



## REHABILITATION SERVICES ADMINISTRATION

# ANNUAL PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT) PROGRAM PERFORMANCE REPORT

OMB # 1820-0661  
Expires: XX/XX/XXXX

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[JAWS for Windows users - Tips](#)

You are required to enter your PR/federal grant award number and assigned password to obtain access to your data files. Grant numbers are preloaded into the system, and the number you enter must match this number for your project (example: H123A456789).

Please enter your PR/federal award number and Password.

PR/Award Number   
Password

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. Public reporting burden for this collection of information is estimated to average 16 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit (Section 5 of the Assistive Technology Act of 1998, as amended (AT ACT)). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536 or email [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference the OMB Control Number 1820-0661. Note: Please do not return the completed Annual PAAT Program Performance Report to this address.

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Federal Award Number:  
State:

Reporting Period:

## **Information to the Reader about PAAT Form and Web System**

All information reported in this annual report should address activities conducted during the Federal fiscal year (October 1-September 30). This time frame is referred to in this document as the “reporting period” and is also indicated in the upper right header on each page of the form. (The web system will generate the Federal Award Number, state name, and the reporting period on the top of each page of the form.)

This form, ANNUAL PROTECTION AND ADVOCACY FOR ASSISTIVE TECHNOLOGY (PAAT) PROGRAM PERFORMANCE REPORT, is part of a web-based reporting system through RSA’s management information system (MIS). All grantees will be provided with an MIS password. All grantees will report using the Internet. Since the system will allow grantees to enter or update data throughout a reporting period, the web system will provide a means for grantees to indicate when they are submitting their completed (final) report. RSA staff will then download the annual report.

Where appropriate, the instructions in this paper version of the form will also note any web system functionality. For example, the system will generate totals or the system will insert the information reported by a grantee in one fiscal year to the following year’s reporting form. A separate instruction manual is included at the end of the form. This manual will be available on-line as part of the reporting system. The system will have ‘hot links’ to the examples in the instruction manual for items that require a narrative response. All text boxes will give the user unlimited space to provide narrative responses, users can cut/paste text from other documents, and use a spell check feature. Being a web-based form, the form does not provide for a ‘signed’ or ‘approved’ completed form (with original signature) like a paper document. RSA assumes that grantees will submit a hard copy of the form for review, as appropriate, within each grantee’s office/agency, and that the ‘submitted annual report’ in the web system has been previously approved by all necessary personnel.

Grantees will have read-only access to information from all prior year’s completed forms; they will not be able to change any previously submitted data. Grantees can cut/paste from these forms into other word processing software and save as an electronic file.

Federal Award Number:  
State:

Reporting Period:

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Address of Agency:

a. Main Office:

\_\_\_\_\_  
\_\_\_\_\_

b. Satellite Office(s) (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

c. Contract Office(s) (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Agency Telephone Number: \_\_\_\_\_

Agency Toll-Free Telephone Number: \_\_\_\_\_

Agency TTY Number: \_\_\_\_\_

Agency Toll-Free TTY Number: \_\_\_\_\_

Agency Fax Number: \_\_\_\_\_

Agency E-Mail Address: \_\_\_\_\_

Agency Web Address: \_\_\_\_\_

Executive Director Name: \_\_\_\_\_

Executive Director Email: \_\_\_\_\_

Staff Preparing Report Name: \_\_\_\_\_

Staff Preparing Report Email: \_\_\_\_\_

Staff Preparing Report Office Location: \_\_\_\_\_

*[Agency information reported during the first year of system use will be pre-loaded into grantee form in subsequent years, allowing users to make any needed edits.]*

Federal Award Number:  
State:

Reporting Period:

## **PART I: NON-CASE SERVICES**

### **A. INFORMATION AND REFERRAL SERVICES (I&R)**

<b>1. Total Number of Individuals Receiving I&amp;R Services during the Fiscal Year</b>	
<b>2. Total Number of Requests for I&amp;R Services during the Fiscal Year</b>	

### **B. TRAINING ACTIVITIES**

<b>1. Number of Training Sessions Presented by Staff</b>	
<b>2. Number of Individuals Who Attended These Training Sessions</b>	

**3. Describe two training events presented by the staff. Include the following information:  
(a) topics covered, (b) the purpose of the training, and (c) a description of the attendees.**

**Training Event #1**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

**Training Event #2**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

*[Web system will generate two text boxes for Question 3. There will be a separate button to click if grantees want to describe a third training session.]*

#### **4. Agency Outreach**

**Describe the agency's outreach efforts to previously unserved or underserved individuals including minority communities.**

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### **C. INFORMATION DISSEMINATED TO THE PUBLIC BY YOUR AGENCY**

**For each method of dissemination, enter the total number of each method used by your agency during the reporting period to distribute information to the public. For publications/booklets/brochures (item 5), enter the total number of documents produced. See instruction manual for details.**

<b>Method of dissemination</b>	<b>Number</b>
<b>1. Radio and TV Appearances by Agency Staff</b>	
<b>2. Newspaper/Magazine/Journal Articles Prepared by Agency Staff</b>	
<b>3. PSAs/Videos Aired by the Agency</b>	
<b>4. Website Hits</b>	
<b>5. Publications/Booklets/Brochures Disseminated by the Agency</b>	
<b>5a. Number of individuals/agencies receiving documents produced in item 5</b>	
<b>6. Other (specify)</b>	

Federal Award Number:  
State:

Reporting Period:

**D. INFORMATION DISSEMINATED ABOUT YOUR AGENCY BY EXTERNAL MEDIA COVERAGE**

Describe information about your agency produced and disseminated by external media or other agencies/entities for each of the relevant categories below. Enter "N/A" for each field not applicable for your agency.

**1. Radio/TV coverage**

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**2. Newspapers/Magazines/Journals**

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**3. PSAs/Videos**

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**4. Publications/Booklets/Brochures**

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Federal Award Number:  
State:

Reporting Period:

## **PART II: CASE-SERVICES**

### **A. INDIVIDUALS SERVED**

Report information on the individuals served during the fiscal year and the number of closed cases. Refer to the instruction manual for details on completing items 4 and 4a.

Individuals	Number
<b>1. Individuals Served Receiving Advocacy at Start of Fiscal Year (carryover from prior)</b>	
<b>2. Additional Individuals Served During Fiscal Year (new for fiscal year)</b>	
<b>3. Total Number of Individuals Served During Fiscal Year (1 +2)</b>	<i>[web generated]</i>
<b>4a. Total Number of Cases Closed During the Fiscal Year</b>	
<b>4b. Total Number of Individuals with All Their Cases Closed During the Fiscal Year</b>	
<b>5. Total Individuals Still Being Served at the End of the Fiscal Year (3 minus 4b)</b>	<i>[web generated]</i>

*[Item II.A.3 is a checkpoint reference. Several subsequent tables will require that their totals match the number reported for the total number of individuals served during the fiscal year.]*

### **B. PROBLEM AREAS/COMPLAINTS**

Identify the problem areas or complaints of each case served by your PAAT program during the fiscal year (include new cases and carry-over cases). More than one problem area/complaint may be identified in a single case.

Complaint Area	Number of cases
<b>1. Architectural Accessibility</b>	
<b>2. Education</b>	
<b>3. Employment Discrimination</b>	
<b>4. SSI/SSDI Work Incentives</b>	
<b>5. Healthcare</b> <i>(total generated by the system from a-d below)</i>	
<b>a. Medicaid</b>	
<b>b. Medicare</b>	
<b>c. Private Medical Insurance</b>	
<b>d. Other</b>	
<b>6. Housing</b>	
<b>7. Post-Secondary Education</b>	
<b>8. Rehabilitation Services</b>	
<b>9. Transportation</b>	
<b>10. Voting</b> <i>(total generated by the system from a-c below)</i>	
<b>a. Accessible Polling Place / Equipment</b>	
<b>b. Registration</b>	
<b>c. Other</b>	
<b>11. Other - specify</b>	
<b>12. Other – specify</b>	

Federal Award Number:  
State:

Reporting Period:

<b>13. TOTAL</b>	<i>[web generated]</i>
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**C. ASSISTIVE TECHNOLOGY DEVICES/SERVICES**

Report (1) the total number of individuals who received one or more AT devices or services as a result of casework during the fiscal year. For item (2), report by type, the total number of AT devices and services received by those individuals reported in item (1).

<b>1. Number of individuals that received one or more AT devices or services as a result of casework (unduplicated count)</b>	
<b>2. Type of AT device or AT service received as a result of casework</b>	<b>Number of devices/services</b>
<b>a. Devices for communication</b>	
<b>b. Devices for mobility</b>	
<b>c. Devices for hearing or seeing</b>	
<b>d. Devices for reading or writing</b>	
<b>e. Devices to assist with household activities</b>	
<b>f. Devices to assist with participation in play or recreation</b>	
<b>g. Devices to assist with personal care</b>	
<b>h. Devices to aid in therapy or medical treatment</b>	
<b>i. Devices to assist with the use of public/private transportation</b>	
<b>j. Devices to assist with employment</b>	
<b>k. Devices to aid with school/learning</b>	
<b>l. AT services</b>	
<b>m. Other - specify</b>	
<b>n. Total number of devices and services received as a result of casework (a-l)</b>	<i>(web generated)</i>

**D. PRIMARY REASON FOR CLOSING A CASE FILE**

Identify the primary reason for closing a case file. Select the best reason if more than one reason applies.

Primary Reason	Number of cases
<b>1. All Issues Resolved in Client's Favor</b>	
<b>2. Some Issues Resolved in Client's Favor</b>	
<b>3. Other Representation Obtained</b>	
<b>4. Individual Withdrew Complaint</b>	
<b>5. Services Not Needed Due to Death, Relocation, etc.</b>	
<b>6. Individual Not Responsive to Agency</b>	
<b>7. Case Lacked Legal Merit</b>	
<b>8. Conflict of Interest</b>	
<b>9. Lack of Resources</b>	
<b>10. Not Within Priorities</b>	
<b>11. Issue Not Resolved in Client's Favor</b>	
<b>12. Other - specify</b>	
<b>13. Total (number must match Part II A4a)</b>	<i>[web generated]</i>

Federal Award Number:  
State:

Reporting Period:

### E. INTERVENTION STRATEGIES FOR CLOSED CASES

Report the highest intervention strategy used for each case closed during the fiscal year, considering the lowest form of intervention to be “Short Term Assistance”, and the highest to be “Class Action Suits.” See instruction manual for an example. *Each closed case should be counted only once -do not include any open cases in this count.* The total reported on line 9 should match the total in II.D.13 above (primary reason for closing a case during the fiscal year).

Interventions	Number of cases
1. Short Term Assistance	
2. Systemic/Policy Activities	
3. Investigation/Monitoring	
4. Negotiation	
5. Mediation/Alternative Dispute Resolution	
6. Administrative Hearing	
7. Legal Remedy/Litigation	
8. Class Action Suits	
9. Total ( <i>this should match the total in Part II.A.4.a above</i> )	[web generated]

Federal Award Number:  
State:

Reporting Period:

### **PART III: STATISTICAL INFORMATION FOR INDIVIDUALS SERVED**

#### **A. AGE OF INDIVIDUALS SERVED**

Report the age of the individuals served during the reporting period (unduplicated count). The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

<b>Age</b>	<b>Number of individuals</b>
0 to 4	
5 to 13	
14 to 18	
19 to 21	
22 to 40	
41 to 64	
65 and over	
Age Unknown	
<b>Total (this should match the total in II.A.3)</b>	

#### **B. GENDER OF INDIVIDUALS SERVED**

Report the gender of the individuals served during the reporting period. The total reported should match the total in II.A.3 above (total number of individuals served during fiscal year).

<b>Gender</b>	<b>Number of individuals</b>
Male	
Female	
<b>Total (this should match the total in II.A.3)</b>	

#### **C. RACE / ETHNICITY OF INDIVIDUALS SERVED**

Report the racial/ethnic backgrounds of individuals served under the PAAT grant during the fiscal year. If an individual reported more than one race, report that individual in the "Two or more races" category rather than each of the categories they selected. See the instruction manual for more details on completing Section C.

<b>Race/Ethnicity</b>	<b>Number of individuals</b>
1. Hispanic/Latino of any race	
<b>For individuals who are non-Hispanic/Latino only:</b>	
2. American Indian or Alaska Native	
3. Asian	
4. Black or African American	
5. Native Hawaiian or other Pacific Islander	
6. White	

Federal Award Number:  
State:

Reporting Period:

7. Two or more races	
8. Race/ethnicity unknown	

#### D. LIVING ARRANGEMENTS OF INDIVIDUALS SERVED

Identify the primary living arrangement of each individual served by the PAAT program during the fiscal year. For individuals who had more than one living arrangement while receiving services, please report the living arrangement when the case was opened (if theirs was a new case; report the arrangement at the beginning of the fiscal year if the case continued from the previous year). The total reported on line 15 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Living Arrangement	Number of individuals
1. Community Residential Home	
2. Foster Care	
3. Homeless/Shelter	
4. Legal Detention/Jail/Prison	
5. Nursing Facility	
6. Parental/Guardian or Other Family Home	
7. Independent	
8. Private Institutional Setting	
9. Public (State Operated) Institutional Setting	
10. Public Housing	
11. VA Hospital	
12. Other – describe the living arrangement	
13. Other – describe the living arrangement	
14. Unknown/Not Provided	
15. Total (this should match the total in II.A.3)	[web generated]

#### E. PRIMARY DISABILITY OF INDIVIDUALS SERVED

Identify the primary disability of each individual served by the PAAT program during the fiscal year. For individuals with multiple disabilities, please select the one disabling condition deemed to be most important in the context of their case. The total reported on line 34 should match the total in II.A.3 above (total number of individuals served during fiscal year).

Primary Disabling Condition	Number of individuals
1. ADD/ADHD	
2. AIDS/HIV Positive	
3. Absence of Extremities	
4. Auto-immune (non-AIDS/HIV)	
5. Autism	
6. Blindness (Both Eyes)	
7. Other Visual Impairments (Not Blind)	
8. Cancer	
9. Cerebral Palsy	

Federal Award Number:  
State:

Reporting Period:

<b>10. Deafness</b>	
<b>11. Hard of Hearing/ Hearing Impaired (Not Deaf)</b>	
<b>12. Deaf-Blind</b>	
<b>13. Diabetes</b>	
<b>14. Digestive Disorders</b>	
<b>15. Epilepsy</b>	
<b>16. Genitourinary Conditions</b>	
<b>17. Heart &amp; Other Circulatory Conditions</b>	
<b>18. Mental Illness</b>	
<b>19. Mental Retardation</b>	
<b>20. Multiple Sclerosis</b>	
<b>21. Muscular Dystrophy</b>	
<b>22. Muscular/Skeletal Impairment</b>	
<b>23. Orthopedic Impairments</b>	
<b>24. Neurological Disorders/Impairment</b>	
<b>25. Respiratory Disorders/Impairment</b>	
<b>26. Skin Conditions</b>	
<b>27. Specific Learning Disabilities (SLD)</b>	
<b>28. Speech Impairments</b>	
<b>29. Spina bifida</b>	
<b>30. Substance Abuse (Alcohol or Drugs)</b>	
<b>31. Tourette Syndrome</b>	
<b>32. Traumatic Brain Injury (TBI)</b>	
<b>33. Other Disability - specify</b>	
<b>34. Total (this should match the total in II.A.3)</b>	<i>[web generated]</i>

**F. GEOGRAPHIC LOCATION OF INDIVIDUALS SERVED**

Report the geographic location of the individuals served by the PAAT program during the fiscal year. The total reported on line 5 should match the total in II.A.3 above (total number of individuals served during fiscal year).

<b>Geographic Location</b>	<b>Number of individuals</b>
<b>1. Urban/Suburban (50k population)</b>	
<b>2. Rural (&lt;50k population)</b>	
<b>3. Other - specify</b>	
<b>4. Unknown</b>	
<b>5. Total (this should match the total in II.A.3)</b>	<i>[web generated]</i>

Federal Award Number:  
State:

Reporting Period:

Federal Award Number:  
State:

Reporting Period:

## PART IV: SYSTEMIC ACTIVITIES AND LITIGATION

### A. NON-LITIGATION SYSTEMIC ACTIVITIES

<b>1. Number of Policies/Practices Changed as a Result of Non-Litigation Systemic Activities</b>	
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*(The number reported will determine the number of text boxes generated by the web system to provide the information in Question 2 below for each policy/practice that was changed.)*

**2. Describe the agency’s systemic activity completed during the fiscal year.**

Include information about (a) the policy or practice that was changed, as a result of your agency’s non-litigation systemic activity, along with a description of the negative impact upon individuals with disabilities, and (b) the manner in which this change benefited individuals with disabilities. If possible, (c) estimate the number of individuals potentially affected by the policy/practice change and (d) the method used to determine this estimate. [If you cannot provide an estimate, enter ‘N/A’.] Include (e) one case example of the agency’s systemic activity related to this policy/practice change.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

<b>3. Number of On-going Non-Litigation Systemic Activities</b>	
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*(The number reported will determine the number of text boxes generated by the web system to provide the information in Question 4 below.)*

**4. Describe the agency’s on-going systemic activities.**

Include information about (a) how these activities may benefit individuals with disabilities. If possible, (b) estimate the number of individuals potentially affected by such activities and (c) the method used to determine this estimate. (d) Describe the potential policy/practice change that may result from this activity.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

### B. LITIGATION/CLASS ACTIONS

Report information on the PAAT-related litigation for your agency.

	Number
<b>1. Total Number of Non-Class Action Lawsuits, resulting in, or with the potential for, systemic change, pending during the fiscal year</b>	
<b>a. Number of Non-Class Action Lawsuits Newly Filed During Fiscal Year</b>	
<b>b. Number of Non-Class Action Lawsuits That were Pending at Start of Fiscal Year (carryover from prior fiscal year)</b>	
<b>c. Number of Non-Class Action Lawsuits Closed During Fiscal Year</b>	

Federal Award Number:  
State:

Reporting Period:

[Entering a non-zero number in IV.B.1 will require an answer to Question 2. Entering zero for this item will cause the system to skip to Question 3.]

**2. Describe the agency's on-going systemic non-class action litigation activities.**

Using a case example that demonstrates the potential impact of the agency's non-class action activities, explain (a) the issue that prompted the litigation, (b) how individuals with disabilities were being negatively affected, and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

[Entering a non-zero number in IV.B.1.c will require an answer to Question 3. Entering zero for this item will cause the system to skip to Question 4.]

**3. Describe the agency's completed systemic non-class action litigation activities.**

Using a case example that demonstrates the potential impact of the agency's completed non-class action activities, explain (a) the issue that prompted the litigation, (b) the manner in which individuals with disabilities were being negatively affected, and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**Report information on the PAAT-related class action lawsuits for your agency.**

<b>4. Total Number of Class Action Lawsuits Filed and/or Pending (during fiscal year)</b>	
<b>a. Number of Class Action Lawsuits Newly Filed During Fiscal Year</b>	
<b>b. Number of Class Action Lawsuits Pending at Start of Fiscal Year (carryover from prior fiscal year)</b>	
<b>c. Number of Class Action Lawsuits Closed During Fiscal Year.</b>	

[Entering a non-zero number in IV.B.4 will require an answer to Question 5. Entering zero for this item will cause the system to skip to Question 6.]

**5. Describe the agency's on-going systemic class action litigation activities.**

Using a case example that demonstrates the potential impact of the agency's class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the potential benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

Federal Award Number:  
State:

Reporting Period:

*[Entering a non-zero number in IV.B.4.c will require an answer to Question 6. Entering zero for this item will cause the system to skip to Section C.]*

**6. Describe the agency’s completed systemic class action activities.**

Using a case example that demonstrates the impact of the agency’s class action activities, explain (a) the issue that prompted the litigation, (b) the negative impact upon individuals with disabilities and (c) the benefit to individuals with disabilities. If possible, (d) estimate the number of individuals potentially affected by changes resulting from the litigation and (e) the method used to determine this estimate.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**C. LITIGATION-RELATED MONITORING**

Did the agency conduct any litigation-related monitoring under the PAAT program during the fiscal year?

Yes \_\_\_ No \_\_\_ [IF NO, web system will take user to Part V]

[IF YES]

Describe any monitoring conducted by the agency related to court orders or case settlements by (1) providing the major areas of monitoring and (2) the groups likely to be affected. (3) Address the major outcomes of the litigation-related monitoring during the fiscal year. Include (4) at least one case example that demonstrates the impact of the agency’s litigation-related monitoring.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Federal Award Number:  
State:

Reporting Period:

## **PART V: PRIORITIES**

### **A. PRIORITIES**

**For each of your PAAT program priorities for the fiscal year covered by this report, please provide the information below. You may enter data on as many priorities as you need. See the instruction manual for more details.**

**1. Describe the Priority**

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**2. Describe the Need, Issue, or Barrier Addressed**

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**3. Indicate the Outcome of the priority: check one**

Met \_\_\_\_\_

Partially Met/Continuing \_\_\_\_\_

Not Met \_\_\_\_\_

**(a) Describe any external or internal implementation problems for outcomes marked “not met” or “partially met.”** [Web system will automatically generate this question if ‘not met’ or ‘partially met’ is checked.]

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**4. Total Number of Cases Handled Related to the Priority (enter zero if needed) \_\_\_\_\_**

**5. Illustrative Cases/Activities (at least one specific case/activity description showing the success)**

*[Grantees will get item 5 if their response to item 4 is outcome met or continuing]*

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*[Web system will have navigation buttons to allow grantees to ‘Enter another priority’, ‘Delete this priority’, or ‘Continue to the next section’]*

Federal Award Number:  
State:

Reporting Period:

## **B. PRIORITIES for the CURRENT FISCAL YEAR**

**Report your program priorities for the current fiscal year (the fiscal year succeeding that covered by this report). You may enter data on as many priorities as you need. See the instruction manual for more details. The priorities you enter in this section will be pre-loaded into your annual performance report form for the coming fiscal year (section A above).**

**1. Describe the Priority**

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**2. Describe the Need, Issue, or Barrier to be Addressed**

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*[Web system will have navigation buttons to allow grantees to 'Enter another priority', 'Delete this priority', or 'Continue to the next section']*

## **C. AGENCY ACCOMPLISHMENTS**

**Describe the most significant accomplishments of the agency during the fiscal year.**

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Federal Award Number:  
State:

Reporting Period:

## PART VI: AGENCY ADMINISTRATION

### A. AGENCY FUNDING

Enter the sources of funds your agency received and used to carry out PAAT program activities. Round to the nearest dollar, do not include cents. Do not include in-kind contributions in the “Other” categories. Refer to instruction manual for types of funds to report in “Other.”

PAAT funding sources	Amount Received
1. Federal P&A (AT Act funds):	\$
2. Program income	\$
3. Other -specify	\$
4. Other – specify	\$
5. Other- specify	\$
6. Total:	\$ [web generated]

### B. DESCRIPTION OF PAAT PROGRAM STAFF

1. Provide a brief description of the agency’s staffing plan for carrying out PAAT activities.

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#### 2. PAAT Staff

Report on the number of persons and the number of full time equivalent (FTE) staff performing PAAT activities. As applicable, include (a) staff supported in full or in part by PAAT grant funds during the current reporting year, (b) subcontractor staff supported by PAAT funds and (c) P&A management staff to the extent that their duties included oversight of the PAAT program (and salaries were paid out of PAAT funds). **Do not** include P&A staff who did not work on PAAT cases during the fiscal year. Report actual, not budgeted, FTE totals. See the instruction manual for an example and further details on the type of staff to include in each position.

Type of Position	Number of persons	Number of FTEs
<b>Professional</b>		
Full-time		
Part-Time		
<b>Administrative</b>		
Full-time		
Part-time		
<b>Totals</b>		

Federal Award Number:  
State:

Reporting Period:

### C. CONSUMER INVOLVEMENT

1. Briefly describe any consumer-responsive activities not reported elsewhere in this report (e.g., PAAT Advisory Board, forums to obtain input into planning and priorities). If 'not applicable,' enter 'N/A.'

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#### 2. Consumer Involvement in P&A Agency Staff and Board

Person with a disability	Number
Agency staff	
Agency board	
Family members of a person with a disability	
Agency staff	
Agency board	
<b>Total number of persons on agency staff</b>	
<b>Total number of persons on agency board</b>	

### D. GRIEVANCES FILED

Number of PAAT grievances filed against the agency during the fiscal year	
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### E. COLLABORATIVE EFFORTS

#### 1. Collaboration with Other P&A Programs and Activities

Briefly describe your work on AT issues funded by other P&A programs (do not include activities carried out with PAAT funds).

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#### 2. All Other Collaboration

Describe any coordination with programs that are not part of the agency (e.g. state Tech Act projects, state long-term care programs, etc.).

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