

Statement of Goals and Priorities

Section I. Identification

Current Plan Year: October 1, _____ Through September 30, _____

State: _____

Name of Executive Director: _____

Name, Email, and Phone Number of Executive Director (certifying to accuracy of report):

Executive Director Name: _____

Executive Director Email: _____

Executive Director Phone Number: (____) ____ - _____

Name, Email, and Phone Number of Contact Person (regarding reporting questions):

Contact Name: _____

Contact Email: _____

Contact Phone Number: (____) ____ - _____

Is P&A System administered by non-profit organizations? Yes: ____ No: ____

If Yes: Name, Title, Government Office, and Phone Number of Designated State liaison:

Name: _____

Title: _____

Government Office: _____

Phone Number: (____) ____ - _____

Funding awarded in previous fiscal year: \$ _____

Section II. Public Input

Current Plan Year: October 1, _____ Through September 30, _____

State: _____

Period When Public Input Was Solicited for this SGP:

From: _____ Through: _____

Summarize Solicitation Effort for this SGP: (maximum 1,000 characters)

This should include a brief description of your efforts. Identify the process you used related to soliciting public input. For example if you held a series of focus groups describe the issues and the process used to identify participants. You will describe the results of the recommendations in the next question of this report. It is no longer sufficient to publication in the agency's newsletter after the Priorities have been identified by the agency. Describe how public input was sought during the development of the priorities and goals.

Summarize Public Comments for this SGP: (maximum 1,000 characters)

This should include a brief description of the comments the P&A received in response to the solicitation effort described above. Describe how these public comments affected the SGP for the coming year.

Section III. Goals and Priorities

Current Plan Year: October 1, _____ Through September 30, _____

State: _____ **Priority ID Number:** P _____ (Section III repeats for each Priority)

This information will need to be completed for each priority.

Priority Description: (maximum 1,000 characters)

Amount of Federal funding planned to pursue this priority: \$ _____

Estimate based on the project number of person hours plus any other direct expenses such as printing and copying.

Amount of other funding planned to pursue this priority: \$ _____

What need, issue, or barrier to service does this priority address? (maximum 1,000 characters) *Explain why this priority is important.*

Impact on quality of life for persons with developmental disabilities due to priority:

_____ **Independence** _____ **Productivity** _____ **Integration/Inclusion**

Check on of the above.

Will pursuing this priority affect case selection criteria? _____ **Yes** _____ **No**

If Yes, then describe the resulting case selection criteria: (maximum 1,000 characters)

Not all priorities will impact case selection BUT if you will be accepting specific types of cases to implement your work plan to achieve this priority describe them.

Will pursuing this priority addresses systemic advocacy or capacity building of the service delivery system for persons with developmental disabilities? _____ **Yes** _____ **No**

If Yes, then describe the desired change: (maximum 1,000 characters)

Is this a DD Network Collaborative Priority to be pursued jointly with the DD Council and UAP(s)? _____ **Yes**
_____ **No** **If Yes, describe the planned collaborative efforts: (maximum 1,000 characters)**

Not all priorities will require coalition work. Answer this question only if necessary.

Will pursuing this priority involve other collaborative or coalition efforts? _____ **Yes** _____ **No**

If Yes, describe the planned efforts: (maximum 1,000 characters)

Not all priorities will result in coalition work . If this one will, list all of the other disabilities agencies you might work with to achieve this priority. Describe the types of activities. For example, a joint training event.

Will the priority increase P&A services to under/unserved and minority populations?

_____ **Yes** _____ **No** **If Yes, describe how and for whom: (maximum 1,000 characters)**

Not all priorities will increase services to under/unserved and minority populations. Answer these questions only for those that do.

Priority is in the areas checked:

- 1. Quality Assurance including abuse, neglect and other violations or rights _____
- 2. Education and early intervention _____
- 3. Child care _____
- 4. Health care _____
- 5. Employment _____
- 6. Housing _____
- 7. Transportation _____
- 8. Recreation _____

Provide one or more Indicators of Success or Targets (Goals) for this Priority (w/ unique indicator #)_____ :
Please provide a numeric identifier for each priority and indicator. This indicator should be used when reporting on the actual implementation of this planned priority in the appropriate program performance report (PPR). Select at least one indicator of success for each priority.

Description of Indicator of Success (maximum 1,000 characters per description)
Select at least one indicator of success. This should reflect criteria that would allow the program to know that the priority has been achieved during the year. It should be measurable. See the menu of outcome statements developed by ATTAC for suggestions.

Section IV. GPRRA Target/Objective

Current Plan Year: October 1, _____ Through September 30, _____

State: _____

Provide the GPRRA Target/Objective that will be included in a national total reported to Congress, in compliance with the Government Performance and Results Act (GPRRA).

Target/Objective: Number of persons with developmental disabilities living in the community who are served by the P&A and whose complaint of abuse, neglect, discrimination of their rights will be remedied by the P&A during the course of the plan year

This Target/Objective will be compared with the Outcome in the PPR at the end of the Plan Year