support From Host Institution	
a. Total amount of financial contributions ( <b>exclusive of in-kind</b> ) received from host institution in support of this award in the current budget period	
b. Estimated value of <b>in-kind</b> contributions from host institution support in current budget period, excluding indirect costs	
c. Total support	<i>System-generated: 7a + 7b</i>

**8. Funding overview (exclusive of in-kind funding) for award in the current budget period**

Funding Overview	
a. Total funds expended	<i>System-generated: 2b + 2c</i>
b. Total NIDRR funds received including carryover	<i>System-generated: 3a + 3b + 3c</i>
c. Total funds available or received from all sources	<i>System-generated: 6a + 7a + 8b<sup>3</sup></i>

NOTE: Total funds available or received does not include in-kind contributions.

**9. Indirect costs**

NOTE: This section must be completed by your Business Office.

a. Are you claiming any indirect costs in association with this award?

Yes

No

<sup>3</sup> For SBIRs, this row will be based on entries in 6a and 8b, since SBIRs do not complete item 7.

NOTE: System will display next item only if 9.a = "yes."

- b. Are there any changes to the Indirect Cost Rate associated with this award from your original application (line 10 on Form ED524)?

Yes

NOTE: If you are claiming a new Indirect Cost Rate a revised budget information form (ED524) must be submitted to NIDRR.

No

NOTE: System will display next item only if 9.b = "yes."

- c. Please enter the following for the new Indirect Cost Rate:

Period covered by the Indirect Cost Rate Agreement

From (enter as "mm/dd/yyyy")

To (enter as "mm/dd/yyyy")

- d. Approving Federal agency

(Check only one.)

ED

Other (specify) (Limit 250 characters)

**[Box]**

- e. Are you using a restricted indirect cost rate?

Yes

No

(NOTE: System will display the following item only if 9.e = "yes.")

- f. For restricted rate programs, please check all that apply:

Rate is included in your approved Indirect Cost Rate Agreement.

Rate complies with 34CFR 76.564(c)(2).

## Human Resources

Purpose: NIDRR – Capacity building metrics

Frequency of data entry: Once with annual edits as necessary

Please complete this section for all paid staff who work on this award and for all formal financial subcontracts. Information on doctoral students and any individuals who are contributing to this award as part of training activities is covered in the “Capacity Building and Training” section and does not need to be entered here.

The table below lists all staff you have previously entered for this award. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, “Reviewed/no changes needed.”

NOTE: If this is your first year, you will need to enter information for all paid staff who work on this award.

Last Name	First Name	Position on NIDRR Award	FTE in NIDRR Award	Action	Reviewed/ No Changes Needed
				<a href="#">Add new</a> <a href="#">Edit</a> <a href="#">Delete</a>	<input type="checkbox"/>

### 1. Paid Staff

#### a. Identification Information

For each paid staff member, please complete the following. NOTE: Contractors and collaborators have separate subsections.

Last name (limit 26 characters)

First name (limit 26 characters)

Position on this NIDRR award (please indicate the most appropriate category):

(Check only one.)

investigator

training professional

dissemination/knowledge translation professional

other professional staff

technician programmer, or other support staff

student (non-doctoral)

Other (specify) (Limit: 250 characters)

[Box]

FTE on this NIDRR award

**b. Demographic/Diversity Information**

NOTE: Submitting this demographic information is voluntary. There are no adverse consequences if you chose not to submit it. NIDRR uses this information in aggregate reports to gauge whether our programs and other opportunities in disability and rehabilitation research are fairly reaching and benefiting everyone regardless of demographic diversity and to ensure that those in underrepresented groups have the same knowledge of, and access to, programs, meetings, vacancies, and other research and educational opportunities as everyone else.

- (1) Is this person of Hispanic or Latino ethnicity?
  - Yes
  - No
  
- (2) Please indicate the racial designation for this person  
(Check only one.)
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  
- (3) Does this person have a declared disability?
  - Yes
  - No

(NOTE: System will allow grantee to add this information or review existing records.)

**Summary table of paid staff diversity**

Paid Staff Diversity	
a. Number of staff of Hispanic or Latino ethnicity	<i>System-generated: based on number of records with 2b(1) = "yes"</i>
b. Number of staff from underrepresented populations	<i>System-generated: based on number of records with 2b(2) = other than "white"</i>
c. Number of staff with a disability	<i>System-generated: based on number of records with 2b(3) = "yes"</i>

**2. Formal financial subcontracts**

a. Does the award have any financial collaborations or partnerships with other organizations or universities that involve subcontracts?

Yes

No

(NOTE: System will display next item only if 2.a = “yes.”)

b. Summary of formal financial subcontracts

The table below lists the records that you have previously entered in this section. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, “Reviewed/no changes needed.”

NOTE: If this is your first year, you will need to complete this table and, in subsequent years, supply any annual updates.

Name of Subcontractor	Task or Role on This Award*	Action	Reviewed/ No Changes Needed
		<a href="#">Add new</a> <a href="#">Edit</a> <a href="#">Delete</a>	<input type="checkbox"/>

\* Narrative field of 1,000 characters.

For each of the formal subcontracts in direct support of the activities of this award, please complete the following:

- (1) Name of subcontractor (narrative field, 500 characters)
- (2) Task or role on this award (limit 1,000 characters)  
**[Box]**

NOTE: Progress on activities of the subcontract will be reported in the corresponding section(s) under “Projects and Activities.”

**3. Partnerships and Collaborations**

- a. Does the award have any partnerships (organizations outside your own, including other academic institutions, nonprofit organizations, industrial or commercial partners, state or local governments and/or other collaborators [non-paid staff internal or external to your organization]) who have involvement in the work on this award?

Yes

No

(NOTE: System will display next item only if 3.a = "yes.")

- b. Summary of partnerships and collaborations

The table below lists the records that you have previously entered in this section. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to complete this table and, in subsequent years, supply any annual updates.

Name of Individual or Organization	Role in This Award*	Action	Reviewed/ No Changes Needed
		<a href="#">Add new</a> <a href="#">Edit</a> <a href="#">Delete</a>	<input type="checkbox"/>

\* Narrative field of 1,000 characters.

For each partnership, please complete the following:

- (1) Name of individual or organization (narrative field, 500 characters)
- (2) Please describe their role in the activities of this award (limit 1,000 characters)

## **Consumer Involvement**

Purpose: NIDRR internal monitoring of research relevance

Frequency of data entry: Once

Please answer the following question related to consumer involvement.

Describe the ways in which you have involved persons with disabilities, family members and/or caregivers in decision-making concerning the planning, management, implementation, and evaluation of award activities and accomplishments.

(Limit: 5,000 characters)

**[Box]**

## Planning for Outcomes and Significant Outputs

Purpose: Evaluation and accountability

Frequency of data entry: Once with one update

Instructions: all grantees are required to identify a limited number (1-2 / 2-4) of reasonably ambitious outcome-oriented goals that they intend to achieve by the end of the funding cycle. Each goal must specify what you intend to accomplish and should be written in terms of any of the following: significant outputs, advances in knowledge, increased capacity for research, training or knowledge translation, and/or changes/improvements in policy, practice, or systems capacity. Each goal must also be targeted on one of NIDRR’s three outcome arenas: health and function, community living and participation, or employment. If the objectives of your award span more than one outcome arena, you need to write a separate goal for each arena.

In this section, you will provide a brief 2-3 sentence description of the (1-2 / 2-4) “most important” outcome-oriented goals you plan to achieve by the end of the funding cycle. Grantees will be allowed to update and/or revise their goals up to, and through, the second year of their funding cycle, after which time the fields in this section will be locked.

NOTES: System to insert “1-2” for ARRTs, FIPs, Switzers, and SBIR Phase IIs, and “2-4” for RERCs, RRTC, DRRPs, DBTACs, Model Systems, and KT projects. System will assign a unique ID number, which can be referenced in subsequent sections of the APR, to each goal.

The table below lists the goals that you have previously identified for this award. You have currently entered 0 records.

Goal Number	Short Title	Action	Reviewed/No Changes Needed
		<a href="#">Add new</a> <a href="#">Edit</a> <a href="#">Delete</a>	<input type="checkbox"/>

If this is Year 2 of your award, you should review the records that you have previously entered and finalize your goals by adding, editing, or deleting records as necessary. If there are no changes to your previously submitted outcome goals for this award, click the “Reviewed/no changes needed” button for each goal and then click “Save and continue.”

After Year 2, the fields in this section will be locked and you will not be able to add, edit, or delete goals.

1. Provide a short title (limit: 75 characters) for this outcome-oriented goal. This title will appear later in other questions that refer to this goal.
2. Provide a brief 2-3 sentence description of this outcome-oriented goal. (Limit: 1,000 characters)

**[Box]**



3. Select the type of accomplishment that best describes this goal.  
(Choose only one)

- Significant output—publications, tools, measures, intervention protocols, completed services, products, or promising findings that are delivered or disseminated to external audiences
- Advances in knowledge—changes or improvements in awareness, knowledge, understanding, skills and/or attitudes
- Increased capacity to conduct and/or use high-quality research, or progression of trainees in academic stature
- Changes or improvements in policy, practice, behavior, or system capacity (e.g., access, practice guidelines, State or Federal regulations)

Please see the instructions for guidelines concerning, and examples of, each of the four types of accomplishments for major NIDRR grant programs.

4. Select the NIDRR Outcome Arena that corresponds most closely to the topical area in which the accomplishments will occur. This question changes the unit of analysis from classifying the goal to the accomplishments that result from the goal. NOTE: Accomplishments that result from Technology, Capacity-Building, and/or Knowledge Translation activities are also expected to fit into the following Outcome Arenas.

(Check only one)

- health and function
- employment
- participation and community living
- demographics

5. Select the 1-2 primary target population(s) that you anticipate will benefit most directly from the anticipated accomplishment, or that you must reach in order to achieve the goal.

- a.  Researchers
- b.  Practitioners/clinicians
- c.  Service providers
- d.  Educators
- e.  Policy experts
- f.  Federal & non-federal partners
- g.  Industry representatives and/or product developers
- h.  Employers
- i.  Media

- j.  Consumer advocates
- k.  Individuals with disabilities and/or family members
- l.  Other (specify) (Limit: 250 characters)

**[Box]**

6. Briefly describe how the goal is related to the proposed priority. A complete response to this item should include a brief description of the problem you are trying to solve, the gap you expect to fill, and how the target population will benefit from accomplishment of this goal.

**Problem to be solved** (limit: 1,000 characters)

**[Box]**

**Gap expected to be filled** (limit: 1,000 characters)

**[Box]**

**How the target population will benefit from accomplishment of this goal** (limit: 1,000 characters)

**[Box]**

NOTE: System will automatically take respondent back to summary table at the beginning of this section, in order to add, edit, or delete goals.

## Projects and Activities

This section is devoted to the progress on the various activities and projects of your award. NIDRR recognizes that not all grantees have organized their work under the term “project.” We ask that you group related activities or tasks and report on the progress in the following sections. Please complete the appropriate subsection for **each** of your projects.

For Research Projects, click here.

For Development Projects, click here.

For Dissemination and Knowledge Translation Projects and Activities, click here.

NOTE: System will not display this option for KT grantees.

For Capacity Building Activities, click here.

For Training Projects, click here.

For Technical Assistance Activities, click here.

If, after completing the appropriate subsections for your capacity-building, training, and technical assistance projects and activities, you have additional accomplishments in those areas to report, click here.

NOTE: System will allow grantee to return to this Table of Contents and access as many of each type of project, and as many types of projects, as necessary. Most will need to report multiple types of projects.

## Research Projects

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual progress updates

For each research project you have, answer the following questions. Where appropriate, you may cut and paste information from your original grant proposal.

The table below lists all records you have entered in this section. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your projects.

<b>Project Title</b>	<b>Edit Title/ Delete Project</b>	<b>Edit Project Information</b>	<b>Reviewed/ No Changes Needed</b>
Sample project R1	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Edit</a>	<input type="checkbox"/>
	<a href="#">Add new</a>		

NOTE: System will assign a sequential number to each project, and the sequential number will appear in the summary table.

1. Provide a short title for this research project (limit 75 characters). This title will appear later in other questions that reference this project.

2. Full title of research project (Limit 500 characters):

**[Box]**

3. Name of the Principal Investigator responsible for this project (limit 52 characters)

**[Box]**

4. If applicable, name of the Co-Principal Investigator responsible for this project (limit 52 characters)

**[Box]**

5. Project start date (enter as "mm/dd/yyyy")

6. Projected (or actual) project end date (enter as "mm/dd/yyyy")

7. What is the current status of your research project?

(Check only one)

on time

delayed

completed

not scheduled to start yet

dropped [NOTE: Projects cannot be dropped without NIDRR approval]

timeline extended

If 'delayed,' by how many months?

If 'delayed,' what was the primary reason for the delay? (Limit: 1,000 characters)

If 'dropped,' what was the major reason for dropping it? NOTE: Projects cannot be dropped without project officer approval. (Limit: 1,000 characters)

8. What is the Institutional Review Board status for this research project? (Select the best answer.)

(Check only one)

approved

pending

submitted

not yet submitted

N/A

If 'approved,' enter:

The IRB annual approval number

Date of approval (enter as "mm/dd/yyyy")

9. Please select the National Science Foundation (NSF) response category that best applies to this project. For definitions of response categories and more information on the NSF survey, see [http://www.nsf.gov/statistics/showsrvy.cfm?srvy\\_CatID=4&srvy\\_Seri=10](http://www.nsf.gov/statistics/showsrvy.cfm?srvy_CatID=4&srvy_Seri=10)

(Check only one)

- engineering
- life sciences
- psychological sciences
- social sciences

10. Briefly describe the objectives of this project. (Limit: 1,000 characters)  
**[Box]**

11. Based on the objectives listed in Question 10, what one NIDRR Long-Range Plan Domain does this project best fit in?

(Check only one)

- employment
- health and function
- community living and participation
- technology
- demographics/methods

12. Below are the outcome-oriented goals you specified for your award. Select the one goal that this project helps to achieve.

(Check only one)

- Goal 1
- Goal 2
- Goal 3 [short title, as previously entered by grantee]

13. In one or two sentences, briefly describe the study population for this project. (Limit: 1,000 characters)

**[Box]**

14. What is your proposed sample size for this project?
15. What sample size have you achieved to date?
16. Have there been any changes to the proposed sample size? NOTE: All changes must be discussed with your project officer.
- yes
- no

If 'yes,' please describe the changes. (Limit: 1,000 characters)

**[Box]**

17. What method(s) or design(s) does the project use to obtain its information? Check all that apply.
- a.  Survey
- b.  Observation
- c.  Case studies
- d.  Focus groups
- e.  Secondary analysis
- f.  Meta-analysis
- g.  Intervention study
- (Check type of intervention study design)
- Experimental or randomized control design
- Quasi-experimental design
- Single-subject design
- h.  Other (specify) (limit 250 characters)

**[Box]**

18. What time dimension is associated with this study?
- (Check only one)

cross-sectional

longitudinal

19. Have there been any changes to your proposed plan and methods during the current reporting period?

yes

no

If 'yes': In two or three sentences, explain the reason for the changes: (Limit: 1,000 characters)

**[Box]**

20. Describe your overall progress in implementing this project during the reporting period. Focus on what activities have been conducted and, if applicable, describe any promising findings or "lessons learned" in the current reporting period. (Limit: 5,000 characters)

**[Box]**

21. Is the project meeting its original sampling goals?

yes

no

If 'no,' what is the contingency plan for how the project will proceed? (Limit:1,000 characters)

**[Box]**

22. Other than sample size, briefly describe any significant problems or challenges you encountered and summarize the actions you took to remedy them. (Limit: 1,000 characters)

If you do not have any significant problems or challenges to report, check this box.

**[Box]**

23. Please update us on the status of problems or challenges that you reported in previous Annual Performance Reports: (Limit: 5,000 characters)

**[Box]**

System will automatically take respondent back to summary table at the beginning of this section, in order to add, edit, or delete projects.

**Table 1. Research Project Summary Table (system-generated)**

**List of project titles (sequential project number and project title):**

**R1: Sample project title 1**

**R2: Sample project title 2**

<b>Projects</b>	<b>R1</b>	<b>R2</b>
Start date (Q5)	mm/dd/yyyy	mm/dd/yyyy
Actual /projected end date (Q6)	mm/dd/yyyy	mm/dd/yyyy
Project status (Q7)	On-time	Completed
IRB status (Q8)	Approved	Pending



<b>Projects</b>	<b>R1</b>	<b>R2</b>
IRB annual approval Number (Q8)		
IRB annual approval date (Q8)		
Long-range plan domain (Q11)	Employment	Health and function
Changes to sample size (Q16)	Yes	No
Meeting its original sampling goals (Q21)	No	Yes
Project method or design (Q17)	Survey Observation	Intervention Study: Experimental or Randomized Control Design
Study time-dimension (Q18)	Cross-sectional	Longitudinal
Changes to proposed plan or method (Q19)	Yes	No

## Development Projects

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual progress updates

For each development project you have, answer the following questions. Where appropriate, you may cut and paste information from your original grant proposal.

The table below lists all development projects you have previously reported for this award. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your projects.

Project Title	Edit Title/ Delete Project	Edit Project Information	Reviewed/ No Changes Needed
Sample project D1	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Edit</a>	<input type="checkbox"/>
	<a href="#">Add new</a>		

NOTE: System will assign a sequential number to each project, and the sequential number will appear in the summary table.

- Title of development project (Limit 500 characters):  
**[Box]**
- Name of the Principal Investigator responsible for this project (Limit 56 characters)  
**[Box]**
- If applicable, name of the Co-Principal Investigator responsible for this project (Limit 56 characters)  
**[Box]**
- Project start date (enter as "mm/dd/yyyy")
- Projected (or actual) project end date (enter as "mm/dd/yyyy")
- What is the current status of your development project?  
(Check only one)
  - on time
  - delayed
  - completed

- not scheduled to start yet
- dropped [NOTE: Projects cannot be dropped without NIDRR approval]
- timeline extended

If 'delayed,' by how many months?

If 'delayed,' what was the primary reason for the delay? (Limit: 1,000 characters)

If 'dropped,' what was the major reason for dropping it? NOTE: Projects cannot be dropped without NIDRR approval. (Limit: 1,000 characters)

7. What is the Institutional Review Board status for this development project? (Select the best answer.)

(Check only one)

- approved
- pending
- submitted
- not yet submitted
- N/A

If 'approved,' enter:

The IRB annual approval number

Date of approval (enter as "mm/dd/yyyy")

8. Briefly describe the objectives of this project. (Limit: 1,000 characters)

**[Box]**

9. Based on the objectives listed in Question 8, what one NIDRR Long-Range Plan Domain does this project best fit in?

(Check only one)

- employment
- health and function
- community living and participation
- technology
- demographics/methods

10. Below are the outcome-oriented goals you specified for your award. Select the one goal that this project helps to achieve.

Goal 1

Goal 2

Goal 3 [short titles, as previously entered by grantee]

11. In one or two sentences, briefly describe the potential users of your product or device. (Limit: 1,000 characters)

**[Box]**

12. What stage of the development process are you in during this reporting period? NOTE: This question assumes that you have already recognized and defined the problem in your proposal.

If necessary, choose up to two stages.

a.  Information gathering on constraints, specifications, materials, etc.

b.  Analysis of information to generate solutions

c.  Evaluation of solutions and synthesis of best solution

d.  Implementation of solution

e.  Evaluation of effectiveness and efficiency of solution and redesign as needed

13. Overall, how many target users are going to provide feedback on your product or device?

14. Have you reached the desired number of users you need to test your product or device?

yes

no

If 'no,' indicate how many more users you need.

15. Have there been any changes to your proposed plan and methods during the current reporting period?

yes

no

If 'yes': In two or three sentences, explain the reason for the changes: (Limit: 1,000 characters)

**[Box]**

- 16. Describe your overall progress in implementing this project during the current reporting period. Focus on what activities have been conducted and, if applicable, describe any preliminary “lessons learned” in the current reporting period. (Limit: 5,000 characters)  
**[Box]**
- 17. Briefly describe any significant problems or challenges you encountered and summarize the actions you took to remedy them. (Limit: 1,000 characters)  
  
 If you do not have any significant problems or challenges to report, check this box.  
**[Box]**
- 18. Please update us on the status of problems or challenges that you reported in previous Annual Performance Reports: (Limit: 5,000 characters)  
**[Box]**

System will automatically take respondent back to summary table at the beginning of this section, in order to add, edit, or delete projects.

**Table 2. Development Project Summary Table (system-generated)**

List of project titles (sequential project number and project title):

- D1: Sample project title 1
- D2: Sample project title 2

Projects	(Sequential Project Number) D1	(Sequential Project Number) D2
Start date (Q4)	mm/dd/yyyy	mm/dd/yyyy
Actual /projected end date (Q5)	mm/dd/yyyy	mm/dd/yyyy
Project status (Q6)	On-time	Completed
IRB status (Q7)	Approved	Pending
IRB annual approval Number (Q7)		
IRB annual approval date (Q7)		
Long-range plan domain (Q9)	Employment	Health and function
Stage of development project is in (Q12)	Information gathering	Evaluation of solutions and synthesis of best solution
Number of target users in current reporting period (Q13)	5	10
Desired number of users reached (Q14)	No	Yes
Changes to proposed plan or method (Q15)	Yes	No

## Dissemination and Knowledge Translation Projects

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual progress updates

In this section, please answer the following questions about your dissemination and knowledge translation activities and how they support each of the award-level goal(s) you specified in the outcomes planning section. If you specified more than one award-level outcome goal, you will be required to answer the same three questions again.

Goal 1 for this award: (system-generated)

1. Describe the dissemination and knowledge translation activities you are conducting, or plan to conduct, to support the achievement of the above goal. (Limit: 5,000 characters)  
**[Box]**
2. For the current reporting period, describe the progress you have made in conducting the activities described in the first question. (Limit: 5,000 characters)  
**[Box]**
3. If you encountered problems or challenges in the current reporting period, what actions have you taken to address them?

If you do not have any problems or challenges to report, check this box.

**[Box]**

(System will display other goals entered by the grantee, if applicable, and repeat the three questions above for each goal.)

## Capacity-Building Activities

Purpose: NIDRR project monitoring

Frequency of data entry: Once with annual progress updates

Please complete the following section with respect to your capacity-building activities.

### Fellows

Number of fellows in the current reporting period:

1. Number of fellows proposed for the current reporting period
2. Number of fellows who have completed the fellowship program in the current reporting period

The table below lists all the fellows you have previously reported for this award. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your fellows.

Name of Fellow	Edit Name/ Delete Fellow	Edit Fellow's Information	Reviewed/ No Changes Needed
Fellow 1	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Edit</a>	<input type="checkbox"/>
	<a href="#">Add new</a>		

For each current fellow, enter the following information:

3. Last name of fellow: (Limit: 26 characters)  
**[Box]**

4. First name of fellow: (Limit: 26 characters)  
**[Box]**

5. Fellows—Demographic/diversity information

The next series of questions asks for demographic information about the particular fellow. Submitting this demographic information is voluntary. There are no adverse consequences if you chose not to submit it. NIDRR uses this information in aggregate reports to gauge whether our programs and other opportunities in disability and rehabilitation research are fairly reaching and benefiting everyone regardless of demographic diversity and to ensure that those in underrepresented groups have the same knowledge of and access to programs, meetings, vacancies, and other research

and educational opportunities as everyone else.

a. Is this person of Hispanic or Latino ethnicity?

yes

no

b. Please indicate the racial designation for this person

(Check only one.)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

c. Does this person have a declared disability?

yes

no

6. Select the highest degree earned by the fellow.

(Check only one)

Master's

Doctorate

MD

DO

JD

other

joint degree [e.g., MD, Ph.D., etc.]

If joint degree, specify: (Limit: 30 characters)

**[Box]**

7. Please tell us the discipline/subject area in which the highest degree was received:  
(Limit: 2 sentences or 1,000 characters)

**[Box]**

8. When did the fellow start the program? (enter as "mm/dd/yyyy")

9. What is the fellow's anticipated end date (enter as "mm/dd/yyyy")



10. Name of fellowship program:

ARRT

other

If other, specify (limit: 250 characters)

**[Box]**

11. Briefly describe the ARRT fellow's area of focus. (Limit: 1,000 characters)

**[Box]**

**NOTE: This item is for ARRTs only.**

12. Briefly describe the non-ARRT fellow's major role or contribution to grant/award in the current reporting period. (Limit: 1,000 characters)

**[Box]**

**NOTE: This item is for all non-ARRT grantees only.**

NOTE: System will allow grantee to report as many fellows as necessary.

Graduate students

13. Number of graduate students you have working on your award in the current reporting period:

The table below lists all the graduate students you have previously reported for this award. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your graduate students.

Name of Graduate Student	Edit Name/ Delete Graduate Student	Edit Graduate Student's Information	Reviewed/ No Changes Needed
Fellow 1	<a href="#">Edit</a> <a href="#">Delete</a>		<input type="checkbox"/>
	<a href="#">Add new</a>		

For each current graduate student enter the following information:

14. Last name of graduate student: (Limit: 26 characters)

**[Box]**

15. First name of graduate student: (Limit: 26 characters)  
**[Box]**

16. Graduate students—Demographic/diversity information

The next series of questions asks for demographic information about the particular graduate student. Submitting this demographic information is voluntary. There are no adverse consequences if you chose not to submit it. NIDRR uses this information in aggregate reports to gauge whether our programs and other opportunities in disability and rehabilitation research are fairly reaching and benefiting everyone regardless of demographic diversity and to ensure that those in underrepresented groups have the same knowledge of and access to programs, meetings, vacancies, and other research and educational opportunities as everyone else.

a. Is this person of Hispanic or Latino ethnicity?

yes

no

b. Please indicate the racial designation for this person

(Check only one.)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

c. Does this person have a declared disability?

yes

no

17. Select the highest degree earned by the graduate student.

(Check only one)

Master's

Doctorate

MD

DO

JD

other

joint degree [e.g., MD, Ph.D., etc.]

If joint degree, specify: (Limit: 30 characters)

**[Box]**

18. Please tell us the discipline/subject area in which the highest degree was received: (Limit: 2 sentences or 1,000 characters)  
**[Box]**
19. When did the graduate student start working on the award? (enter as "mm/dd/yyyy")
20. When will the graduate student stop working on the award? (enter as "mm/dd/yyyy")
21. In two to three sentences, briefly describe the graduate student's major role of contribution to grant/award in the current reporting period. (Limit: 1,000 characters)  
**[Box]**

NOTE: System will allow grantee to report as many graduate students as necessary.

Summary tables on capacity-building (system-generated)

**Table 3. Demographic diversity of fellows**

<b>Number</b>	
Fellows of Hispanic or Latino ethnicity	<i>System-generated: based on number of records with 5.a="yes"</i>
Fellows from underrepresented populations*	<i>System-generated: based on number of records with 5.b="yes"</i>
Fellows with a disability	<i>System-generated: based on number of records with 5.c="yes"</i>

\* Includes all categories except white/Caucasian.

**Table 4. Demographic diversity of graduate students**

<b>Number</b>	
Graduate students of Hispanic or Latino ethnicity	<i>System-generated: based on number of records with 16.a="yes"</i>
Graduate students from underrepresented populations*	<i>System-generated: based on number of records with 16.b="yes"</i>
Graduate students with a disability	<i>System-generated: based on number of records with 16.c="yes"</i>

\* Includes all categories except white/Caucasian.

## Performance of fellows and graduate students

In this section we ask about the performance of your fellows and graduate students. List the publications based on NIDRR-funded research, published in the current reporting period, that were authored by fellows and/or graduate students who are currently part of your training program or have been in the past 3 years. The fellow or graduate student need not have been the first author, so long as he or she is listed among the authors of the publication.

Include only publications supported by NIDRR funding that are related to the objectives of the current award.

NOTE: Publications you enter here will be carried forward to the Performance Section, and will automatically appear there.

### NIDRR-funded publications produced by fellows in the current reporting period

#### 22. Publications produced by fellows

a. Name of fellow:

Last name: (Limit: 26 characters)

First initial: (Limit: 2 characters)

Middle initial: (Limit: 2 characters)

b. Provide a full citation for each publication produced by this fellow. To add a new citation, please select the category that best describes the publication from the drop-down box below, then click the "Next" button.

Type of publication:

(Check only one)

- journal article or periodical
- web journal
- proceedings of meetings and symposia
- book
- book chapter
- monograph
- abstract
- technical or research report
- review

NOTE: System will display APA-required fields based on publication type, which are as follows:

Journal article or periodical: For all authors--author's last name, author's first initial(s), year published, title of article, title of journal, volume, page numbers

Web journal: same fields as above.

Proceedings of meetings and symposia: For all authors--author's last name, author's first initial(s), year published, title of paper/presentation, title of conference/meeting/symposium, editors (first initial, last name), page numbers, location, publisher

Book: For all authors--author's last name, author's first initial(s), year published, title of book, location, publisher

Book chapter: For all authors--author's last name, author's first initial(s), year published, title of chapter, editors (first initial, last name), title of book, page numbers, location, publisher

Monograph: For all authors—author's last name, author's first initial(s), year published, title of article, title of journal, volume, issue number, serial or whole number (enter as 'Serial No. 219'), supplement or part number (if bound separately as a supplement to a journal)

Abstract: For all authors—author's last name, author's first initial(s), year published, title of abstract, title of journal, volume, page numbers

Technical or research report: For all authors--author's last name, author's first initial(s), year published, title of report, location, publisher

Review: For all authors--author's last name, author's first initial(s), year published, title of review, medium being reviewed (radio buttons: book, motion picture), work being reviewed, title of journal, volume, page numbers

- c. (If publication type=journal article or periodical, or proceedings) Is this a peer-reviewed publication? (drop-down box: yes, no)

yes

no

- d. Indicate the time frame or award cycle when the NIDRR-funded research and related activity described in the publication was conducted.

(Check only one)

current funding cycle

immediate past funding cycle

previous funding cycle (not consecutive)

- e. Indicate whether the publication has been sent to NARIC for inclusion in REHABDATA. (To check the status of this publication in NARIC, click on <http://www.naric.com/research/rehab/default.cfm>.)

yes

no

(System will allow grantee to add additional publications for this and other fellows.)

**NIDRR-funded publications produced by graduate students in the current reporting period**

23. Publications produced by graduate students:

a. Name of graduate student:

Last name: (Limit: 26 characters)

First initial: (Limit: 2 characters)

Middle initial: (Limit: 2 characters)

b. Provide a full citation for each publication produced by this graduate student. To add a new citation, please select the category that best describes the publication from the drop-down box below, then click the "Next" button.

Type of publication:

(Check only one)

journal article or periodical

web journal

proceedings of meetings and symposia

book

book chapter

monograph

abstract

technical or research report

review

NOTE: System will display APA-required fields based on publication type, which are shown above under "fellows."

c. Indicate the time frame or award cycle when the NIDRR-funded research and related activity described in the publication was conducted.

(Check only one)

current funding cycle

immediate past funding cycle

previous funding cycle (not consecutive)

- d. Indicate whether the publication has been sent to NARIC for inclusion in REHABDATA. (To check the status of this publication in NARIC, click on <http://www.naric.com/research/rehab/default.cfm>.)

yes

no

(System will allow grantee to add additional publications for this and other graduate students.)

24. Are there any other accomplishments or outputs from your capacity-building efforts that you would like to tell NIDRR about (e.g., poster presentations, successful other grant applications, etc.)? (Limit: 10,000 characters)

**[Box]**

## Training Projects

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual progress updates

**NOTE: DBTACs do not complete this section.**

If you proposed specific training projects in your original proposal, please report on those here. If you did not, you may regroup your training activities into projects of like tasks.

The table below lists all records you have entered in this section. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your projects.

Project Title	Edit Title/ Delete Project	Edit Project Information	Reviewed/ No Changes Needed
Sample project T1	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Edit</a>	<input type="checkbox"/>
	<a href="#">Add new</a>		

NOTE: System will assign a sequential number to each project, and the sequential number will appear in the summary table.

1. Enter the project title: (Limit: 2-3 sentences, or 1,000 characters)  
**[Box]**
2. Name of person responsible for the project: (Limit: 52 characters)  
**[Box]**
3. Type of project:  
(Check only one)
  - workshop
  - webcast
  - presentation
  - training course
  - curricula development
  - training manual development
  - planning conducting, or sponsoring a conference
  - other



If other, specify: (Limit: 2-3 sentences or 1,000 characters)  
**[Box]**

4. What is the status of the project?

(Check only one)

- on time
- delayed
- completed
- not scheduled to start yet
- dropped [NOTE: Projects cannot be dropped without NIDRR approval]
- timeline extended

If 'delayed,' by how many months?

If 'delayed,' what was the primary reason for the delay? (Limit: 1,000 characters)

If 'dropped,' what was the major reason for dropping it? NOTE: Projects cannot be dropped without project officer approval. (Limit: 1,000 characters)

5. In one or two sentences, briefly describe the objective(s) of the project. (Limit: 1-2 sentences or 1,000 characters)

6. Select the 1-2 primary target audiences for this project.

Choose no more than two.

- a.  Researchers
- b.  Practitioners/clinicians
- c.  Service providers
- d.  Educators
- e.  Policy experts
- f.  Federal & non-federal partners
- g.  Industry representatives and/or product developers
- h.  Employers
- i.  Media
- j.  Consumer advocates
- k.  Individuals with disabilities and/or family members
- l.  Other (specify) (limit 250 characters)

7. Which of your outcome-oriented goals does this project help to achieve?

Check only one

- Goal 1
- Goal 2
- Goal 3 [short titles, as previously entered by grantee]

8. What steps have you taken to evaluate the impact of this training project?

Check all that apply

- a.  None
- b.  Key informant interviews
- c.  Customer satisfaction survey
- d.  Pre/post design
- e.  Quasi-experimental
- f.  Other (specify in 1-2 sentences [Limit: 1,000 characters])

**[Box]**

9. What did you learn from this evaluation? (Limit: 5,000 characters)

**[Box]**

**Table 5. Training Project Summary Table (system-generated)**

List of project titles (sequential project number and project title):

T1: Sample project title 1

T2: Sample project title 2

Projects	T1	T2
Type of project (Q3)	Workshop	Training course
Project status (Q4)	On schedule	Completed
Target audience(s) (Q6)	Researchers	Media Consumer advocates

**Technical Assistance Activities**

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual progress updates

In this section, we ask about your technical assistance activities in the current reporting period.

1. In the current reporting period, what was the most frequently used method of delivering technical assistance?

(Check only one)

phone consultation

e-mail

the Web

in-person

other

If other, specify in 1-2 sentences (Limit: 1,000 characters)

2. From the list below, select the primary audiences that most often requested technical assistance.

Choose up to 2 audiences.

a.  Researchers

b.  Practitioners/clinicians

c.  Service providers

d.  Educators

e.  Policy experts

f.  Federal & non-federal partners

g.  Industry representatives and/or product developers

h.  Employers

i.  Media

j.  Consumer advocates

k.  Individuals with disabilities and/or family members

l.  Other (specify) (Limit: 250 characters)

3. Briefly describe the nature of the technical assistance you provided to the audience(s) identified in question 2. (Limit: 1,000 characters)

**[Box]**

4. Briefly comment on how the technical assistance provided in the current reporting period related to the goals of your award. (Limit: 1,000 characters)

**[Box]**

### **Additional information about Capacity Building, Training, or Technical Assistance Projects and Activities**

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual progress updates

1. Please comment on any other accomplishments of your capacity building, training, or technical assistance activities or projects that happened in the current reporting period. (Limit: 5,000 characters)

[Box]

## **Award-Specific Sections for Model Systems Clinical Care, Knowledge Translation Awards, and Disability Business Technical Assistance Centers**

(System will present appropriate section for these three types of grantees.)

### **Clinical Care (Model Systems Only)**

Purpose: NIDRR project monitoring

Frequency of data collection: Annual

1. Number of new patients enrolled in the database during the reporting period
2. Number of patients followed up during the reporting period
3. Briefly describe how R&D findings of your current Model Systems grant are used, or their anticipated use, in the clinical care setting. (Limit: 1,000 characters)

**[Box]**

## Knowledge Translation Awards

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual updates

In this section, we ask you to answer some basic questions about your Knowledge Translation (KT) projects. For our purposes, a project can be either a formal project or a group of related activities or tasks. **You are not required to group activities or tasks in the same way they were grouped in the original proposal.** You may report up to 3 KT projects.

The table below lists all records you have entered in this section. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your projects.

Project Title	Edit Title/ Delete Project	Edit Project Information	Reviewed/ No Changes Needed
Sample project K1	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Edit</a>	<input type="checkbox"/>
	<a href="#">Add new</a>		

1. Title of this KT project (Limit 500 characters):

**[Box]**

2. Name of the person responsible for this project (Limit 56 characters)

**[Box]**

3. Type of project:

Check one.

- Research on or related to KT (e.g., developing KT models and methods, evaluating dissemination strategies, developing standards of evidence grading, etc.)

NOTE: If this option is selected, grantee will be redirected to Research Projects Question 4 and should complete the balance of the Research Projects section.

- Conducting KT (e.g., evaluating and aggregating research, activity disseminating products or devices, etc.)

NOTE: If this option is selected, grantee should complete balance of this section.

4. Project start date (enter as "mm/dd/yyyy")

5. Actual or projected project end date (enter as "mm/dd/yyyy")

6. What is the current status of this project?

(Check only one)

on time

delayed

completed

not scheduled to start yet

dropped [NOTE: Projects cannot be dropped without NIDRR approval]

timeline extended

If 'delayed,' by how many months?

If 'delayed,' what was the primary reason for the delay? (Limit: 1,000 characters)

If 'dropped,' what was the major reason for dropping it? NOTE: Projects cannot be dropped without NIDRR approval. (Limit: 1,000 characters)

7. Briefly describe the objective(s) of this KT project. (Limit: 1,000 characters)

**[Box]**

8. In order to achieve the objective(s) you describe, you may be using any number of possible strategies. In the list below, check all the strategies that you are currently using to achieve the objective(s) of the current project.

Check all that apply.

a.  Evaluate, aggregate, and/or categorize research

b.  Develop technology and/or information-based products

c.  Actively disseminate technology products

d.  Actively disseminate information-based products; e.g., fact sheets, systematic reviews, information on devices, or marketing materials

e.  Evaluate the usefulness of technology products

f.  Evaluate the usefulness of information-based products

g.  Increase users' ability to locate, assess, and utilization information-based products or devices

h.  Utilize feedback from users to refine or generate ideas, questions, hypotheses, or theories

i.  Other strategy (please briefly describe [limit: 1,000 characters])

**[Box]**

9. Describe your overall progress in implementing this project during the current reporting period (including any significant problems or challenges you encountered and the actions you took to remedy them). (Limit: 5,000 characters)

**[Box]**

10. Describe any preliminary findings or “lessons learned” in the current reporting period. (Limit: 5,000 characters)

**[Box]**

11. Please update us on the status of problems or challenges that you reported in previous Annual Performance Reports: (Limit: 5,000 characters)

**[Box]**

(System will allow grantee to report up to 3 KT projects)



## Disability Business Technical Assistance Center Awards

Purpose: NIDRR project monitoring

Frequency of data collection: Once with annual updates

In this section, please report on the technical assistance, training, and dissemination activities that you conduct for this award.

### DBTACs--Technical Assistance Activities

1. Please describe the nature and frequency of the following technical assistance that you have conducted in this reporting period.

(Check all that apply and enter volume [i.e., total number during this reporting period for each activity].)

- |    |   |         |
|----|---|---------|
| a. | <input type="checkbox"/> Phone calls                            | Volume: |
| b. | <input type="checkbox"/> Email                                  | Volume: |
| c. | <input type="checkbox"/> In-person                              | Volume: |
| d. | <input type="checkbox"/> Other, specify (limit: 250 characters) | Volume: |

**[Box]**

2. Do you maintain or contribute to a Web site for technical assistance activities?

If yes, Web site address:

3. Please indicate the top two target audiences for your technical assistance activities. Select only two, based on volume.

- |    |   |
|----|---|
| a. | <input type="checkbox"/> Researchers  |
| b. | <input type="checkbox"/> Practitioners/clinicians   |
| c. | <input type="checkbox"/> Service providers  |
| d. | <input type="checkbox"/> Educators  |
| e. | <input type="checkbox"/> Policy experts   |
| f. | <input type="checkbox"/> Federal and non-federal partners                                   |
| g. | <input type="checkbox"/> Industry representatives and/or product developers                 |
| h. | <input type="checkbox"/> Employers  |
| i. | <input type="checkbox"/> Media  |
| j. | <input type="checkbox"/> Consumer advocates   |
| k. | <input type="checkbox"/> Individuals with disabilities and/or family members                |
| l. | <input type="checkbox"/> Business groups  |
| m. | <input type="checkbox"/> State/local government agencies                                    |
| n. | <input type="checkbox"/> Code officials responsible for physical accessibility requirements |

- o.  Architects and design professionals
  - p.  Attorneys or other legal professionals
  - q.  Other (specify) (Limit: 250 characters)
4. Please elaborate on any problems or challenges that you encountered and your actions to remedy these challenges in the provision of technical assistance during this reporting period. (Limit: 5,000 characters)  
**[Box]**

### DBTACs—Training Projects

If you proposed specific training projects in your original proposal, please report on those here. If you did not, you may regroup your training activities into projects of like tasks.

The table below lists all records you have entered in this section. You have currently entered 0 records.

Please review the records that you have previously entered and add, edit, or delete records as necessary in order to provide an annual update. If no change to a particular record is needed, check the box marked, "Reviewed/no changes needed."

NOTE: If this is your first year, you will need to enter information for all of your projects.

Project Title	Edit Title/ Delete Project	Edit Project Information	Reviewed/ No Changes Needed
Sample project D1	<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Edit</a>	<input type="checkbox"/>
	<a href="#">Add new</a>		

5. Enter the project title: (Limit: 2-3 sentences, or 500 characters)  
**[Box]**
6. Name of person responsible for the project: (Limit: 52 characters)  
**[Box]**
7. Type of project:  
 (Check only one)
- workshop
  - webcast
  - presentation
  - training course
  - curricula development

- training manual development
- planning
- conducting, or sponsoring a conference
- distance learning curricula
- other

If other, specify: (Limit: 2-3 sentences or 1,000 characters)

**[Box]**

8. What is the status of the project?

(Check only one)

- on time
- delayed
- completed
- not scheduled to start yet
- dropped [NOTE: Projects cannot be dropped without NIDRR approval]
- timeline extended

If 'delayed,' state the major reason why: (Limit: 1-2 sentences or 1,000 characters)

**[Box]**

9. In one or two sentences, briefly describe the objective(s) of the project. (Limit: 1-2 sentences or 1,000 characters)

**[Box]**

10. Select the 1-2 primary target audiences for this project.

Choose no more than two.

- a.  Researchers
- b.  Practitioners/clinicians
- c.  Service providers
- d.  Educators
- e.  Policy experts
- f.  Federal & non-federal partners
- g.  Industry representatives and/or product developers
- h.  Employers
- i.  Media
- j.  Consumer advocates
- k.  Individuals with disabilities and/or family members

- l.  Business groups
- m.  State/local government agencies
- n.  Code officials responsible for physical accessibility requirements
- o.  Architects and design professionals
- p.  Attorneys or other legal professionals
- q.  Other (specify) (limit 250 characters)

11. What steps have you taken to evaluate the impact of this training project?

Check all that apply

- a.  None
- b.  Key informant interviews
- c.  Customer satisfaction survey
- d.  Pre/post design
- e.  Quasi-experimental
- f.  Other (specify in 1-2 sentences [Limit: 1,000 characters])

**[Box]**

12. What did you learn from this evaluation? (Limit: 5,000 characters)

**[Box]**

(System will allow grantee to report as many training projects as needed.)

**Table 6. DBTACs--Training Project Summary Table (system-generated)**

List of project titles (sequential project number and project title):

T1: Sample project title 1

T2: Sample project title 2

Projects	T1	T2
Type of project (Q7)	Workshop	Training course
Project status (Q8)	On schedule	Completed
Target audience(s) (Q10)	Researchers	Media Consumer advocates

**DBATCs--Dissemination**

13. What materials did you disseminate during this reporting period? Enter the number of copies of DBTAC-generated and non-DBTAC-generated materials distributed by electronic and other means.

**Table 7. Materials disseminated**

<b>Number of Copies Disseminated</b>				
<b>Type of Materials</b>	<b>DBTAC-Generated</b>		<b>Non-DBTAC-Generated</b>	
	<b>Electronic</b>	<b>Other</b>	<b>Electronic</b>	<b>Other</b>
Journal articles				
Project publications				
Video/audio tapes				
CDs/DVDs				
Books/book chapters				
Bulletins/newsletters/fact sheets				
Research reports/conference proceedings				
Other specify (limit 250 characters)				

## **Performance: Outputs and Associated Accomplishments**

Purpose: Evaluation and accountability; project monitoring and program improvement

Frequency of data collection: Once with annual updates

Instructions: In this section grantees report on the following four types of outputs related to the current NIDRR award that were disseminated or delivered to external audiences in the current reporting period:

- Type 1: Publications
- Type 2: Tools, Measures, and Intervention Protocols
- Type 3: Technology Products and Devices
- Type 4: Other Information Products

Grantees may also report on any major accomplishments associated with these outputs.

NIDRR defines “external audiences” as audiences that exist outside of the boundaries of project staff and collaborators associated with an award, including outside of NIDRR-sponsored project directors’ meetings.

Include only publications supported by NIDRR funding that are related to the objectives of the current award.

NOTE: It is important to stress that all four types of outputs reported in this section can be based on research and related activities conducted in a previous reporting period or NIDRR funding cycle as long as they are related to the objectives of the current award and are delivered or disseminated during the reporting period to external audiences.

### **Type 1 Outputs: Publications**

Instructions: Enter all peer-reviewed and non-peer-reviewed publications associated with this award that were published during the current reporting period by a source external to the project. DO NOT include documents that are currently in review, accepted for publication, in press, or self-published.

If you have no publications to report during the current period, check the box below and then click “Save and Continue.”

No publications to report during the current period

Otherwise, please complete the balance of this section.

(NOTE: If grantee checks the box above, they will skip to next section.)

The table below is a summary of all records you have previously entered in this section, as well as those entered earlier for fellows and graduate students. You have currently entered 0 records.

Sequential ID No.	(1) Full Citation	Edit/ Delete Publication Record	(1a) Type of Publication	(1b) Timeframe When Work Conducted	(1c) Submitted to NARIC
1.1	Sample publication	<a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Add new</a>	Book	Current	Y

NOTE: System will add a sequential number within publication type; the first record under "Publications" is record 1.1; first record under Tools, Measures, and Intervention Protocols is record 2.1, etc.

1. Provide a full citation for each publication that meets the criteria provided in the instructions.

To add a new citation, please select the category that best describes the publication from the drop-down box below, then click the "Next" button.

- a. Type of publication:

(Check only one.)

- journal article or periodical
- web journal
- proceedings of meetings and symposia
- book
- book chapter
- monograph
- abstract
- technical or research report
- review

NOTE: The system will automatically match each journal title or proceedings you enter against the ISI database of peer-reviewed journals and will indicate whether or not a match is found. If no match is found, and you wish to review the ISI data for a possible match, you may select that option.

NOTE: System will display APA-required fields based on publication type, which are shown in "Capacity-Building Activities" section.



b. (If publication type=journal article or periodical, or proceedings) Is this a peer-reviewed publication?

yes

no

c. Indicate the time frame or award cycle when the NIDRR-funded research and related activity described in the publication was conducted.

(Check only one)

current funding cycle

immediate past funding cycle

previous funding cycle (not consecutive)

d. Indicate whether the publication has been sent to NARIC for inclusion in REHABDATA. (To check the status of this publication in NARIC, click on <http://www.naric.com/research/rehab/default.cfm>.)

yes

no

e. Does this publication acknowledge NIDRR funding?

2. In the table below, select 1-3 publications that represent your “most important” publications during this reporting period.

To identify a publication as “most important,” click on the radio button in the “most important publication” column of the appropriate record. You will then be asked several follow-up questions about that publication. After you complete those questions for the first publication, you will be given an opportunity to identify additional publications as “most important.”

“Most important” publications refers to those that contribute the most to achieving the outcome-oriented goals for the award by advancing knowledge; increasing capacity for research, training or knowledge translation; or facilitating changes in policy, practice, or system capacity.

If none of your publications meet the “most important” standard, please click here:

No publications meet “most important” standard during this reporting cycle

Sequential ID Number	Most Important Publication	Full Citation
1.1	<input type="checkbox"/>	Sample publication

1.2	<input type="checkbox"/>	Sample publication
1.3	<input type="checkbox"/>	Sample publication

3. For this “most important” publication, select the outcome-oriented goal that corresponds most closely to this accomplishment.

Sequential ID Numbers of Most Important Publication	Full Citation of Most Important Publication	Outcome-Oriented Goal
1.1	Sample publication	<input type="checkbox"/> Short description of Goal #1 <input type="checkbox"/> Short description of Goal #2 <input type="checkbox"/> Short description of Goal #3 <input type="checkbox"/> Short description of Goal #4

4. Provide a bulleted list of the “key findings” or “lessons learned” contained in this publication. (Limit: 5,000 characters)

**[Box]**

5. Briefly describe how this publication is contributing to the outcome-oriented goal by solving a problem, closing an identified gap, or benefiting the target population. (Limit: 1,000 characters)

**[Box]**

(System will automatically return to item 2 so that grantee can identify another most important publication or advance to next section.)

## Type 2 Outputs: Tools, Measures, and Intervention Protocols

Instructions: Type 2 outputs focus on the most important tools, measures, or intervention protocols produced under this award during the current reporting period. NIDRR defines a “tool” as an instrument or process created to acquire quantitative or qualitative information, knowledge, or data on a specific disability or rehabilitation issue.

Most important tools refers to those that contribute the most to achieving the outcome-oriented goals for the award by advancing knowledge; increasing capacity for research, training or knowledge translation; or facilitating changes in policy, practice, or system capacity.

1. Did you develop, modify, test or evaluate any tools, measures or intervention protocols under this award that were disseminated or delivered to external audiences during the current reporting period?

yes

no

(If 'yes,' system will present balance of this section. If 'no,' system will skip to Type 3 outputs.)

2. Briefly describe 1-2 Type 2 outputs that represent the most important accomplishments in this category for the current reporting period. Your description should include an explanation of how the tool was validated or tested.

For each output that you enter, you will be asked several follow-up questions. After you complete those questions, you will be given an opportunity to enter additional most important tools. (NOTE: NIDRR uses the word "tool" to include measures and intervention protocols.)

If none of your tools meet the "most important" standard, please click here:

No tools meet "most important" standard during this reporting cycle

Name of most important tool (if applicable): (Limit: 500 characters)

**[Box]**

NOTE: System will need to assign a sequential ID number to each tool.

3. Brief description of the purpose of the tool: (Limit: 1,000 characters)

**[Box]**

4. Brief explanation of how the tool was validated or tested: (Limit: 1,000 characters)

**[Box]**

5. Select the category that best describes the type of tool.

(Check only one)

checklist

survey questionnaire or interview schedule

diagnosis or assessment instrument

including physiologic measure

outcome measures

intervention protocol or program

statistical technique

database

other

If 'other,' specify (250 characters)

6. Does this tool acknowledge NIDRR funding?
7. For each most important tool, select the outcome-oriented goal that corresponds most closely to this accomplishment by clicking on the radio button beside the list of goals below.

<b>Sequential ID Number of Most Important Tool</b>	<b>Name of Most Important Tool</b>	<b>Outcome-Oriented Goal</b>
1	Sample tool	<input type="checkbox"/> Short description of Goal #1 <input type="checkbox"/> Short description of Goal #2 <input type="checkbox"/> Short description of Goal #3 <input type="checkbox"/> Short description of Goal #4

8. Briefly describe how this tool is contributing to the above outcome-oriented goal by solving a problem, closing an identified gap, or benefiting the target population. (Limit: 1,000 characters)

**[Box]**

9. Is this tool described in a publication listed above under Type 1 outputs?

yes

no

(If 'yes,' system will present Item 9. If 'no,' system will skip to Type 3 outputs.)

10. Click on the radio button beside the publication that contains the best description of this tool.

<b>Sequential ID Number</b>	<b>Publication in Which Tool is Described</b>	<b>Full Citation</b>
1.1	<input type="checkbox"/>	Sample publication
1.2	<input type="checkbox"/>	Sample publication

1.3	<input type="checkbox"/>	Sample publication
-----	--------------------------	--------------------

(System will skip to Type 3 outputs—Item 10 is only for those who do not identify a publication.)

- If this tool is not described in a publication, provide the citation or source (e.g., web site) where a description of the tool can be found. (Limit: 1,000 characters)

**[Box]**

**Table 8. Type 2 Outputs (Tools) Summary Table (system-generated)**

	<b>Tool #1</b>	<b>Tool #2</b>
Sequential ID Number	1	2
Name of tool (Q2)	Sample tool 1	Sample tool 2
Type of tool (Q5)	Checklist	Outcome measure
Number of corresponding outcome goal (Q6)	2	3
Described in current publication (Q8)	Yes	No
If yes, sequential ID number of publication (Q9)	1.1	1.3
If no, citation or source where description of tool can be found (Q10)	Sample URL	Sample citation

### **Type 3 Outputs: “Most Important” Technology Products and Devices**

Instructions: Type 3 outputs focus on the “most important” technology products and devices produced under this award during the current reporting period. Technology products and devices include: industry standards and guidelines; software or netware; inventions; patents, licenses, and patent disclosures; working prototypes; products/concepts evaluated; products transferred to industry for potential commercialization; and products in the marketplace.

“Most important” technology products and devices refer to those that contribute the most to achieving the outcome-oriented goals for the award by advancing knowledge; increasing capacity for research, training or knowledge translation; or facilitating changes in policy, practice, or system capacity.

- Did you develop, modify, test or evaluate any technology products or devices under this award that were disseminated or delivered to external audiences during the current reporting period?
  - yes
  - no

(If 'yes,' system will present balance of this section. If 'no,' system will skip to Type 4 outputs.)

2. Briefly describe 1-2 Type 3 outputs that represent the "most important" accomplishments in this category for the current reporting period. Your description should include an explanation of how the technology product/device is being tested or evaluated.

For each technology product/device that you enter, you will be asked several follow-up questions. After you complete those questions, you will be given an opportunity to enter additional "most important" technology products/devices.

If none of your technology product/devices meet the "most important" standard, please click here:

- No technology products/devices meet "most important" standard during this reporting cycle

Name of "most important" technology product/device (if applicable): (Limit: 500 characters)

**[Box]**

NOTE: System will assign a sequential ID number to each technology product/device.

3. Brief description of the purpose of the technology product/device: (Limit: 1,000 characters)  
**[Box]**
4. Brief explanation of how technology product/device was validated or tested: (Limit: 1,000 characters)  
**[Box]**
5. Select the category that best describes the type of technology product/device.  
(Check only one)

- industry standards/guidelines
- software or netware
- invention
- patent(s), licences, patent disclosures
- working prototype
- product(s) evaluated or field tested
- product(s) transferred to industry for potential commercialization
- product(s) in the marketplace
- other

If 'other,' specify (250 characters)

6. Does this technology product/device acknowledge NIDRR funding?
7. For each "most important" technology product/device, select the outcome-oriented goal that corresponds most closely to this accomplishment by clicking on the radio button beside the list of goals below.

<b>Sequential ID Number of "Most Important" Technology Product/ Device</b>	<b>Name of "Most Important" Technology Product/Device</b>	<b>Outcome-Oriented Goal</b>
1	Sample product	<input type="checkbox"/> Short description of Goal #1 <input type="checkbox"/> Short description of Goal #2 <input type="checkbox"/> Short description of Goal #3 <input type="checkbox"/> Short description of Goal #4

8. Briefly describe how this technology product/device is contributing to the outcome-oriented goal by solving a problem, closing an identified gap, or benefiting the target population. (Limit: 1,000 characters)

**[Box]**

## Type 4 Outputs: “Most Important” Informational Products

Instructions: Type 4 outputs focus on the “most important” informational products produced under this award during the current reporting period. Information products can include training manuals or curricula; fact sheets; newsletters; audiovisual materials; marketing tools; educational aids; web sites or other Internet sites that were produced in conjunction with your research and development, training, dissemination, knowledge translation, and/or consumer involvement activities.

“Most important” informational products refer to those that contribute the most to achieving the outcome-oriented goals for the award by advancing knowledge; increasing capacity for research, training or knowledge translation; or facilitating changes in policy, practice, or system capacity.

1. Did you develop, create, test or evaluate any informational products under this award that were disseminated or delivered to external audiences during the current reporting period?

yes

no

(If ‘yes,’ system will present balance of this section. If ‘no,’ system will skip to Other Accomplishments and Contributions.)

2. Briefly describe 1-2 Type 4 outputs that represent the “most important” accomplishments in this category for the current reporting period. Your description should include an explanation of how the informational product is being tested or evaluated.

For each output that you enter, you will be asked several follow-up questions. After you complete those questions, you will be given an opportunity to enter additional “most important” informational products.

If none of your informational products meet the “most important” standard, please click here:

No informational products meet “most important” standard.

Name of “most important” informational product (if applicable): (Limit: 500 characters)  
**[Box]**

NOTE: System will need to assign a sequential ID number to each informational product.

3. Brief description of the purpose of the informational product: (Limit: 1,000 characters)  
**[Box]**

4. Brief explanation of how the informational product was validated or tested: (Limit: 1,000 characters)  
**[Box]**



5. Select the category that best describes the type of informational product:

(Check only one)

- training manuals/curricula
- fact sheets
- newsletters
- audiovisual materials
- marketing tools
- educational aids
- Web sites or other Internet sites

If 'other,' specify (250 characters)

6. Does this informational product acknowledge NIDRR funding (if applicable)?

7. For each "most important" informational product, select the outcome-oriented goal that corresponds most closely to this accomplishment by clicking on the radio button beside the list of goals below.

Sequential ID Number of "Most Important" Informational Product	Name of "Most Important" Informational Product	Outcome-Oriented Goal
1	Sample product	<input type="checkbox"/> Short description of Goal #1 <input type="checkbox"/> Short description of Goal #2 <input type="checkbox"/> Short description of Goal #3 <input type="checkbox"/> Short description of Goal #4

8. Briefly describe how this informational product is contributing to the outcome-oriented goal by solving a problem, closing an identified gap, or benefiting the target population. (Limit: 1,000 characters)

**[Box]**

9. Is this informational product described in a publication listed above under Type 1 outputs?

- yes
- no

(If 'yes,' system will present Item 9. If 'no,' system will skip to Other Accomplishments.)

10. Click on the radio button beside the publication that contains the best description of this informational product.

Sequential ID Number	Publication in Which Informational Product is Described	Full Citation
1.1	<input type="checkbox"/>	Sample publication
1.2	<input type="checkbox"/>	Sample publication
1.3	<input type="checkbox"/>	Sample publication

(System will skip to Other Accomplishments and Contributions—Item 10 is only for those who do not identify a publication.)

11. If this informational product is not described in a publication, provide the citation or source (e.g., web site) where a description of the product can be found. (Limit: 1,000 characters)

**[Box]**

**Table 9. Type 4 Outputs (Informational Products) Summary Table (system-generated)**

	Product #1	Product #2
Sequential ID Number	1	2
Name of tool (Q2)	Sample tool 1	Sample tool 2
Type of tool (Q5)	Checklist	Database
Number of corresponding outcome goal (Q6)	2	3
Described in current publication (Q8)	Yes	No
If yes, sequential ID number of publication (Q9)	1.1	1.3
If no, citation or source where description of informational product can be found (Q10)	Sample URL	Sample citation

## Other Accomplishments and Contributions

Purpose: Evaluation and accountability, project monitoring, and program improvement

Frequency of data entry: Annually

1. In addition to the outputs described above, please describe any other accomplishments that occurred during the current reporting period and contributed to the achievement of your outcome goals for this award. This can include advancing knowledge in the field, increasing capacity to conduct high-quality research and utilize the results, or contributing to changes/improvements in policy, practice, and/or system capacity. It can also include broader contributions to advancing knowledge in other disciplines, as well as enhancing public welfare beyond science and engineering. Be sure to provide enough detail to describe the nature of this (or these) accomplishments and how they are related to your outcome goals. (Limit: 2 pages or 10,000 characters)

**[Box]**

## Overall Status of Outcome-Oriented Goals

1. Finally, taking into account all the outputs and accomplishments reported above, which of the following best describes your overall progress to date toward achieving the outcome-oriented goals for this award?

(Check only one)

- no progress to report yet
- behind schedule/delayed
- making limited progress
- making reasonable/moderate process
- making significant progress
- other

If 'other,' specify (limit 250 characters)