**ACFE BOARD CAPACITY AND INNOVATION FUND**

**ROUND 11 CATEGORY 1 PROVIDER INITIATED PROJECTS - FINAL REPORT**

**1 April 2020**

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| **CONTACT DETAILS** |
| Organisation: |  | \*Project Manager: |  |
| Project Title: |  | Phone: |  |
| Project Aims: |  | Email: |  |
| Final acquittal amount: | $ | Final report prepared by: (name) |  |
| Underspend: (if applicable. ACFE funds only | $ | Final report prepared on: (date) |  |
| **INTENDED PROJECT OUTCOMES -** *You have previously identified what you intend to achieve by the end of this project in the final Output & Outcome Summary Report (Question 17 in your application) – this section requires you to provide an update on the status of these OUTCOMES* |
| **INTENDED PROJECT OUTCOME** *insert the OUTCOME from your Output and Outcome summary report.*  | **ACTUAL OUTCOMES (includes achievement of targets and milestones)** *Summarise the outcomes you achieved through the project. If any outcomes were not achieved, please provide explanation, and any unintended outcomes.* |
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| **INTENDED PROJECT OUTPUTS -** *You have previously identified what you intend to achieve by the end of this project in the final Output & Outcome Summary Report (Question 17 in your application) – this section requires you to provide an update on the status of these OUTPUTS* |
| **INTENDED PROJECT OUTPUTS -** *insert the OUTPUTS from your Output and Outcomes summary report.*  | **ACTUAL OUTPUTS -** *List the outputs developed through the project including an explanation if any outputs were not achieved and additional outputs* |
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| Please outline how your project objectives and outcomes aligned with the CAIF 11 Aims outlined in the CAIF 11 guidelines:* Projects that make a strategic difference to **learner engagement** by maximising access for priority learner cohorts to high quality pre-accredited programs by encouraging strategic partnerships with the sector and other stakeholders that improve learner participation and attainment.
* Projects that **demonstrate quality program delivery** through improved program design, development of products and resources that support delivery, improved training and assessment practices that demonstrate relevance and responsiveness of courses which meets learner needs. E.g. quality A-frames, resource packs.
* Projects that **support pathways to further education and employment,** by responding to learner needs and aspirations, connecting, monitoring and tracking of priority cohort learners transitioning to further education and employment.
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| What were the key findings of your project in relation to improving learner engagement, participation and attainment for the Priority Learner Cohort/s? |
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| What challenges and/or obstacles did you encounter in the delivery of your project and what actions you took to address these? |
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| Provide details of how you will ensure the project outcomes and benefits for learners will be sustained beyond the end of the project (including delivery of newly developed courses in subsequent years). |
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| Do you have any recommendations or suggestions for the ACFE Board or Regional Council in relation to the improved engagement of the Priority Learners Cohorts? |
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| How could this project inform other Learn Local providers or the vocational education and training sector in engaging with the Priority Learner Cohort? |
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| List Attachments. These must include any outputs that you identified would be developed through the project in your initial application. Please attach a copy of all resources and other outputs that were developed. (For example – program and pathways documents, best practice guidelines, case studies, assessment tools, resources to support learning delivery, reports, documented models, Course Plans, MoUs. |
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| Describe any tools, equipment or other materials that were purchased for the project and how they will be used after the project is finished. |
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| List any matters that are outstanding, what actions are required and who is responsible. This should include, for example, any outcomes yet to be achieved, outputs not yet delivered, fulfilling training commitments that are still outstanding, etc. |
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| Project on a Page Summary (please complete the attached Project on a Page Summary Template. The information provided on this template may be shared with other Learn Local Providers and published on the DET website. |
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| FINANCIAL ACQUITTAL |
|  | INCOME | EXPENDITURE |
| Budget category | Total Budgeted Expense | Amount funded by ACFE through the Capacity & Innovation Fund grant ($) | Amount funded by Organisation &/or Partners - financial contribution ($) OPTIONAL | Amount funded by Organisation &/or Partners in-kind contribution ($) OPTIONAL | ACFE Actual Expenditure ($) | Organisation &/or Partners - financial contribution Expenditure($)OPTIONAL | Organisation &/or Partners in-kind contribution ($) Expenditure OPTIONAL |
| Administration Expenses |  |   |   |   |   |   |  |
| Staffing Expenses - Project Manager |  |   |   |   |   |   |  |
| Staffing Expenses - Project support |  |   |   |   |   |   |  |
| Staffing Expenses - Other |  |   |   |   |   |   |  |
| Operating Expenses |   |   |   |   |   |   |  |
| Equipment Expenses |   |   |   |   |   |   |  |
| Materials & Supplies Expenses |   |   |   |   |   |   |  |
| Catering Expenses |   |   |   |   |   |   |  |
| Hire of Facilities |   |   |   |   |   |   |  |
| Partnership costs |   |   |   |   |   |   |  |
| Travel associated expenses |   |   |   |   |   |   |  |
|  Other |   |   |   |   |   |   |  |
| **Total** | **$** |  **$**  |  **$**  |  **$**  | **$**  | **$**  | **$**  |
| **Amount Underspent** |  |  |  |  | **$** | **$** | **$** |

*NB: Please keep receipts for all expenditure. Any underspend needs to be negotiated and formally document and approved by the DET financial delegate The Department will provide advice on the return of funds.*

| I certify this acquittal of funds and declare that the information contained in the report is true and correct and that all records and receipts for expenses have been retained by the above organisation.  |
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| **Organisation Manager/Committee of Management/Accountant** Print full name: ………………………………………………………………Position in organisation: …………………….…………………………….Phone: …………………………………………...........................................Signed: ……………………………….……………………………………..Date: / /  |  | **Project Manager \***This section must be signed by the project officer.Print full name: ……………………………………………………………..Position in organisation: ………………………………………………….Phone: …………………………………………..........................................Signed: ……………………………….……………………………………Date: / / |

**Please sign and submit the report to your regional office**

**Office Use only (Regional Manager will complete this section)**

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| Release final milestone payment | Approved | Not Approved |

**Regional Manager Approval** (final payments will be released subject to the approval of the final report by the appropriate Regional Manager and the appropriate financial delegate)Print full name: …………………………………………………………………Regional Manager (insert region): …………………….………….…… Payment amount: ………………………………………………………………Signed: ……………………………….…………………………………….. Date: / /  |