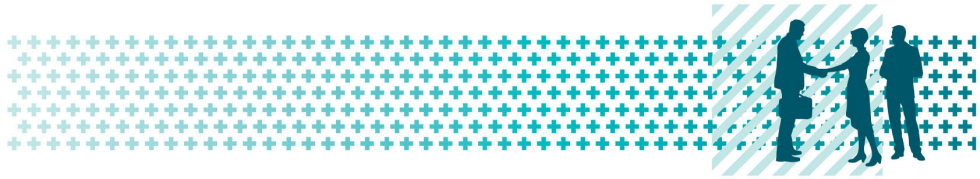
Australian Government

Community Grants Hub
Improving your grant experience



Children and Parenting Support Activity Work Plan Template

Activity Work Plan
Period 1 July 20__ to 30 June 20__

Complete the Activity Work Plan (AWP) by filling in cells that are not shaded. The Department expects providers to use the guidance document available on the Department's website to complete this AWP.

1. Activity Details

Organisation name *From grant agreement. This should always reflect the current legal name of your organisation.*	
Grant Activity name *From grant agreement.*	
Grant Activity ID *From grant agreement.*	
Funding allocation *From grant agreement. Enter the date range.*	

Service description *Please provide a short summary about what you propose to deliver under this Activity/Grant agreement. You may wish to include the change your service seeks to achieve, and the clients your service wishes to target.*	

2. Activity Deliverables

You may duplicate the table/rows below if needed (e.g. for multiple activities, locations, client groups, etc.).

Service name(s) *Please provide the name(s) of your service.*	
Data Exchange service type(s) *As described in the Program Specific Guidance for Commonwealth Agencies on the Data Exchange website.*	
Service location(s) *Provide state, statistical area, and Local Government area information for the location(s) of this service(s).*	
Outlet location(s) *Provide location information (suburb and physical address) for the outlet(s) for this service(s).*	
Needs statement *Briefly describe the need(s), target cohorts and reasons why your service could assist. You should also consider and outline the local circumstances and data that demonstrate the need in the service location(s).*	
Output(s) *Describe what you will deliver to achieve outcomes. Include as applicable, client numbers, session frequency, duration etc.*	

Outcome(s) *Describe the intended result(s) of the output. What is the change you are trying to achieve for the client? E.G. improved parenting skills.*	
Timeframes *When do you anticipate your outcomes would be identifiable/achieved? E.G. parenting skills to improve after 6 sessions.*	
Measure(s) of success *Identify and quantify indicators for whether outcomes have been achieved. How will you measure whether outcomes have been achieved? Will you use a validated tool?*	
Progress report *Please provide an update at the end of the AWP reporting period on this work for the period of 1 July 20__ – 30 June 20__.*	

3. Service delivery targets and barriers to participation

Service delivery targets - Please set targets for each cohort listed below using **whole numbers** (not a range, percentage or ratio).

Target	**Description** *Describe how you know that these targets are appropriate for your service and community. How will you assess whether there are client groups not accessing your services due to barriers they face?*	**Progress Report** *Please provide an update at the end of the AWP reporting period on this work for the period of 1 July 20__ – 30 June 20__.*
Individual Client Target. *The number of clients that you aim to support for the period of 1 July 20__ – 30 June 20__.*		
First Nations Target. *The number of First Nation's clients that you aim to support for the period of 1 July 20__ – 30 June 20__ (if applicable to your grant activity).*		
Client with Disability Target. *The number of clients with disability that you aim to support for the period of 1 July 20__ – 30 June 20__ (if applicable to your grant activity).*		
Culturally and Linguistically Diverse Target. *The number of CALD clients that you aim to support for the period of 1 July 20__ – 30 June 20__ (if applicable to your grant activity).*		

Barriers to service participation

The Department is interested in how services are ensuring clients are accessing and participating in programs. Please provide **at least one example** below of how you are addressing client access barriers. In completing this section, you may wish to consider Families and Children 'Access Strategy' requirements.

Participation barrier *Identify a barrier that is/could be impacting on clients participating in your service. How did you identify this barrier? Is this barrier stopping clients coming to the service completely, or impacting on their return to services?*	
Clients / client group *Identify a potential group of clients that are/could be facing this barrier to fully participating in your service.*	
Deliverable *What are you going to do to address this participation barrier? How could it be overcome or reduced?*	
Outcome *What outcomes do you expect to achieve as a result of the actions you will take?*	
Measure of success *What would success look like? How will you measure if your actions have had an impact? How will you quantify success?*	

Progress report *Please provide an update at the end of the AWP reporting period on this work for the period of 1 July 20__ – 30 June 20__.*	

4. Evidence base

Please note: you can create new rows in the table below if needed.

5. Risk Management

Please note: you can create new rows in the table below if needed. 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 *Please list the identified or foreseeable risks to service delivery that your organisation may experience.*	**How the risk will be managed** *What actions will your organisation take to address these risks?*	**Progress Report** *Please provide an update at the end of the AWP reporting period on this work for the period of 1 July 20__ – 30 June 20__.*

6. Budget

Please note: you can create new rows in the table below if needed.

Budget should be broken down per state and/or territory for services delivering across multiple states and/or territories, or broken down by service delivery locations if appropriate to your service.

Items *Please provide a detailed breakdown of your budget. Individual items may include:* • *Staffing costs by FTE (with a breakdown and outline of staffing roles)* • *Staff training and development* • *Administration* • *Website and online resource maintenance* • *Marketing and Promotion* • *Research and Evaluation* • *Assets including equipment*	**Budgeted Amount** *What amount is allocated to each item?*	**Expended Amount** *Please report on expended amounts against the line items for the period of 1 July 20__ – 30 June 20__.*
Totals	*Total budgeted amount* *(Should equal funding allocation)*	*Total expended amount* *(Should equal funding allocation)*

7. Stakeholder engagement and referral pathways

Service promotion

	Yes ☐ No ☐

Stakeholders

Please note: you can create new rows in the table below if needed.

8. **Feedback / Additional information** (This section is optional)

In this section, you may include information on any aspect of service delivery not already captured in the previous AWP sections.

You may wish to highlight a particular ‘good news story’ or case study (de-identified) related to your service(s), outline observed client trends in your service delivery area, provide context to accompany your Data Exchange reporting, report on community consultations, etc.

You may also wish to provide the department with feedback on how this AWP template could be improved to better capture the activities your organisation undertakes, and the outcomes you are achieving.

You may attach documents to this AWP report; however, attachments cannot replace your written responses in this AWP or AWP report.

This Activity Work Plan is to be finalised by the Activity Work Plan Milestone due date as specified in the grant agreement.

Note: Activity Work Plans are not finalised until both Provider/Organisation and Community Grants Hub signatures are entered.

Service Provider/Organisation: _____

Agency: Community Grants Hub on behalf of the Department of Social Services

Service Provider Signature: _____

Funding Arrangement Manager (FAM) Signature: _____

Name and position: _____

FAM Name and position: _____

Date: ____ / ____/ ____

Date: ____ / ____/ ____