# **TCDD FY25 Quarterly Program Performance Report Preview**

The Quarterly Program Performance Report (QPPR) is the required quarterly report that grantees with a potential project period of more than one year must submit to TCDD. The QPPR must include the grantee’s completed work and progress toward achieving the goals and objectives outlined in their project’s work plan. In each quarterly report, the grantee reports project activities that occurred during the reporting period. Some grantees may have fewer than three months of activities to report in each quarter if their grants started after the beginning of the reporting period or concluded before the end of the reporting period.

While this example document allows you to preview the questions in the official QPPR online survey, **you must submit this information through the online survey**. There are small differences in the content and format between this document and the online survey. Certain information specific to your project will be auto-filled in your online survey.

## **Project and Personnel Details**

Please review the information below for accuracy. \**The information in this section is auto-filled in your online survey.*

1) Grantee Organization Name (DBA):

2) Project Title:

3) Project Director Name:

4) Project Director Email:

5) Is the above information accurate? \**You can submit a personnel revision form through your online survey.*

[ ]  No. I need to submit a personnel revision.

[ ]  Yes, the above information is accurate.

## **Project Workplan**

6) Please provide an update on the progress of the project's workplan activities. Each box is expandable for viewing ease of access. It is recommended that you complete this portion of the QPPR on a desktop or laptop instead of a mobile or tablet device. \**Project activity descriptions and persons responsible are auto-filled in your online survey.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Activity Description** | **Position or Person Responsible** | **Not Started** | **In Progress** | **Completed** | **Paused** |
| Activity Description |  |  |  |  |  |
| Activity Description |  |  |  |  |  |
| Activity Description |  |  |  |  |  |
| Activity Description |  |  |  |  |  |

## **In-Progress Report**

7) Please provide an update on the **In-Progress** status of the project's workplan activities.

*\*Activity descriptions are auto-filled in your online survey.*

|  |  |
| --- | --- |
|  | **Quarterly Progress Report**Short Narrative (1200-character limit) |
| Activity Description |  |
| Activity Description |  |
| Activity Description |  |
| Activity Description |  |

## **Completed Progress Report**

8) Please provide an update on the **Completed** status of the project's workplan activities.

*\*Activity descriptions are auto-filled in your online survey.*

|  |  |
| --- | --- |
|  | **Quarterly Progress Report**Short Narrative (1200-character limit) |
| Activity Description |  |
| Activity Description |  |
| Activity Description |  |
| Activity Description |  |

## **Issues/Barriers & Corrective Action Report**

9) Please provide an update on **Paused**activities of the project's workplan, sharing the issues/barriers and corrective actions taken.

*\*Activity descriptions are auto-filled in your online survey.*

|  |  |  |
| --- | --- | --- |
|  | **Issues/Barriers Short Narrative** (1200-character limit) | **Corrective Action Short Narrative** (1200-character limit) |
| Activity Description |  |  |
| Activity Description |  |  |
| Activity Description |  |  |
| Activity Description |  |  |

## **Program Revision**

10) Would you like to submit a program revision to add, delete, or change any workplan activities listed above?
*\*You can download and submit a program revision form through your online survey.*

[ ]  No.

[ ]  Yes, the above information is accurate.

11) Has your project's Continuation Application been approved by the Council, and has a New Grant Award (NGA) started? *\*If you select Yes in your online survey, additional tables for a second workplan, in-progress activity reports, completed activity reports, and corrective action reports will appear automatically.*

[ ]  No.

[ ]  Yes, I have started an NGA. We have a second workplan to report on.

## **Products**

A **Product** refers to any tangible item or material developed as a result of the grant project. This can include, but is not limited to, publications, reports, training materials, videos, recruitment materials, and/or other resources.

Note: TCDD Funding Disclosure: All products must include a statement acknowledging the support of [TCDD funding](https://tcdd.texas.gov/grants/grantee-resource-center/#elementor-toc__heading-anchor-9).

12) Did you develop or distribute products this quarter?

[ ]  No, products were not developed or distributed this quarter.

[ ]  Yes, products were developed or distributed this quarter.

13) Please list the products developed or distributed this quarter. Remember, all products receiving TCDD grant funding must be reviewed and approved by TCDD staff before they can be utilized within your project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Type** | **Primary Audience** | **Primary Method of Distribution** | **Product Description** | **Description of Development or Distribution** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

14) Do you have additional information to share on products developed or distributed during the reporting period? (1200-character maximum)

## **Participation**

A**Participant** is anyone who provided input, received information, participated in training, or engaged and benefited from your project activities in the past three months.

15) Did your project include participants this quarter?

[ ]  No

[ ]  Yes

A **New Participant** refers to an individual who is engaging with the grant project for the first time. This could be someone who has not previously been involved in any activities or services provided by the project.

An **Ongoing Participant**, on the other hand, is someone who has already been involved in the project and continues to participate in its activities. These participants have an established history with the project and are continuing their engagement over time.

In row 1, report the number of new participants this quarter in all project activities/events. In row 2, report the number of ongoing participants this quarter in all project activities/events.

|  |  |
| --- | --- |
|  | Reporting Quarter |
| New Participants |  |
| Ongoing Participants (if applicable) |  |
| **Total** |  |

## **Participant Recruitment**

16) Did your project actively recruit participants this past quarter?

[ ]  No

[ ]  Yes

17) Thinking about your goals for this quarter, how would you rate the overall participation in your project compared to previous quarters?*\*Your online survey will include a slider to use to indicate your answer.*

18) Describe successful strategies or challenges you experienced in participant recruitment this quarter. (maximum 1200 characters)

## **Participant Diversity and Outreach**

TCDD projects must include specific strategies to make activities available to all participants in the community.

19) Describe your outreach and recruitment strategies to include participants who live in rural areas, participants who speak different languages, participants from various racial and ethnic groups, or other groups. (maximum 1200 characters)

## **Stories**

**Stories**can be experiences of participants about a topic, how they used information they learned in your program, or an action they took in their community.

20) Share a story that describes a participant’s experience or the impact of project activities.

*\*You can upload photos, videos, or other media files related to your story in your online survey.*

## **Data Collection**

21) Select all the ways participant information was collected this quarter.

[ ]  I shared a link to the TCDD satisfaction and/or leadership & advocacy survey.

[ ]  I used a survey developed by my organization.

[ ]  Other (specify)

22) In each row, report the number of survey respondents that **were satisfied** with your project event/activity in the following groups.

|  |  |
| --- | --- |
| Individuals with DD |  |
| Family Members |  |
| Provider/Professional |  |
| Community Members |  |
| Other 1 (specify) |  |
| Other 2 (specify) |  |
| **Total** |  |

23) In each row, report the number of survey respondents that **who can better say what they want and need** with your project event/activity in the following groups.

|  |  |
| --- | --- |
| Individuals with DD |  |
| Family Members |  |
| Provider/Professional |  |
| Community Members |  |
| Other 1 (specify) |  |
| Other 2 (specify) |  |
| **Total** |  |

24) Projects are required to report certain demographic information on participants in grant-funded projects activities. In each row, report the number of survey respondents in each group across all demographic categories this quarter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Geographic Residency** | **Race/Ethnicity** | **Hispanic, Latino, or Spanish Origin** | **Gender Identity** |
|  | **Rural** | **Urban** | **Black or African American** | **White** | **American Indian or Alaska Native** | **Asian** | **Native Hawaiian or Pacific Islander** | **More than one race** | **Other** | **Prefer not to say** |  | **Female** | **Male** | **Other** | **Prefer not to say** |
| Individuals with DD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Family Members |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provider or Professional |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Community Members |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other 1 (specify) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other 2 (specify) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## **Leadership and Advocacy**

**Advocacy** is defined as an action that increases public awareness, offers support, communicates a need, or asks for action that may lead to a policy change on a particular issue. Advocacy helps people access information and express their views, thoughts, and concerns.

25) Does your project include advocacy skill training for individuals with DD or family members?

[ ]  No

[ ]  Yes

26) Please describe participants leadership and advocacy activities this quarter. (1200-character maximum)

27) In each row, report the number of survey respondents who **increased their advocacy activities**in the following groups this quarter.

|  |  |
| --- | --- |
| Individuals with DD |  |
| Family Members |  |
| Provider/Professional |  |
| Community Members |  |
| Other 1 (specify) |  |
| Other 2 (specify) |  |
| **Total** |  |

28) In each row, report the number of survey respondents **serving on state or local boards, commissions, or workgroups**in the following groups this quarter.

|  |  |
| --- | --- |
| Individuals with DD |  |
| Family Members |  |
| Provider/Professional |  |
| Community Members |  |
| Other 1 (specify) |  |
| Other 2 (specify) |  |
| **Total** |  |

A **Self-Advocate** is an individual, often with a developmental disability, who speaks up for themselves in support of others to ensure their rights and needs are recognized and met. Self-advocates play a crucial role in promoting inclusion, accessibility, and equal opportunities in project activities. *NOTE: Examples include leadership roles within the project's management, peer mentoring of other Self-Advocates, public speaking/outreach about the project's activities, or within the project's design or evaluation phase.*

29) Did Self-Advocates play a role in your project this quarter?

[ ]  No

[ ]  Yes

30) Please check all that apply for Self-Advocates in your project this quarter.

[ ]  Leadership Roles: Self-advocates take on leadership roles within the project, such as serving on project advisory committee, ensuring their perspectives and experiences shape the project's direction and decisions.

[ ]  Peer Mentoring: Experienced self-advocates support, guide, and helps others build a supportive community and empowers more individuals to become self-advocates.

[ ]  Feedback and Evaluation: Involving self-advocates in the evaluation process of the project for assessing the project's impact and making necessary improvements.

[ ]  Public Speaking and Outreach: Self-advocates participate in public speaking engagements, workshops, and outreach activities helping to raise awareness and promotes the inclusion of people with developmental disabilities in project activities.

31) Please provide details regarding Self-Advocates involvement this quarter.

|  |  |
| --- | --- |
|  | **Self-Advocate Involvement (1,200-character limit)** |
| Leadership Roles: Self-advocates take on leadership roles within the project, such as serving on project advisory committee, ensuring their perspectives and experiences shape the project's direction and decisions. |  |
| Peer Mentoring: Experienced self-advocates support, guide, and helps others build a supportive community and empowers more individuals to become self-advocates. |  |
| Feedback and Evaluation: Involving self-advocates in the evaluation process of the project for assessing the project's impact and making necessary improvements. |  |
| Public Speaking and Outreach: Self-advocates participate in public speaking engagements, workshops, and outreach activities helping to raise awareness and promotes the inclusion of people with developmental disabilities in project activities. |  |

## **Collaborators and Partners**

An **Elected Official** refers to any individual who holds a public office as a result of being elected by voters. This includes positions such as mayors, city council members, state legislators, governors, and members of Congress.

32) Have you shared the work of your project with any elected officials or their office staff at the local, county, state, or federal level during this quarter? Examples may include, but are not limited to, information and general awareness of project activities, making invitations to elected officials to attend or participate in an event, asking for policy change, discussing ongoing support and sustainability, or other connections.

[ ]  No

[ ]  Yes

33) Please share the name of the Elected Official, the office, position, or title of the person, and any notes or comments about this person.

|  |  |  |
| --- | --- | --- |
| **Name of Elected Official** | **Position/Title/Office** | **Notes/Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

A **Partner**or **Collaborator**refers to any organization or individual that works with the grantee to achieve the project's goals.

34) Has your project engaged with any **NEW** partners or collaborators this quarter? *Note: A list of partners and collaborators is included in your latest application.*

[ ]  No

[ ]  Yes

35) Please list the name and the background/involvement of each new partner and collaborator.

|  |  |
| --- | --- |
| **Name of Partner or Collaborator** | **Background/Involvement** |
|   |  |
|  |  |
|  |  |
|  |  |

## **Presentations**

A **Presentation** refers to any formal or informal delivery of information related to the grant project's findings, progress, or outcomes.

This CAN include:

* Conferences and Seminars: Sessions at larger events where project findings, progress, or outcomes are shared with a broader audience.
* Webinars and Online Sessions: Virtual presentations conducted over the internet to reach a wider audience where project findings, progress, or outcomes are shared.
* Community Meetings: Informal gatherings where project updates and information are shared with community members.
* Public Speaking Engagements: Opportunities where project representatives speak at events, schools, or other venues to raise awareness and share information about the project's findings, progress, or outcomes.

This CANNOT include:

* Workshops and Training Sessions: Organized events where information, skills, or knowledge are shared with participants.
* Recruitment Event: General messaging event for the purpose of recruiting grant project participation.

36) Did you deliver any presentations this quarter?

[ ]  No presentations were delivered this quarter.

[ ]  Yes, presentations were delivered this quarter.

37) Please list the organizations presented to, the date of the presentation, the estimated number of attendees (if known), and any notes or comments about the presentation. *\*You can upload any presentation materials through your online survey.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Event Type** |  |  |  |  |
|  | **Conference/Seminar** | **Webinar** | **Community Meeting** | **Public Speaking Engagement** | **Other** | **Date of Presentation** | **Names of Organizations** | **Estimated number of attendees (if known)** | **Notes or comments about the presentation** |
| Pres. 1 |  |  |  |  |  |  |  |  |  |
| Pres. 2 |  |  |  |  |  |  |  |  |  |
| Pres. 3 |  |  |  |  |  |  |  |  |  |
| Pres. 4 |  |  |  |  |  |  |  |  |  |
| Pres. 5 |  |  |  |  |  |  |  |  |  |

## **Request for Advance & Reimbursement (RAR)**

38) Have you submitted RARs each month? Note: Submissions are due no later than 30 days after the end of the calendar month.*\*You can download and submit an RAR form through your online survey.*

[ ]  Yes

[ ]  No (please explain any delays)

## **Budget Revision**

39) Do you need to submit a budget revision? *\*You can download and submit a budget revision form through your online survey.*

[ ]  No

[ ]  Yes, I would like to submit a budget revision form.

## **Dollars Leveraged**

Grantees may extend project goals by securing additional grant funds or match contributions from other federal, state, local, or private sector resources. Dollars leveraged may be cash grant awards or the value of an organization’s contributions to adopt long-term project activities. Please report any dollars raised or awarded this quarter that can be linked to the activities conducted with your TCDD grant funds.

40) Do you have dollars leveraged to report?

[ ]  No

[ ]  Yes (please specify)

## **Grant-related Income (GRI)**

**GRI** is gross income received by the grantee that is directly generated by a grant-supported activity or earned only because of the grant during the grant period. On the GRI Form, indicate the amount and the source of any grant-related income earned this quarter. Your TCDD grant coordinator can assist with this report. *\*You can download and submit a GRI form through your online survey.*

41) Do you have any GRI to report this quarter?

[ ]  No

[ ]  Yes, I have GRI to report this quarter.

## **Acknowledgement & Report Submission**

I acknowledge that the information provided is true and accurately reports our project activities this quarter. I have been given permission from the Authorizing Official on record to submit this quarterly progress report on behalf of our organization to assure compliance with the policies outlined in our grant award.

[ ]  I acknowledge the above statement.

Name and title/position of person completing this report:

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