**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNCIL ON DEVELOPMENTAL DISABILITIES**

**Initiative Annual Progress Report**

October 1, 20XX through September 30, 20XX

|  |  |  |  |
| --- | --- | --- | --- |
| Initiative |  | Contact Person |  |
| Name of Initiative |  | Phone and e-mail |  |

Please answer the following questions regarding your initiative activities between October 1, 20XX and September 30, 20XX. Your narrative should include stories or examples to the performance measure numbers you have submitted throughout the year.

### Provide a brief summary of your activities for the past fiscal year. Include accomplishments, challenges and modifications to program design that were implemented during the year.

ENTER NARRATIVE HERE

### Describe any unexpected events and/or breakthrough opportunities you encountered this year.

ENTER NARRATIVE HERE

### Describe successes or challenges with the collaborators listed in your initial application. Also, include any unanticipated opportunities for collaboration and outcomes that occurred during the year.

ENTER NARRATIVE HERE

### What is the geographic area covered by your initiative. (List counties or indicate state-wide coverage.)

ENTER NARRATIVE HERE