

STATE OF OKLAHOMA  
 DEPARTMENT OF HUMAN SERVICES  
 DEVELOPMENTAL DISABILITIES COUNCIL  
**QUARTERLY PROGRESS REPORT**

**SECTION 1. RECIPIENT INFORMATION**

Recipient organization	
Contact person	Oklahoma Developmental Disabilities Council (ODDC) liaison
Reporting period	Date of report

**SECTION 2. PROGRAM INFORMATION**

Project objectives	Accomplishments during reporting period

Please indicate any factors contributing to or preventing the success of the project. If there are no unexpected changes, please indicate none.

1. What internal or external factors have contributed to the success of the project?
  
2. What internal or external factors have impeded the success of the project?
  
3. If this is a project that plans to continue beyond the ODDC funding period, what efforts have been made during this reporting period to secure additional funding?
  
4. Have you received any additional funds for this project since that last reporting period? If so, please list the sources and amounts.