

# Training the Next Generation of AT and AAC Experts

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## *Disability Communications Fund*

### *Final Report Instructions*

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The Disability Communications Fund's goal in receiving your Final Grant Report is to understand the impact your organization has made on improving access to communication and information for people with disabilities. We will use this information to assess DCF's impact and to inform our future grantmaking.

Unless otherwise agreed upon, your Final Report is due on January 31, 2019.

### *Project information [pre-populated]*

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#### **Project Name**

Name of Project.

*Character Limit: 100*

#### **Amount Awarded**

*Character Limit: 20*

### *Grant Activities and Grant Results*

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#### **Project Purpose [pre-populated]**

Enter a brief summary of the Project's purpose. Approx. 25 words. Begin with "To provide/introduce/train ..."

*Character Limit: 150*

#### **Project Purpose Accomplished?\***

Above you see the project purpose as stated in your application.

Were you able to fulfill the purpose of the project?

If in the process of working on your goals you realized your purpose statement no longer matched the actual development of the project, please share an updated version of the project purpose statement, and briefly explain the reason for the update.

Approx. 250 words.

*Character Limit: 1500*

**Grant Results Worksheet\***

Please revisit and upload your Grant Results Worksheet submitted as part of your original application. For each stated goal, please compare the anticipated results to the actual results and update the worksheet.

If necessary, add notes in the space below to explain any goals not achieved as planned or needed modifications to the grant activities. Approx. 250 words.

*Character Limit: 1500 | File Size Limit: 2 MB*

**Estimated Number of Individuals with Disabilities [pre-populated]**

Enter the estimated number of individuals with disabilities to benefit from the Project (directly or indirectly) in 2018.

*Character Limit: 10*

**Actual Number of Individuals with Disabilities Served\***

Above you see the anticipated number of individuals with disabilities to be served in 2018, as submitted in your application.

How many professionals were actually served by the DCF-supported project?

*Character Limit: 10*

**Estimated Number of Family Members (if applicable) [pre-populated]**

Enter the estimated number of family members to benefit from the Project in 2018 (if applicable).

*Character Limit: 10*

**Actual Number of Family Members Served\***

Above you see the anticipated number of family members to be served in 2018, as submitted in your application.

How many family members were actually served by the DCF-supported project?

*Character Limit: 10*

**Estimated Number of Professionals (if applicable) [pre-populated]**

Enter the estimated number of professionals to benefit from the Project in 2018 (if applicable).

*Character Limit: 10*

**Actual Number of Professionals Served\***

Above you see the anticipated number of professionals to be served in 2018, as submitted in your application.

How many professionals were actually served by the DCF-supported project?

*Character Limit: 10*

**Estimated Number of Other Beneficiaries (if applicable) [pre-populated]**

Enter the estimated number of other beneficiaries of the Project in 2018 (if applicable).

*Character Limit: 10*

### **Actual Number of Other Beneficiaries Served\***

Above you see the anticipated number of other beneficiaries to be served in 2018, as submitted in your application.

How many professionals were actually served by the DCF-supported project?

*Character Limit: 10*

### **Target Beneficiaries - Results\***

Please revisit the Target Beneficiaries Workbook that you submitted with your LOI. Please provide an update, based on the actual target beneficiaries served. Upload, and add comments below, if necessary. Approx. 100 words.

*Character Limit: 600 | File Size Limit: 1 MB*

### **Lessons Learned\***

What went well, and what turned out differently from what you had anticipated? Given what you know at the end of the project, is there anything you would do differently? Describe changes in the internal and/or external environment that impacted progress on this project. Approx. 500 words.

*Character Limit: 3000*

### **Project Sustainability\***

Are you planning and able to continue the program beyond the DCF grant funding? Were you able to secure additional support for the program? Approx. 350 words.

*Character Limit: 2000*

### **Collaboration\***

Did DCF support (grant funding, non-grant support) result in collaboration & networking? Are you planning to share, expand or replicate the project/program with peer organizations? Approx. 350 words.

*Character Limit: 2000*

### **Tell us a story about your project's impact\***

Please share a story that demonstrates the positive impact the DCF-funded program had on a client, provider, your organization, or the community. Approx. 400 words.

*Character Limit: 2500*

### **Share Additional Project Information\***

Please upload or provide links to

- project data,
- pictures,
- videos,
- press releases,
- media stories, or

- other materials about the project.

Approx. 250 words.

*Character Limit: 1500 | File Size Limit: 10 MB*

## *Grant Budget*

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### **Budget-to-Actual\***

Please revisit the budget you submitted with your application. "Unhide" columns G through I of the worksheet. Update & upload the worksheet, based on the actual expenses of the project.

In a brief description below explain any variances over 10 percent from the proposed project budget.

*Character Limit: 2000 | File Size Limit: 2 MB*

## *Other*

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### **Other Project Information**

What else would you like us to know about your work? (maximum approx. 500 words)

*Character Limit: 3000*