##

## Instructions for Completing Quarterly Report

The quarterly report is the primary source of information on the progress of the grant. It is important to document project activities and progress on workplan deliverables, as well as to submit accurate data that reflects spending, participation, satisfaction, best practices, and lessons learned.

Grantees are expected to submit timely quarterly reports throughout the contract period. The report should be submitted no later than 30 days after the end of each quarter. Please submit this report with the invoice.

If you have questions about completing this report, please contact BPDD staff.

## Quarterly Report Checklist:

|  |
| --- |
| **Quarterly Reporting Schedule** Below is the Quarterly Reporting Schedule for this year. Please check the relevant quarter. |
| **Quarter #** | **Reporting Period** | **Quarterly Report Due Date** |
| **1**  [ ]  | 10/01/2018-12/31/2018 | **January 31, 2019** |
| **2**  [ ]  | 01/01/2019-03/31/2019 | **April 30, 2019** |
| **3**  [ ]  | 04/01/2019-06/30/2019 | **July 31, 2019** |
| **4**  [ ]  | 07/01/2019-09/30/2019 | **October 31, 2019** |

[ ]  Additional Documents (Program Flyers, Pictures, Grant-Related Documents)
[ ]  Invoice with receipts and other supporting documentation

|  |
| --- |
| Grantee Program Information (to be completed by BPDD staff) |
| **Project Title**:  | **Grantee Name and Address:** |
| **BPDD State Plan Goal(s):**   | **BPDD State Plan Objective(s):**   |

**Quarterly Report**

To be reimbursed for project activities, each grantee is required to submit a program report that outlines progress toward meeting the workplan deliverables as outlined in the contract. The following questions relate to the activities that occurred during this quarter. Please include specific data, numbers, dates, and organization names, as appropriate.

1. **Summary of Activities and Outcomes**
2. Please detail any major accomplishments, activities or outcomes that you would like to highlight from work this quarter.

Click or tap here to enter text.

**B. People Being Served by or Participating in Grant Activities**

**Each of the questions below relate to people being served by the grant or participating in grant activities during this quarter.**

1. How many people participated in or were served by grant activities during this quarter? How many were trained? Do not include participants reported for the same/similar activities in prior quarters. (Training is an organized activity to give information to improve performance or help gain knowledge about something. This does not include marketing, tabling, or public education.)

|  |  |  |
| --- | --- | --- |
|  | Participated | Trained |
| People with Intellectual and/or Developmental Disabilities (ID/DD) | Click or tap here to enter text. | Click or tap here to enter text. |
| Family members of people with ID/DD | Click or tap here to enter text. | Click or tap here to enter text. |
| Others (people other than individuals with ID/DD or family members) | Click or tap here to enter text. | Click or tap here to enter text. |

Please provide a detailed description of the activities and training they participated in.

Click or tap here to enter text.

1. Please provide demographic information for grant participants below.

(All data should come directly from participants/be self-reported, and grantees should have documentation to support data being reported. \*Rural refers to locations with a population of less than 2,500 people.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Race** | # Individuals with ID/DD identifying as: | # Family Members identifying as: | # of Others identifying as: |
| White |  |  |  |
| Black or African American |  |  |  |
| American Indian and Alaska Native |  |  |  |
| Hispanic/Latino |  |  |  |
| Asian |  |  |  |
| Native Hawaiian/ Pacific Islander |  |  |  |
| Two or more Races |  |  |  |
| Race Unknown |  |  |  |
| **Gender** | # Individuals with ID/DD identifying as: | # Family Members identifying as: | # of Others identifying as: |
| Female |  |  |  |
| Male |  |  |  |
| Other |  |  |  |
| **Geographic Location** | # Individuals with ID/DD living in: | # Family Members living in: | # of Others living in: |
| Rural\* |  |  |  |
| Urban/Suburban |  |  |  |

1. Please provide satisfaction and outcomes data for those participating in grant activities in the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Outcomes** | # Individuals with ID/DD self-reporting: | # of Family Members self-reporting: | # of Others self-reporting: |
| They have increased their advocacy |  |  |  |
| They are better able to say what they want  |  |  |  |
| Participating in advocacy activities now because of participation  |  |  |  |
| Serving in leadership or advocacy positions (ex. coalitions, policy boards, advisory boards.) |  |  |  |
| Are/were satisfied with grant participation |  |  |  |

1. Please provide a brief description of how the data in the preceding chart was collected (For example: “Data collected via survey at regional events”).

Click or tap here to enter text.

1. Describe any feedback received from participants during this quarter and how this has/will affect future project activities.

Click or tap here to enter text.

1. Please share participant stories that highlight positive outcomes of an individual’s participation in grant activities.

Click or tap here to enter text.

**C. Systems Change Efforts by Grantee**

**The following questions ask about grant systems change efforts during the reporting period.**

**Systems change activities can include the creation of, improvements to, or implementation of any of the following:**

* **Organizational internal policies, services, or business actions.**
* **Local/state level public policies.**
* **New or innovative approaches, practices, trainings, or models.**
* **Regulations or statutes (i.e. laws/legislation)**
1. Please provide an overview of any systems change activities that have occurred during this reporting period based on activities of the grant.

Click or tap here to enter text.

1. Please describe any activities you have worked on in collaboration with other organizations to support the grant during this quarter, and provide information on who you collaborated with.

Click or tap here to enter text.

1. What community outreach have you engaged in this quarter to promote or support grant activities?

Click or tap here to enter text.

1. Please report any progress you have made towards cultural competency efforts in this quarter. (For example: staff training, outreach to diverse communities, translation of documents.)

Click or tap here to enter text.

**D. Additional Information**

**The following questions seek to obtain additional information about quarterly activities, including challenges faced, unmet needs, dollars leveraged and sustainability efforts.**

1. During this quarter, what new, emerging or unmet needs were identified? How have these been addressed and/or what assistance is needed to help address them?

Click or tap here to enter text.

1. Is there anything you would like us to help you with? [ ]  Yes [ ] No

If yes, please provide a description of how we can support you.

Click or tap here to enter text.

1. Did you leverage any dollars (receive additional money or in-kind support from outside parties) to help implement the grant during this quarter? If so, please provide the amount and a brief description. (For example, did an organization donate space for grant use, cover costs of food for an event, or print materials at a reduced rate?)

Dollars Leveraged: $ Click or tap here to enter text.

Description:

Click or tap here to enter text.

1. What efforts have you made this quarter towards project sustainability? (Efforts could include finding additional funding, embedding activities into standing programs, scaling the program to other sites, building key relationships, etc.)

Click or tap here to enter text.

1. Please list the activities you expect to conduct in the next quarter. Please note any upcoming events that you would like BPDD staff or its consultants to help promote or consider attending.

Click or tap here to enter text.

1. Please submit project materials. Examples include: pictures, photo releases, grant products, publications, marketing materials. Briefly describe the attached materials below and note any that you would like the BPDD to help disseminate.

**E. Technical Assistance (For grants that provide TA ONLY)**

Click or tap here to enter text.

1. Please provide an update on your technical assistance with sub-grantees or pilot sites for this quarter, if not already reported above. (Update could include improvements or changes made to activities, successes, barriers, additional needs, etc.)

Click or tap here to enter text.

**F. Grant Year in Review (Qtr. 4 Report ONLY)**

**For the fourth quarter of each grant year, please include responses to the additional questions below.**

1. Please describe any barriers and challenges you have encountered over the year. What has helped with addressing the barriers and challenges? What will be done differently going forward? What lessons have been learned?

Click or tap here to enter text.

1. Describe any recommendations for improving this project moving forward.

Click or tap here to enter text.

1. Please describe any plans for the continuation of grant activities beyond BPDD funding.

Click or tap here to enter text.