





Instructions

For further assistance on completing this form, please refer to the Activity Work Plan Guide.

Add rows to the following tables as required.

Activity Details

Organisation Name	
Grant Activity Name	
Grant Activity ID	
Total Activity Funding	
Activity Work Plan Start Date	
Activity Work Plan End Date	







Activity Deliverables

Objective	Deliverable	Time frames	Measures of success	Status	Progress Report
For example: Provide appropriate support to Forgotten Australians, Former Child Migrants and people affected by forced adoption policies and practices.	1. Deliver XX number of counselling sessions to approximately XX number of clients	Completed before 30 June 2022	1. XX clients had an overall improvement in their circumstances as measured by XX		

Risk Management (please note any predicted risks & related mitigation strategies)

Risk	How the Risk will be Managed	Report	







Stakeholder

Stakeholder	Interest or Impact	Engagement Strategy	Progress Report
For example: stakeholders, collective networks, partnerships etc.	Eg. Referrals	Introductory Letter Engagement regularly at community network meetings	

Further Comments







<Legal Organisation Name> Department of Social Services

Signed for and on behalf of

Position

Date

Activity Work Plan Report

Page 4