# Public Charter Schools Grant Program Quarterly Task Progress Report

**California Department of Education**

A Quarterly Task Progress Report (QTPR) and Quarterly Expenditure Report (QER) must be submitted to the California Department of Education (CDE) for reimbursement under the Public Charters Schools Grant Program (PCSGP) sub-grant.

## Sub-Grantee Information

### Sub-Grantee Information Form

| **Sub-Grantee Information** | **Response** |
| --- | --- |
| Sub-Grantee Name |  |
| Region Awarded |  |
| Fiscal Year |  |
| Quarter |  |
| Project Manager\Lead Name |  |
| Phone |  |
| Email |  |
| Number of technical assistance events held this quarter |  |

## Technical Assistance Event Overview

Create a copy of the table below to create a summary of each technical assistance event.

### Technical Assistance Event Overview Form

| **Technical Assistance  Event Summary** | **Required Response from Sub-Grantee** |
| --- | --- |
| Technical Assistance event title |  |
| Sub-grant staff facilitators |  |
| Date |  |
| Explain how participants were recruited |  |
| Topics covered |  |
| Specify event format: in-person, virtual, hybrid |  |
| Event location (if in-person) |  |
| Number of participants  *Include list of attendees at the end of the report, including name of organization and email addresses.* |  |
| Was a post event survey given to participants?  *Include survey results at the end of the report.* |  |

## Quarterly Task Progress Report Questions

1. Are there any additional sub-grant activities to report that were not captured above?
2. What challenges were identified this quarter? Recommendations?
3. What technical assistance activities are planned for next quarter?
4. What can CDE PCSGP staff do to assist with the project?

### Sub-Grantee Certification

| **Required Field** | **Approver Information** |
| --- | --- |
| Project Manager/Lead Approver Name |  |
| Approval Date |  |
| Project Manager/Lead Approver Signature |  |

### California Department of Education Certification

| **Required Field** | **Consultant Information** |
| --- | --- |
| CDE Consultant Approver Name |  |
| Approval Date |  |

When the report is complete, please submit an electronically signed copy of this Quarterly Task Progress Report to [PCSGPGeneral@cde.ca.gov](mailto:PCSGPGeneral@cde.ca.gov).

Your e-mail must contain the following in the subject line: (Sub-Grantee Name) PCSGP QTPR.

California Department of Education  
Charter Schools Division  
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