# DISABILITY EMPLOYMENT INITIATIVE (DEI)

Quarterly Narrative Report

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| Grantee Name: |
| Address: |
| City/State/Zip: |
| Grant Number : |
| Date Report Submitted:  |
| Report Period:  |

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| Summary of Grant Progress:Describe the status of your state’s implementation of the grant against the DEI workplan. Include major activities that address grant requirements (e.g., Integrated Resource Teams, Asset Development, Customized Employment, Self-Employment, Blending and Braiding Resources, or Guideposts to Success, as applicable). If grantees have nothing to report, that should be specified. |
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| Development and Implementation of Effective Practices and Program Model **Strategies:** Identify any innovative strategies the state has undertaken or implemented to achieve DEI objectives. If grantees have nothing to report, that should be specified. |
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| Key Issues and Technical Assistance Needs:Identify any specific barriers, lessons learned, or opportunities during implementation of DEI strategies in your state. If grantees have nothing to report, that should be specified. |
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| Significant Activities, Accomplishments, and Success Stories: Describe significant activities, accomplishments, and/ or success stories on the implementation of the Career Pathway elements or how different systems are working together to benefit the customer. If grantees have nothing to report, that should be specified. |
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| Short-term Grant Goals (three - six months**):** Describe plans and activities covering the next three to six months that address the workplan and objectives of the grant. |
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