### FINAL REPORT – BASIC SCALED-UP

**In this report, capitalised Terms have the same definition and interpretation as described in the Agreement for the Activity.**

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

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

Activity Name: <Service/Project Name>

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

## Section 1: Contact information

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

|  |
| --- |
| Primary Contact  |
| 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 completion summary

|  |  |  |
| --- | --- | --- |
| In line with the Agreement, including any approved Variations to the Agreement between the Organisation and the Department: | Yes | No |
| Has the Activity been completed within the agreed timeframe? | [ ]  | [ ]  |
| Have agreed Deliverables/Milestones been met? | [ ]  | [ ]  |
| Has the intended outcome of the Activity been achieved?i.e. <Enter text from What the Funding is For in the Agreement> | [ ]  | [ ]  |
| Was the Activity completed within the agreed budget in the Agreement? | [ ]  | [ ]  |
| Has all the Funding approved for the Activity been spent? | [ ]  | [ ]  |
| Has all the Funding approved for the Activity been used as agreed? | [ ]  | [ ]  |

## Section 3: Financial acquittal

|  |  |  |
| --- | --- | --- |
|  | Budget Forecast | Actual |
| Activity Income | $ (excluding GST) | $ (excluding GST) |
| Funds from the Department |       |       |
| Funds from your Organisation |       |       |
| Funds from other contributors or partners |       |       |
| Total Activity Income |       |       |
| Activity Expenditure (Aligned to National Standard Chart of Accounts Headings) | $ (excluding GST) | $ (excluding GST) |
| Expenditure against Funds from the Department |       |       |
| * <Insert item>
 |       |       |
| * <Insert item>
 |       |       |
| All other Activity Expenditure |       |       |
| Total Activity Expenditure |       |       |
| Activity costs met through in-kind contributions (approximate value) | $ (excluding GST) | $ (excluding GST) |
| Total in-kind support |       |       |

## Section 4: Data collection

|  |
| --- |
| If any specific data in relation to the Activity has been requested by the Department please provide the data below |
| <Department to add data set for completion> |

## Section 5: Payment request

|  |  |  |
| --- | --- | --- |
| In line with the Agreement between the Organisation 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 6: Supporting documentation

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

## Section 7: Additional information

|  |
| --- |
| Provide a brief comment on what the Activity achieved with consideration for its purpose, including:* What was done, how, when and where
* Outcomes, including any unintended benefits
* Constraints or issues encountered
* Publicity and acknowledgement of the Victorian Government

Attach supporting evidence requested as part of the Agreement. |
| <Enter text> |

|  |
| --- |
| 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> |

## Certification

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>