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| **Grant Information** |
| **Grant Number** | Click here to enter text. | **Reporting Period** | Click here to enter text. |
| **Grant Title** | Click here to enter text. | **Project Director**  | Click here to enter text. |
| **Grantee** | Click here to enter text. | **Phone Number** | Click here to enter text. |
|  |  | **Email** | Click 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. |
|  |  |  |  | Click here to enter a date. |  |
| *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 developmental disabilities** who participated in grant activities. |

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| Enter number. |

 |
| Number of **family members of people with developmental disabilities** whoparticipated in grant activities. |

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| Enter number. |

 |
| Number of **additional people with disabilities or other people trained or educated** as part of grant activities. |

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| Enter number. |

 |
| *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 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 |
| New and/or updated programming materials are attached to this report. | Yes |[ ]
|  | No |[ ]
|  Briefly describe attached programming materials *(eg: training powerpoint presentation, assessments, student workbook, meeting minutes, MOU, etc.)*: |
|  | Click here to enter text. |
| **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: |

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| Enter number. |

 | If yes, how many: |

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| Enter number. |

 |
| Briefly describe the evidence base: | Briefly describe promising practices: |
| Click here to enter text. | Click 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 here to enter text. | Click here to enter text. |

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| **Quarterly Narrative**  |
| Based on the evidence base, expectations, and activities experienced, briefly describe success stories, challenges overcome, lessons learned, new collaborative connections, and unexpected outcomes*.* |
| Click 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 here to enter text. | Click here to enter text. |[ ]
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| Click here to enter text. | Click here to enter text. |[ ]
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| Click here to enter text. | Click here to enter text. |[ ]
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| **Partners and Systems Change** |
| List state agency, nonprofit, non-governmental, private, and other project collaborators. |
| Click 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:* |

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| Enter number. |

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|  | Click here to enter text. |
|  |  |
| Have grant activities led to a **change in law or regulation**?  | Yes |[ ]
|  | No |[ ]
|  | *If yes, briefly describe:* |

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| Enter number. |

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|  | Click here to enter text. |
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| \**Please refer to QPR instructions for detailed instructions regarding surveying requirements.* |