

**Quarterly Progress Report**

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| **Grant Number** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |
| **Grant Title** | Click or tap here to enter text. | **Project Director** | Click or tap here to enter text. |
| **Grantee** | Click or tap here to enter text. | **Phone Number** | Click or tap here to enter text. |
| **RFP Objective** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |

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| **Certification** |
| As an authorized individual for the grant, I certify the information contained in the report and the attachments (if applicable) are accurate, and to the best of my knowledge, program expenditure and activities are in compliance with the approved grant and federal/state regulations. |
| P28C4T2#yIS1 |  | Click or tap here to enter text. |
| *Signature of Project Director* |  | *Date* |

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| **Number of Project Participants*****Report the number of new participants taking part in activities during this quarter only. Refer to RFP Objective when reporting performance measure numbers.*** |
| Number of **people with intellectual and developmental disabilities** who participated in grant activities. | Click or tap here to enter text. |
| Number of **family members of people with intellectual and developmental disabilities**who participated in grant activities. | Click or tap here to enter text. |
| Number of **additional people trained or educated** as part of grant activities. | Click or tap here to enter text. |
| *Include people who participated in organized activities designed to increase knowledge who are not yet counted.* |
| Briefly describe who participated in trainings or educational activities *(eg: special ed. teachers, nursing students, law enforcement professionals, direct service professionals, etc)*: |
| Click or tap here to enter text. |  |  |
| Which survey data are attached to this report?*Program participants are to be surveyed on satisfaction and outcomes at least once during**the program year\*.* | [ ]  | Satisfaction |
| [ ]  | Outcome |
|  | Yes | [ ]  |
| New and/or updated programming materials are attached to this report. |  |
|  | No | [ ]  |
| Briefly describe attached programming materials *(eg: training powerpoint presentation, assessments, student workbook, meeting minutes, MOU, etc.)*: |
| Click or tap here to enter text. |  |  |

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| **Financial Information** |
| **Have any additional dollars been leveraged as a result of activities within this grant?** [ ]  **Yes** [ ]  **No****If yes, please provide details below including the amounts and source**Click or tap here to enter text. |
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| **Grant Activities** |
| **Have there been changes to the evidence base for primary grant activities during the quarter?** Yes [ ]  No [ ]  |
| Activities are based on **best practices**. | Yes | [ ]  | Activities are based on **promising practices**. | Yes | [ ]  |
| No | [ ]  | No | [ ]  |
| If yes, how many: | Click or tap here to enter text. | If yes, how many: | Click or tap here to enter text. |
| **Briefly describe the evidence base:** |  | **Briefly describe promising practices:** |  |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Grant Activities Narrative** |
| **Based on the evidence base and promising practices described, reflect on what you expected to do this quarter and what actually happened.** |
| **Grant Activity Expectations** | **Grant Activity Experience** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| **Quarterly Narrative** |
| **Based on the evidence base, expectations, and activities experienced, briefly describe challenges overcome, lessons learned, new collaborative connections, and unexpected outcomes*.*** |
| Click or tap here to enter text. |

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| **Success Stories** |
| **Please share success stories about how grant activities made an impact on the people served.****(NOTE: Please submit photos related to success stories if available.)** |
| Click or tap here to enter text. |
| **Key results or implications of success: Describe your most important results either at the participant, program, community, or environmental level.** |
|   |
| **Program impact: Since the program was implemented, how is life different for program recipients? (Changes in organizations and behavior; increased access to proven prevention practices or new products, etc.) What is the estimated number of people who have benefited from the program? Were there any unintended results that surprised you?** |
| Click or tap here to enter text. |

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| **Grant Objectives** |
| Refer to the objectives included in the grant application and briefly describe progress made. |
| **Objective** | **Progress Made this Quarter** | **Complete** |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  |
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| **Partners and Systems Change** |
| List state agency, nonprofit, non-governmental, private, and other project collaborators. |
| Click or tap here to enter text. |
| Have grant activities led to a **change in policy or procedure** among partner organizations or other organizations? | Yes | [ ]  |
| No | [ ]  |
| *If yes, briefly describe:* | Click or tap here to enter text. |
| Click or tap here to enter text. |  |
|  | Yes | [ ]  |
| Have grant activities led to a **change in law or regulation**? |  |  |
|  | No | [ ]  |
| *If yes, briefly describe:* | Click or tap here to enter text. |
| Click or tap here to enter text. |  |

\*Please refer to QPR instructions for detailed instructions regarding surveying requirements.