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 the reporting deadline.*

TimePeriod The purpose of the Quarterly Progress Report (QPR) is to document A35 Tobacco Grantees' program accomplishments and progress during the previous quarter – referred to as ‘this quarter’ in reporting form.  
  
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 this quarter? (Select all that apply.)

[Counties will be listed]

**Progress Summary:** Please describe your overall progress this quarter including organizational, environmental and project-related barriers, challenges, and facilitators (such as staff turnover). Please do NOT include activity-specific challenges and facilitators here.    
[Maximum of 1000 characters]

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**Activity Table:**   
Please complete the following questions related to your scope of work primary activities and overall progress in the previous quarter. You are not expected to be working in all primary activities in all quarters and the may not be linear. If you have not worked on a particular activity this quarter, please report the same status as last quarter. If you implemented more than one content, program, or service for an activity, you will have an opportunity to report on them after this table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Prefilled from SOW | **Current Status** What is the status of this activity for this quarter?  *0 = Haven’t Started*  *1 = Just Started*  *2 = Small Progress*  *3 = Half-way Completed*  *4 = Substantial Progress*  *5 = Almost Completed*  *6 = Completed* | **Challenges**  What activity-specific challenges did you have in this quarter? | **Facilitators**  What factors helped your progress this quarter or helped you resolve challenges? | Would you like your TA provider or POC to follow up with you? |
| Primary Activity #1 |  |  |  |  |
| Primary Activity #2 |  |  |  |  |
| Primary Activity #3 |  |  |  |  |
| Primary Activity #4 |  |  |  |  |
| Primary Activity #5 |  |  |  |  |
| Primary Activity #6 |  |  |  |  |
| Primary Activity #7 |  |  |  |  |
| Primary Activity #8 |  |  |  |  |
| Primary Activity #9 |  |  |  |  |
| Primary Activity #10 |  |  |  |  |
| Primary Activity #11 |  |  |  |  |
| Primary Activity #12 |  |  |  |  |
| Primary Activity #13 |  |  |  |  |
| Primary Activity #14 |  |  |  |  |
| Primary Activity #15 |  |  |  |  |

Did you deliver or implement **any additional** content, programs or services this quarter? (e.g., you implemented multiple programs for activity 3 and could not include them all in the table)

* Yes
* No -> If no, you will skip the following table

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please select the corresponding activity number from the table *1-15* | **Implementation** Please describe for this activity what was delivered (content/program/service), when, how (e.g., in person, zoom), to whom, and how often? (if applicable) | **Reach** How many people total participated in and/or received this content/ program/service in this quarter? 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 conducting an evaluation?   
*Please note: if you are not expected to conduct an evaluation and are not conducting an optional evaluation, select 'No'*

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please briefly describe your evaluation design (using bullets, describe information needed to answer evaluation question, 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 this quarter 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:**   
Please complete the following questions related to your evaluation plan. The first column contains steps in the evaluation process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Status** Progress status for this quarter  *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 this quarter? Please describe in 1-2 sentences | **Facilitators** What factors helped your progress this quarter 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 |  |  |  |  |

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 quarter**?   
*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.    
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MediaType For this grant, which media types have been placed this quarter? (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.*