**ACFE BOARD CAPACITY AND INNOVATION FUND**

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

**1 October 2019**

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| **CONTACT DETAILS** |
| Organisation: |  | Project Manager: |  |
| Project Title: |  | Phone: |  |
| Project Aims: |  | Email: |  |
| % of Budget expended (estimate) |  | Progress report prepared by: (name) |  |
| % of Project completed (estimate) |  | Progress report prepared on: (date)  |  |
| **STATUS OF PROJECT OUTCOMES -** *You have previously identified what you intend to achieve by the end of this project in the final Output & Outcome Summary Report – this section requires you to provide an update on the status of these OUTCOMES* |
| **PROJECT OUTCOMES -** *Cut and paste into here the OUTCOME from your Output and Outcome summary report.*  | **STATUS UPDATE -** *For each specific* ***outcome*** *noted in your application* ***and*** *the nominated* ***measure*** *for each of these, please outline details (dot points are sufficient) of what you have achieved to date. Please include:* * + *specific numbers to date for any actions that have a numerical nomination*
	+ *details on any resources being developed and how you are progressing*
	+ *information on how you have gone about meeting these outcomes*
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| **STATUS OF PROJECT OUTPUTS -** *You have previously identified what you intend to achieve by the end of this project in the final Output & Outcome Summary Report – this section requires you to provide an update on the status of these OUTPUTS* |
| **PROJECT OUTPUTS -** *Cut and paste into here the OUTPUTS from your Output and Outcomes summary report.*  | **STATUS UPDATE -** *For each specific* ***output*** *noted in your application, please provide details of where you are up to in achieving these outputs. Please include details on: the extent of the current impact compared to the final expected impact ; your approach to sustaining any resources or partnerships developed* |
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| **MEASURING IMPACT -** *How is your project progressing in supporting improved engagement, pathways and attainment for the priority learner cohort(s) your project is focusing on?* |
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| **PROGRESS AGAINST PROJECT PLAN AND MILESTONES -** *Provide details and supporting evidence that your project is on track to achieve project outcomes and outputs by the completion date.* |
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| ***RISKS –*** *Please**Identify any risks that may impact on the delivery of this projects against the specified contract end date which may impact on the project outcomes/outputs. Please identify strategies for addressing these using the table below.* |
| **Risk** | **Likelihood of Occurrence** | **Consequences** | **Risk Mitigation** |
| **Almost Certain** | **Likely** | **Possible** | **Unlikely** | **Rare** | **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
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| I 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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| Recommend release milestone payment | Approved | Not Approved |

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