Funding Program: <Optional: Insert Program Name OR n/a>

Ref:  <Optional: Insert number OR n/a>

Activity Name: <Service/Project Name>

### PROGRESS REPORT – DETAILED

Report Period: From <DD/MM/YYYY> to <DD/MM/YYYY>

## Section 1: Contact Information

|  |  |
| --- | --- |
| Recipient Information | |
| Name | <Organisation Name> |
| Address | <Organisation Address> |
| Facsimile | <Organisation Facsimile> |
| Email | <Organisation Email> |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Contact Information | | | |
| Name | <Primary Contact Name> | | |
| Position | <Position Title> | | |
| Telephone | <Direct Landline Number> | **Mobile** | <Direct Mobile Number> |
| Facsimile | <Direct Facsimile if different to Organisation Facsimile> | | |
| Email | <Direct Email> | | |

|  |
| --- |
| If any contact information has changed please provide details below |
| <Enter text> |

## Section 2: Activity Status Summary

|  |  |  |
| --- | --- | --- |
| In line with the Agreement between You and the Department is your Activity: | Yes | No |
| Is the Activity progressing within the agreed timeframe? |  |  |
| Are agreed Deliverables/Milestones being met? |  |  |
| Is the Activity progressing according to the agreed Budget Forecast? |  |  |

## Section 3: Data Collection

|  |
| --- |
| If any specific data in relation to the Activity has been requested by the Department please provide the data below |
| <Enter text> |

## Section 4: Payment Request

|  |  |  |
| --- | --- | --- |
| In line with the Agreement between You and the Department: | Yes | No |
| Are you due a payment on acceptance of this report by the Department? |  |  |
| Have you spent Funding payments already received on your Activity? |  |  |

|  |  |
| --- | --- |
| Please confirm the following Funding and payments summary: | Amount (excluding GST) |
| Total Funding amount | $<Amount> |
| Payment request with this report | $<Amount> |
| Total payments received to date | $<Amount> |
| Balance of Funding remaining | $<Amount> |

## Section 5: Supporting Documentation

|  |
| --- |
| Please list below the name of any additional documents provided that form part of this report |
| <Enter text> |

## Section 6: Additional Information

|  |  |  |  |
| --- | --- | --- | --- |
| For each Deliverable/Milestone listed in the Agreement between the Organisation and the Department, please confirm progress and provide a brief comment on:   * What was done, how, when and where * Any constraints or issues encountered that the Department should be aware of * Proposed action(s) to address any arising constraints or issues   Attach supporting evidence requested as part of the Agreement. | | | |
| Deliverable or milestone | Demonstrating the deliverable is complete | Status\* | Comment |
| <Deliverable> | <Indicator> |  | <Enter text> |
| <Add rows as needed> | <Add rows as needed> |  | <Enter text> |
| \*Choose from: Met; On track; Minor delay; Major delay; On hold; Not scheduled. | | | |

|  |  |  |
| --- | --- | --- |
| For your Activity budget outlined if the Agreement between the Organisation and the Department, please confirm progress and provide a brief comment on:   * Any reportable variance from budget versus actual financial performance * Any constraints or issues encountered that the Department should be aware of * Proposed action(s) to address any arising constraints or issues   Attach supporting evidence requested as part of the Agreement. | | |
| Activity budget | Amount (excluding GST) | Comment |
| Budget Forecast in the Agreement | $<Amount> | <Enter text> |
| Budget as current | $<Amount> |
| % Budget variance  (i.e. Current Budget Forecast – Agreement Budget Forecast ÷ Current Budget Forecast x 100) | $<Amount> |

|  |  |  |
| --- | --- | --- |
| Activity expenditure | Amount (excluding GST) | Comment |
| Budget forecast to have been spent so far | $<Amount> | <Enter text> |
| Budget spent so far | $<Amount> |
| % Expenditure variance  (i.e. Budget forecast to have been spent so far – Budget spent so far ÷ Budget forecast to have been spent so far x 100) | $<Amount> |

|  |
| --- |
| If any additional information in relation to the Activity has been requested by the Department please provide this information below |
| <Department to add information request for completion> |

## Declaration

I hereby certify that, to the best of my knowledge, information in this report including attached supporting documentation:

* Discloses all relevant information that the Organisation is required to report on in accordance with the Agreement for the Activity;
* Is true and correct and without false or misleading statements; and
* Is provided after conducting all necessary searches, investigations and enquiries.

I acknowledge that the Department may seek from the Organisation additional information for the purpose of clarifying information provided in this report including attached supporting documentation.

CERTIFIED for and on behalf of <Organisation Name> <ABN or ACN> <number>, by the following authorised representative of <Organisation Name>.

**Complete this section including your name and position details**

Name and position of authorised representative <Name>

<Position>

Sign here: ..................................................................... Date: <DD/MM/YYYY>

**Witness**

Name of Witness <Name>

Sign here: ..................................................................... Date: <DD/MM/YYYY>