# Activity Work Plan (AWP) and Performance Report Template

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| 1. **Grant Activity Summary** [Instruction: Grantee to complete] | | | |
| Organisation Name: | *Grant Agreement– Parties to the Agreement* | Grant Activity ID: | *Item B - Activity* |
| Grant Activity Title | *Item B - Activity* | | |
| Grant Activity Start Date: | *Item C – Duration of the Grant* | Grant Activity Completion Date: | *Item C – Duration of the Grant* |
| Total Grant Agreement Funding: | *Item D – Payment of the Grant* | AWP Milestone Due Date: | *Item E - Reporting* |
| This Activity Work Plan covers the following period: | *<dd/mm/yy to dd/mm/yy>* | Performance Report Milestone Due Date: | *Item E - Reporting* |
| AWP Version | *Version #1* | AWP date last approved (when updated/revised version required) | *<dd/mm/yy>>* |
| 1. Activity Requirement [Instruction: Grantee to complete] | | | |
| *Provide a brief description of the grant activity that the organisation will deliver e.g., refer to application and Item B – Activity in Grant Agreement*  *Example: “Our organisation will scale its evidence-based mental health support services to 20 new primary care providers to increase reach and support of at-risk communities. The program will provide training to frontline workers who can respond to priority groups and local communities with education, detection, and referral pathways.”* | | | |

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| 1. Performance Indicators | | |
| Description | **Measure** | **Performance Report -** *[insert period <dd/mm/yyyy> to <dd/mm/yyyy>]*  *In no more than* ***300 words*** *Grantee to briefly describe how they have performed against the Performance Indicator during the performance reporting period. If you wish to provide a more detailed response, please provide this as an attachment to this report.* |
| All of the requirements in the grant agreement have been met. | Information is provided to an acceptable standard in six monthly (or as agreed) Performance Reports, Activity Work Plans, and financial reports, including budgets. | *Performance Report comment* |
| Activities are completed according to the scope, timeframes and budget defined in the Activity Work Plan. | The department and your organisation agree that the requirements outlined in the Activity Work Plan have been completed as specified. | *Performance Report comment* |
| Department agreed project performance indicators are achieved. | Reporting on progress against the department agreed project performance indicators within agreed timeframes. | *Performance Report comment* |
| The project evaluation identifies achievements and outcomes against the FATES objectives and outcomes. | Project evaluation analysis measures the impact of the project against the FATES objectives and outcomes. | *Performance Report comment* |

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| 1. Activity Deliverables [Instruction: Grantee to complete] | | | | | | |
| Objective  *Briefly describe the intended outcomes in meeting need(s), target cohorts and why your service can assist* | **Deliverables**  *Briefly describe key tasks/outputs required to achieve the Activity*  *Include reference to any reporting (e.g., technical data report) where specified in Item B* | **Timeframe**  *Specify the timeframe for delivery* | **Measures of Success**  *Briefly describe the intended result for the deliverable, including quality expectations* | **Outlet location(s) Information**  *Specify the location where activity will be delivered i.e. Town and State, include outreach locations as well* | **Performance Report -** *[insert period <dd/mm/yyyy> to <dd/mm/yyyy>]* | |
| *Grantee to briefly report (no more than 300 words) on progress of activity during reporting period.*  *If status is* ***‘On Track’***   * *A few short, sharp dot points are sufficient along with a sentence or two to demonstrate that you have successfully delivered including any good news stories, outputs/targets achieved within timeframe*   *If status is ‘****Some issues/challenges’***   * *A few dot points as to what the issues/challenges are and a paragraph or two about what strategies you intend to implement to get the project back ‘on track’ and when this is likely to happen* * *If you wish to provide a more detailed response, please provide this as an attachment to this report* | |
| Improve and promote a positive medical education culture and support quality specialist medical training in regional, rural, and remote Australia. |  |  |  |  | Choose an item. | Performance Report comment |
| Reduce barriers and improve incentives for entering regional, rural, and remote medical practice. |  |  |  |  | Choose an item. | *Performance Report comment* |
| Improve the imbalance of distribution of the non-GP specialist medical training arrangements and workforce, particularly in areas of unmet need. |  |  |  |  | Choose an item. | Performance Report comment |
| Attract and support First Nations trainees to grow the First Nations workforce towards population parity. |  |  |  |  | Choose an item. | Performance Report comment |

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| 1. Risk Management [Instruction: Grantee to complete] | | | |
| Risk item  *Briefly describe the identified or foreseeable risk/s that may impact upon the delivery of the Activity.* | **Managing the Risk**  *Briefly describe how the risks will be managed including controls to treat/mitigate the risk.* | **Risk Rating**  *Select a risk rating with controls in place* | **Performance Report -** *[insert period <dd/mm/yyyy> to <dd/mm/yyyy>]*  *In no more than* ***300 words*** *Grantee to briefly describe how you have managed the risk and whether the risk rating has changed/remained the same during the performance reporting period. If you wish to provide a more detailed response, please provide this as an attachment to this report* |
| [Grantee to complete] | [Grantee to complete] | Choose an item. | *Performance Report comment* |

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| 1. Stakeholder Engagement [Instruction: Grantee to complete] | | | | |
| Stakeholder Details  *Name the stakeholders who the grantee will need to engage with in delivery of the Activity. This should include referral pathways with other organisations* | **Interest or Impact**  *Briefly describe why the grantee needs to engage with the stakeholder, i.e., what interest does the stakeholder have in the Activity / how will the Activity affect the stakeholder?* | **Engagement Strategy**  *Briefly describe how the grantee will engage with the stakeholder to mitigate potential risks relating to the stakeholder’s interest in, or the impact of the Activity* | | **Performance Report -** *[insert period <dd/mm/yyyy> to <dd/mm/yyyy>]*  *In no more than* ***300 words*** *Grantee to briefly describe your progress of engagement with the stakeholder during the performance reporting period. If you wish to provide a more detailed response, please provide this as an attachment to this report* |
| [Grantee to complete] | [Grantee to complete] | [Grantee to complete] | | *Performance Report comment* |
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| 1. Governance [Instruction: Grantee to complete] | | | | |
| Governance Details  *Describe the governance arrangements the grantee has in place to oversee the delivery of the Activity. Describe the relevant expertise, skills, qualifications, and experience including broad structure of the organisation, as well as operational and business management supported by details of financial management systems, internal policies, procedures, and quality improvement mechanisms. Include current accreditations where applicable. Any actual, perceived, or potential conflicts of interest between board members/key staff members should also be reported in accordance with the conditions of the grant agreement.* | | | **Performance Report -** *[insert period <dd/mm/yyyy> to <dd/mm/yyyy>]*  *In no more than* ***300 words*** *Grantee to briefly describe governance arrangements within the reporting period .e.g., any changes to key organisational staff and positions. If you wish to provide a more detailed response, please provide this as an attachment to this report* | |
| [Grantee to complete] | | | *Performance Report comment* | |

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| 1. Budget [Instruction: Grantee to complete] | | | | |
| *Where specified under Item E.2 of grant agreement, this template is designed to assist the Grantee to develop a budget either for inclusion under the supplementary terms and conditions of the Standard Grant Agreement (CB2. Activity Budget) or as a milestone deliverable (Item E. Reporting) depending on what has been negotiated with the Department of Health and Aged Care. The template has been designed to comply with the standard definitions, categories and structure used in the* [*National Standard Chart of Accounts (NSCOA)*](https://www.acnc.gov.au/for-charities/manage-your-charity/national-standard-chart-accounts#:~:text=The%20National%20Standard%20Chart%20of%20Accounts%20%28NSCOA%29%20is,to%20accept%20NSCOA%20when%20requesting%20information%20from%20not-for-profits.)*. The standardised NSCOA structure has been recommended because it is used by many organisations that receive departmental funding. This template specifies the minimum amount of detail required to develop a budget, however in consultation with the Commonwealth it may be expanded to meet Activity requirements. Also refer to the Grant Opportunity Guidelines and Item B. Activity details of grant agreement for any specified budget inclusions and exclusions.* | | | | |
|  | | **Budget Amount**  **$ (GST exclusive)**  *[insert FY period]*  *<dd/mm/yyyy> to <dd/mm/yyyy>* | **Actuals Amount**  **$ (GST exclusive)**  *[insert FY period]*  *<dd/mm/yyyy> to <dd/mm/yyyy>* | **Performance Report –** [*insert period <dd/mm/yyyy> to <dd/mm/yyyy>]*  *Grantee to include explanation of variance between budget and actual line-item amounts* |
| Income | Grant Activity Funds |  |  |  |
| Approved Activity Unspent Funds (Brought Forward) (see \* below) |  |  |  |
| Interest on Activity Funds (see ^ below) |  |  |  |
| Proceeds on Sale of Activity Funded Assets |  |  |  |
| Government Contributions (inc. Medicare Benefits) |  |  |  |
| Other Contributions - Grantee |  |  |  |
| Other Contributions – Third party |  |  |  |
| **Total Income (A)** | **$0.00** | **$0.00** |  |
| Expenses | Salaries & Wages |  |  |  |
|  | Accounting / Audit fees |  |  |  |
|  | Advertising & Promotion |  |  |  |
|  | Board / Governance (Travel, Accommodation & Training) |  |  |  |
|  | Client Support Services/Consumables |  |  |  |
|  | Communications & IT |  |  |  |
|  | Consultants & Contractors |  |  |  |
|  | Insurance (excl Motor Vehicle) |  |  |  |
|  | Motor Vehicle Expenses (incl Insurance and Repairs & Maintenance) |  |  |  |
|  | Rent |  |  |  |
|  | Repairs & Maintenance (excl Motor Vehicles) |  |  |  |
|  | Travel & Accommodation (excl Board / Governance) |  |  |  |
|  | Training & Development (excl Board / Governance) |  |  |  |
|  | Utilities |  |  |  |
|  | Asset Purchases (see # below) |  |  |  |
|  | Other Expenses |  |  |  |
|  | **Total Operational Expenses (B)** | **$0.00** | **$0.00** |  |
| Capital Expenditure | Asset Purchases (see # below) |  |  |  |
|  | **Total Capital Expenditure (C)** | **$0.00** | **$0.00** |  |
| Balance | **Balance = A - (B+C)** | **$0.00** | **$0.00** |  |
| \* only include if rollover of surplus and uncommitted funds has been identified under CB27 of the supplementary terms and conditions  ^ only include if required under the standard grant conditions definition of a Grant   # only include if CB5 of the supplementary terms and conditions has been invoked | | | | |

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| 1. AWP Approval   Once approved by the Commonwealth, the AWP [and budget] will form part of the Grant Agreement. Frequency of performance reporting against the AWP is specified under Item E of the Grant Agreement. If the Grantee or the Commonwealth identifies a need to update or revise the approved AWP [and budget], any proposed changes must be accepted and approved by the Commonwealth.  Declaration:   * The grantee certifies that the AWP is not misleading by reason of any material misstatements or omissions. * The grantee acknowledges that a change to the Activity without prior approval of the Commonwealth will be regarded as a breach of the Agreement, and the grant may consequently be reduced or revoked. * The grantee must ensure its personnel and subcontractors do not engage in any fraud or corruption in relation to the Activity. * The Grantee acknowledges their obligation to report suspected and actual criminal offences such as fraud or corruption to the Commonwealth and to their law enforcement agency and relevant regulatory agencies within 5 business days, as well as to provide assistance to investigating authorities if requested/required. * The grantee acknowledges that under section 137.1 of the schedule to the Criminal Code Act 1995 it is an offence to provide false or misleading information to the Commonwealth. * The report has been signed by the Board, the Chief Executive Officer, or an Authorised Officer of the Grantee. | |
| <Legal Organisation Name> | **<Commonwealth Representative>** |
| *Signed for and on behalf of:* | *Signed for and on behalf of Commonwealth of Australia, represented by and acting through Department of Health and Aged Care, ABN 83 605 426 759:* |
| Name: | **Name:** |
| Position: | Position: |
| Date: \_\_\_\_ / \_\_\_\_/ \_\_\_\_ | Date: \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |
| Additional signatory (where applicable) |  |
| Signed for and on behalf of: |  |
| Position: |  |
| Date: \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |  |