QPR

*\*\*Please note that this document is a worksheet to help plan your QPR responses as an individual or team. It is a supporting document for your own use, but it is not a required document. In addition,* ***completing this Word document does not meet your QPR reporting requirement****. The QPR must be completed online by logging on to the Qualtrics portal using your unique grantee login information, provided by CEPEG, prior to July 15th, 2019.*

TimePeriod The purpose of the Quarterly Progress Report (QPR) is to document A35 Tobacco Grantees' program accomplishments and progress during FY2019 Quarter 4 (April 1 - June 30).

If you have any technical or content questions, please contact EvaluationTA@ucdenver.edu for support.
   Thank you for your hard work and for filling out the QPR!

**Grantee Information:**
Please update as needed

* Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Person Completing QPR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your program serve specific counties or the state of Colorado?

* Specific Counties
* Colorado

Which county or counties did your program directly serve in FY19 Q4? (Select all that apply.)

[Counties will be listed

This section focuses on your progress in Foundational Activities and Strategies. You will have the opportunity to provide progress updates on all your FA and Strategy efforts, or settings in which you are working, if you are working in more than one this quarter.  **Please choose the first FA or Strategy you would like to report on from the drop down list.**

* FA 1 Community Education
* FA 2 Cessation Promotion and Referral
* FA 3 HKCS Participation/Support
* FA 4 Community Engagement and Building Partnerships
* Strategy 1.1 School-based Tobacco-Free Policies and Norms to Reduce Initiation and Intensity of Smoking Among Youth
* Strategy 1.2 Community Mobilization with Additional Interventions to Restrict Minors’ Access to Tobacco Products
* Strategy 2.1 Community Level Protections from Secondhand Smoke
* Strategy 2.2 Place Based Tobacco Free Policies
* Strategy 3.1 Promote Integration of Tobacco Interventions within the Health Neighborhood
* Strategy 4.1 Community Mobilization with Education on Price Strategies

**Please define your setting.**
“Settings” refers to where the work occurs (e.g., a city, school district, multi-unit housing property)
*(You will have the opportunity to indicate if you are working in more than one setting.)*

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*The following questions refer to this foundational activity or strategy in this setting.*

**Progress Summary:** Please describe your overall progress in the FY19 Q4 including organizational, environmental and project-related barriers, challenges, and facilitators (e.g., staff turnover). Please do NOT include activity-specific challenges and facilitators here.
[Maximum of 1000 characters]

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Thinking about this foundational activity or strategy and this setting you're working in, this table asks about your objectives, challenges, facilitators, and TA needs.

The first four progress steps typically apply to foundational activities; all nine steps should apply to strategy work.

You are not expected to be working on all progress steps each quarter and the process may not be linear.

Please fill out the table for the duration of the grant. If you did not start a progress step yet, describe your objective and indicate a current status of 0.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Progress Step | **Please briefly describe how you will know that you have completed this progress step.** [Objectives are specific, measurable, and have a defined completion date.] Please briefly describe your overall project objective for each progress step in this setting | **Current Status** With your final objective for this step in mind, please select the status measure that reflects your progress on each step for FY19Q4. *0 = Haven’t Started**1 = Just Started**2 = Small Progress**3 = Half-way Completed**4 = Substantial Progress**5 = Almost Completed**6 = Completed* | **Challenges**What challenges did you have related to this progress step? Please describe in 1-2 sentences | **Facilitators** What factors helped your progress in FY19 Q4 or helped you resolve challenges? Please describe in 1-2 sentences | Do you need TA with this progress step?*Yes**No* |
| 1: Identify and engage strategic partners |  |  |  |  |  |
| 2: Investigate and analyze current situation and potential intervention/program/policy solution |  |  |  |  |  |
| 3: Provide assistance, education and other resources to community/ strategic partners |  |  |  |  |  |
| 4: Mobilize community and supporters |  |  |  |  |  |
| 5: Assess and cultivate decision maker support |  |  |  |  |  |
| 6: Review, revise, propose intervention/ program/ policy |  |  |  |  |  |
| 7: Prepare for implementation and enforcement |  |  |  |  |  |
| 8: Implement/ assist with implementation of intervention/program/policy |  |  |  |  |  |
| 9:Monitor intervention/ program/policy adherence/ enforcement/ outcomes |  |  |  |  |  |

Did you deliver or implement any content, program or service related to this foundational activity or strategy (e.g., training, education, counseling) in FY19 Q4?

* Yes
* No -> If no, you will skip reach and implementation questions

**Reach and Implementation Table:**
Thinking about this foundational activity or strategy and this setting, please fill out the reach and implementation table below for the foundational activity or strategy and setting you indicated. You may not need all of the rows and you may not have one for each step.
The FA & S Progress Steps are listed below as a reference to help you complete this table.
1: Identify and engage strategic partners
2: Investigate and analyze current situation and potential intervention/program/policy solution
3: Provide assistance, education and other resources to community/strategic partners
4: Mobilize community of interest and supporter

5: Assess and cultivate decision maker support
6: Review, revise, propose intervention/program/policy

7: Prepare for implementation and enforcement 8: Implement/assist with implementation of intervention/program/policy
9: Monitor intervention/program/policy adherence/enforcement/outcomes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Progress Step** Please select the progress step that the content/program/service corresponds to. *1-9* | **Implementation** Please briefly describe what, where, how, how many times and to whom you delivered or implemented any content/program/service in FY19 Q4 (e.g., training, education, counseling). | **Price Education** Did you include any price education?*Yes**No* | **Reach** How many people total participated in and/or received this content/ program/service in FY19 Q4? Enter number |
| Content, program, or service #1 |  |  |  |  |
| Content, program, or service #2 |  |  |  |  |
| Content, program, or service #3 |  |  |  |  |
| Content, program, or service #4 |  |  |  |  |
| Content, program, or service #5 |  |  |  |  |
| Content, program, or service #6 |  |  |  |  |
| Content, program, or service #7 |  |  |  |  |
| Content, program, or service #8 |  |  |  |  |
| Content, program, or service #9 |  |  |  |  |
| Content, program, or service #10 |  |  |  |  |

Are you evaluating this foundational activity or strategy?
*Please note: if your funding amount is $50,000 and below, you are not expected to conduct an evaluation.*

* Yes
* No -> If no, you will skip evaluation questions

What are your evaluation questions (questions which you want/need to be answered by this evaluation)?
[Maximum of 700 characters]

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Please briefly describe your evaluation design (using bullets, describe information needed to answer evaluation questions, data collection method(s), analysis plan, and dissemination plan).
[Maximum of 1200 characters]

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**Evaluation Progress Summary:**
Please describe your overall evaluation progress in FY19 Q4 including organizational, environmental and evaluation-related barriers, challenges (e.g., staff turn-over), and facilitators (e.g., new community partnerships). Activity-specific challenges and facilitators should be listed in the appropriate column in the following table.
[Maximum of 1000 characters]

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**Evaluation Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Status** Progress status for FY19 Q4*0 = Haven’t Started**1 = Just Started**2 = Small Progress**3 = Half-way Completed**4 = Substantial Progress**5 = Almost Completed**6 = Completed* | **Challenges** What step-specific challenges did you have in FY19 Q4? Please describe in 1-2 sentences | **Facilitators** What factors helped your progress in FY19 Q4 or helped you resolve challenges? Please describe in 1-2 sentences | Do you need TA with this activity? *Yes**No* |
| Identify critical data elements to answer evaluation questions |  |  |  |  |
| Determine appropriate data collection methods to answer evaluation question |  |  |  |  |
| Identify/develop data collection instruments |  |  |  |  |
| Implement data collection |  |  |  |  |
| Develop analytic plan |  |  |  |  |
| Analyze data |  |  |  |  |
| Develop data dissemination plan for evaluation results |  |  |  |  |
| Implement results for program improvement |  |  |  |  |

Are you working on or planning to work on this foundational activity or strategy in an additional setting, or another foundational activity or strategy this grant cycle?

* Yes
* No

**If you answer yes and have more to report, you can copy/paste the content from pages 2-8 as many times as you need to.**

Are you aware of any (or another) tobacco-related policies that were passed in your jurisdiction during FY19 Q4? If multiple policies have passed in your jurisdiction, you will have the opportunity to report on them one at a time.

* Yes
* No -> If no, you will skip policy questions

*Please only report on one policy at a time.*
What is the name of the policy?

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What is the primary focus of the policy? (Please select one.)

* Health systems change
* School-based policy
* Retail policy
* T21 or other age-related policy
* Multi-unit housing
* Place-based policy
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of the multi-unit housing property?

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What is the address of the multi-unit housing property?

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How many units are in the multi-unit housing property?

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How many people are in the multi-unit housing property?

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On what date was the policy passed?
(mm/dd/yyyy)

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Which geographic area (jurisdiction) will be affected by this policy?

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What is the total number of people who will be affected by this policy?

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Are you aware of any (or another) tobacco-related policies that were passed in your jurisdiction during FY19 Q4? If multiple policies have passed in your jurisdiction, you will have the opportunity to report on them one at a time.

* Yes
* No

**If you answer yes and have more to report, you can copy/paste the content from pages 9-10 as many times as you need to.**

PolicyReminder **Reminder: After completing this QPR, please email the language of the ordinance to your STEPP Point-of-Contact (POC).**

Have you implemented a media campaign and/or developed media strategies to as part of your project implementation plan?

* Yes
* No -> If no, you will skip media questions

What is the total number of media impressions across all media types **this year**?
*Please note: Starting in FY20 you will be asked to report on media impressions in each quarter.*

A media impression is any interaction between the target audience and a piece of content (e.g., the estimated number of people who drive by your billboard or number of flyers you distributed). Your media representative should be able to provide you with an estimate for some types of media.
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MediaType For this grant, which media types have been placed this year? (Select all that apply.)

* Media Paid (e.g., purchased airtime or advertising, direct to consumer)
* Media Earned (e.g., newspaper article)
* Media Fact Sheet (distributed fact sheets)
* Media Social (e.g., social media accounts or posts that you did not purchase)
* Media Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Success Story**
Do you have a success story you would like to share? Write your project's success or human-interest story, or provide an example of how your work has made a positive difference in tobacco control and/or prevention.
[Maximum of 1500 characters]

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If you have supporting materials for your success story (i.e., newspaper article, photo, presentation), please upload it here.
*All file formats accepted, select 1 or more files in the window that opens.*

**Annual Report**

 **Thinking about your work over the entire fiscal year (July 1, 2018 - June 30, 2019), please describe your three biggest accomplishments...**

Key Accomplishment #1 [Maximum of 700 characters]

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Key Accomplishment #2 [Maximum of 700 characters]

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Key Accomplishment #3 [Maximum of 700 characters]

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**Thinking about your work over the entire fiscal year (July 1, 2018 - June 30, 2019), please describe your three biggest challenges...**

Challenge #1 / Solution #1 [Maximum of 700 characters]

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AnnualChallenges\_2 Challenge #2/ Solution #2 [Maximum of 700 characters]

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AnnualChallenges\_3 Challenge #3/ Solution #3 [Maximum of 700 characters]

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