**Communities for Children Facilitating Partners - Activity Work Plan Report**

| **Activity ID** |  | **AWP reporting period** | 1 July 202X to 30 June 202X |
| --- | --- | --- | --- |
| **Important information** | The purpose of the AWP Report is to report your organisation’s progress on key activities and deliverables over the past 12 months. The AWP Report focuses on qualitative information, which supplements quantitative information that your organisation reports in the Data Exchange. Each section of the AWP Report template corresponds to the sections of the AWP template:   * **Sections 1 and 2** Activity details of evidence-based and other service delivery activities * **Section 3** Budget (not required for the AWP Report) * **Section 4** Administrative and facilitation activities * **Section 5** Governance (if applicable) * **Section 6** Mentoring (if applicable) * **Section 7** Partnerships * **Section 8** Service delivery targets * **Section 9** Barriers to service participation * **Section 10** Community Strategic Plan - progress against priorities * **Section 11** Risk management * **Section 12** Feedback / additional information   The AWP Report must be signed by an authorising officer in your organisation before submission to your Funding Arrangement Manager (FAM).  As per your Grant Agreement, AWP Reports are due on 15 August every year from 2022 to 2026. Please contact your FAM if your organisation requires assistance or cannot submit its AWP Report by the due date. | | |

1. **Activity details – Evidence-based direct service delivery**

Please provide qualitative information, you do not need to duplicate data reported through the Data Exchange (unless you wish to). Please copy and complete a new table for each activity.

| **Activity name** |  | **Category** | *Choose an item.* |
| --- | --- | --- | --- |
| **Priority area** |  | | |
| **Activity description** | *Copy description from the AWP for the reporting period.* | | |
| **Progress report** | *Please consider reporting program on:*   * *whether the activity is on track (i.e. achieved the desired outputs and outcomes during the reporting period)* * *the activity’s impact on the community during the reporting period (positive and/or negative), including any trends in feedback from clients or other stakeholders* * *any challenges or opportunities for improvement* * *any significant changes to the activity during the reporting period.* | | |
| **Evaluation** | *(If applicable) Report progress on planning, undertaking and/or completing an evaluation of the activity.* | | |
| **Service collaboration** | *(If applicable) Report progress on service collaboration, which can include good news stories, new partnerships or learnings.* | | |

1. **Activity details – Other direct service delivery**

Please provide qualitative information, you do not need to duplicate data reported through the Data Exchange (unless you wish to). Please copy and complete a new table for each activity.

| **Activity name** | *Activity identified in the AWP for the reporting period* | **Category** | Non-Evidence-Based Program |
| --- | --- | --- | --- |
| **Priority Area** |  | | |
| **Activity description** | *Copy description from the AWP for the reporting period.* | | |
| **Progress report** | *Please consider reporting on:*   * *whether the activity is on track (i.e. achieved the anticipated outputs and outcomes during the reporting period)* * *the activity’s impact on the community during the reporting period (positive and/or negative), including any trends in feedback from clients or other stakeholders* * *any challenges or opportunities for improvement* * *any significant changes to the activity during the reporting period.* | | |
| **Evaluation** | *(If applicable) Report progress on planning, undertaking and/or completing an evaluation of the activity.* | | |
| **Service collaboration** | *(If applicable) Report progress on service collaboration, which can include good news stories, new partnerships or learnings.* | | |

1. **Budget** **(NOT REQUIRED)**

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1. **Administrative and facilitation activities**

Report progress on administrative and facilitation activities that your organisation undertakes as a Facilitating Partner.

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| **Activity** | **Progress Report** |
| *Activity identified in the AWP for the reporting period.* | *Please consider reporting matters such as:*   * *whether the activity is on track (i.e. achieved the anticipated outputs and outcomes during the reporting period)* * *the activity’s impact on the community during the reporting period (positive and/or negative), including any trends in feedback from clients or other stakeholders* * *any challenges or opportunities for improvement* * *any significant changes to the activity during the reporting period.* |
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1. **Governance (COMPLETE IF APPLICABLE)**

| **Information for Facilitating Partners** | Where a CfC FP is located in a [Stronger Places Stronger People](https://www.dss.gov.au/families-and-children-programs-services/stronger-places-stronger-people) (SPSP) or[Empowered Communities](https://empoweredcommunities.org.au/) (EC) site, FPs should encourage engagement with relevant leadership groups. | | **Is your CfC site located in an SPSP or EC site?** | Yes  No |
| --- | --- | --- | --- | --- |
| **Action/s** | **Objective** | **Progress report** | | |
| *Action identified in AWP for the reporting period.* | *What issue was the action aiming to address?* | *Is the action on track? What has been the impact of the action during the reporting period? Has the action faced any challenges? Has your organisation made significant changes to the action during the reporting period?* | | |
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1. **Mentoring** (**COMPLETE IF APPLICABLE)**

If your organisation delivered activities to families and children during the reporting period and outlined in its AWP that it would mentor other organisations to take over these activities in the future, report progress on the mentoring in the table below.

|  |  |
| --- | --- |
| Activity name |  |
| Planned mentoring | Progress report |
| *Brief summary of the mentoring that your organisation planned in its AWP for the reporting period.* | *Report progress on the activities that your organisation undertook/is undertaking to build capacity of an organisation to take over service delivery in the future, including:*   * *Is it working?* * *Did you achieve the outcome you expected? Were there any unexpected outcomes (positive or negative)?* * *Were you successful in implementing the deliverable/s? Did you experience any issues, difficulties, or unexpected consequences (positive or negative)?* * *What further work is required?* |

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| --- | --- |
| Activity name |  |
| Planned mentoring | Progress report |
| *Brief summary of the mentoring that your organisation planned in its AWP for the reporting period.* | *Report progress on the activities that your organisation undertook/ is undertaking to build capacity of an organisation to take over service delivery in the future, including:*   * *Is it effective?* * *Did you achieve the outcome you expected? Were there any unexpected outcomes (positive or negative)?* * *Were you successful in implementing the deliverable/s? Did you experience any issues, difficulties, or unexpected consequences (positive or negative)?* * *What further areas of improvement are is required?* |

1. **Partnerships**

| **Have you undertaken a partnership analysis using a tool such as those listed on page 7 of the Community Strategic Plan template?** If ‘Yes’, please identify the tool below, outline how it was used and the outcome(s). | | Yes  No |
| --- | --- | --- |
| **Tool** | **How it was used and what were the outcome(s)** | |
| *e.g.* [*SNAICC partnership audit tool*](https://www.snaicc.org.au/wp-content/uploads/2016/03/Partnership-Audit-Tool-2014.pdf) |  | |
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1. **Service delivery targets**

Please note that client targets, and performance against the targets from 1 July 2022 to 30 June 2023, will be considered as part of the review point process that commences in September 2023.

| **Target** | **Description** | **Progress report** |
| --- | --- | --- |
| *Target stated in the AWP for the reporting period.* | *Description of that target as in the AWP for the reporting period.* | *Report progress against the target, including:*   * *whether your organisation and its Community Partners achieved the target or not* * *if you did not meet the target, an explanation of the factors that contributed to this outcome* * *any insights or lessons learned over the past 12 months* * *any changes your organisation intends to implement based on its insights or lessons learned.* |
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1. Barriers to service participation

The department is interested in how services are ensuring clients are accessing and participating in activities. Please report progress on theclients’ participation barrier(s) that your organisation identified in its AWP for the reporting period.

| **Participation barrier** | *Barrier identified in the AWP for the reporting period.* |
| --- | --- |
| **Clients / client group** | *Clients / client group identified in the AWP for the reporting period.* |
| **Deliverable** | *Deliverable identified in the AWP for the reporting period.* |
| **Outcome** | *Outcome(s) identified in the AWP for the reporting period.* |
| **Measure of success** | *Measure(s) to determine if your organisation is successfully addressing the barrier.* |
| **Progress report** | *Report progress, including:*   * *whether your organisation completed the deliverable* * *whether your organisation achieved the expected outcome(s)* * *any unexpected outcome(s) (positive or negative)* * *performance against the measure(s) of success* * *any challenges or opportunities for improvement* * *any insights or lessons learned when investigating and/or addressing the barrier.* |

1. **Community Strategic Plan (CSP) – progress against priorities**

| **Have you undertaken an annual review of your CSP to ensure it remains relevant to the needs of the community?** | | Yes  No |
| --- | --- | --- |
| **Priority area** | **Progress report** | |
| *Priority area identified in your organisation’s CSP* | *Report progress on addressing the priority area over the past 12 months including successes, challenges, performance against measures of success, opportunities for improvement and lessons learned.* | |
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1. **Risk management**

If additional risks are identified by your organisation throughout the reporting period, or an identified risk is realised, please immediately contact your Funding Arrangement Manager to discuss.

| **Risk** | **How the risk will be managed** | **Progress report** |
| --- | --- | --- |
| *Risk identified in your organisation’s AWP for the reporting period.* | *Planned action(s) identified in your organisation’s AWP for the reporting period.* | *Report on progress, including action(s) your organisation took to manage the risk during the reporting period, and whether the likelihood of the risk changed during the reporting period.* |
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1. **Feedback / additional information**

| *This section gives your organisation an opportunity to provide information on any aspects of service delivery that are not already captured in other sections of the AWP Report.*  *For example, your organisation might want to highlight a particular ‘good news story’ or case study (de-identified) related to activities it funds and/or delivers, outline observations of trends in the service delivery area, provide contextual information for data reported in the Data Exchange, report on community consultations, etc.*  *Your organisation might also want to provide feedback on this AWP Report template, such as potential improvements that would better capture the activities your organisation funds and/or delivers and the outcomes achieved by these activities.*  *You may attach documents that your organisation considers relevant to the AWP Report, but please note that attachments do not waive the requirement to complete all section of the AWP Report as instructed.* |
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Your organisation must complete and submit this Activity Work Plan Report by the due dates specified in its grant agreement for the grant activity.

| Facilitating Partner (Organisation):  Service Area Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency: | Community Grants Hub on behalf of the Department of Social Services |
| --- | --- | --- | --- |
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| Facilitating Partner Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Funding Arrangement Manager (FAM) Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facilitating Partner Representative Name:  Position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | FAM Name:  Position: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date signed: | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ | Date approved: | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |