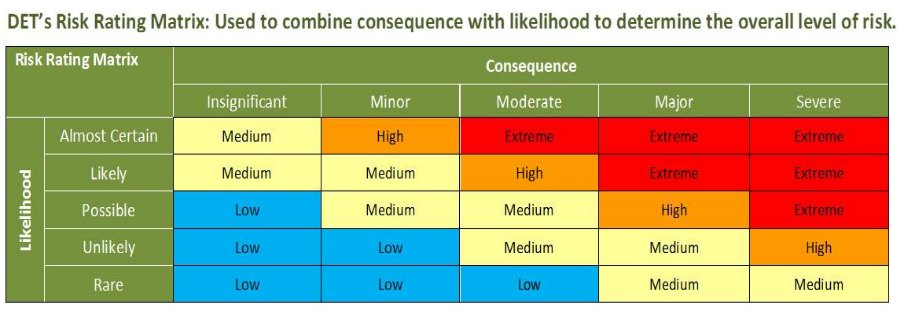
**ACFE BOARD CAPACITY AND INNOVATION FUND**

**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* | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| **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?* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **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.* | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ***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. | | |
| --- | --- | --- |
| **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: / / |