

**One Time Funding Spreadsheet Reporting Instructions
Developmental Disabilities Services Division
FY 2024**

All agencies must use the One Time Funding spreadsheets provided by DDS for submission of the One Time Funding quarterly data. Please use the same form to report each quarter so the final submission has all four quarters, plus a Carryover submission if needed, on one spreadsheet. Do not merge any of the cells or change the form in any way. Note the “Instructions” tab in the spreadsheet provides an abridged version of these instructions.

All data requested on the spreadsheet must be completed for each person receiving One Time Funding. For each submission, enter the name of the Agency and the reporting Quarter at the top of the sheet. **Enter data for all four quarters, plus Carryover, onto this one spreadsheet.** Submit a spreadsheet each quarter even if there are no changes to the spreadsheet from the previous quarter. **Reports should be downloaded to the “DS Waiver” folder in the GlobalSCAPE secure FTP site. Please notify Joanne Herring when a report has been downloaded** (joanne.herring@vermont.gov or 802-241-0370).

If you have Carryover, please submit that final spreadsheet no later than August 31, 2024.

Agency: Enter the acronym of your agency.

Quarter: Enter the fiscal year Quarter of the report submission (1st, 2nd, 3rd, 4th, Carryover).

Demographic (columns A-D): Identifying information includes Last Name, First Name, Social Security Number (SSN) and Date of Birth (DOB). Demographic information must be filled out for each person receiving One Time Funding. For funding allocations that do not go to a specific person, put a brief description of the purpose in column A.

Category of Service or Goods (column E): Enter the number of the **one** most relevant category as reported by the person’s Services Coordinator. [See State System of Care Plan for detailed descriptions]

1. Flexible Family Funding [not required to report “Actual Outcomes” for FFF]
2. Personal Health/Safety or Public Safety
3. Short-term Supports to Resolve/Prevent a Crisis
4. Assistive Technology/Adaptive Equipment/Home Modification
5. Proactive Supports that are Short-term
6. Transitional Supports to Become More Independent
7. Small Grants to Promote Principles of Service
8. Attend Training/Conference

Anticipated Outcome (column F): Enter the number of the one most relevant anticipated outcome as reported by the person’s Services Coordinator.

1. Address health and safety
2. Improve quality of life (accessibility/accommodations)
3. Avert crisis placement/institutionalization
4. Increase communication
5. Increase independent living skills
6. Increase self-advocacy skills
7. Maintain housing stability

Actual Outcomes (column G - O): Enter “1” in the box of all the outcomes that were actually met as reported by the person or the person’s representative. Enter “1” in box 9 only if it has been determined that no outcomes were met, or if the Category of Service/Goods was “Flexible Family Funding”.

1. Addressed health and safety
2. Improved quality of life (accessibility/accommodations)
3. Averted crisis placement/institutionalization
4. Increased communication
5. Increased independent living skills
6. Increased self-advocacy skills
7. Maintained housing stability
8. Other (type specific outcome into cell)
9. No outcomes met

Mark box when Outcome is “To be Determined” (column P): Enter "1" in the box if it is too soon to determine if an “Actual Outcome” was met. Remove the “1” once an Outcome is identified or if it is determined that no outcomes were met.

Total Amount of One Time Funding Payment (column Q): Enter the amount of One Time Funding provided.