**Activity Work Plan**

## **Background and instructions**

**Activity Work Plan (AWP)** – provides information about how you will deliver services. Your Funding Arrangement Manager (FAM) will negotiate and approve your AWP at the start of an agreement or reporting period. *Item E. Reporting* of the grant agreement specifies when the AWP is due. You will need a copy of your grant agreement and grant opportunity guidelines to complete the AWP. A copy of your grant application, where relevant, is also useful.

**Activity Work Plan Report (AWPR)** – documents what you have delivered against the approved AWP. *Item E. Reporting* of the grant agreement specifies when the AWPR is due. Please use your approved AWP to document your achievements and progress for the reporting period in the AWP Report column.

Each table includes guidance text to assist you to complete the template. Add rows to the tables as required.

If you have any questions about completing the AWP or AWPR, please contact the Community Grants Hub. See *Item F. Party representatives and address for notices* in your grant agreement.

## **Activity details**

| **Organisation Name**Please enter the name as the legal name displayed in Parties section of your grant agreement |  |
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| **Grant Activity Name**Please enter program name from Section A of the grant agreement |  |
| **Grant Activity ID**Please enter Activity ID. Your Activity ID is displayed immediately above section B. Activity. The Activity ID is an alphanumeric code with the following format: Y-XXXXXX. |  |

## **Activity deliverables**

When completing the Activity Work Plan, populate the Objective, Deliverable, Time frames and Measures of Success sections. Only complete the AWP Report column when submitting your AWPR.

You may duplicate the rows in this table as many times as necessary to describe each deliverable.

| **Objective*** Describe the intended outcome that your activity / service aims to achieve.
* Outline the need for the activity/service.
* Identify key issues that the activity / service seeks to address and the groups that may experience these issues*.*
 | **Deliverable*** Describe the key tasks / output that you will complete to achieve the activity objectives.
* Deliverables should be specific, measurable, and linked to the intended objectives of a service or deliverable.
 | **Time frames**Specify the timeframes in which you expect to complete the deliverable. | **Measures of success*** Identify one or more measures of success for the stated objective/s. This should include indicators that will, once collected, demonstrate the impact of the action(s).
* A measure of success includes what the Department of Social Services and/or you intend to measure, how it will be measured, and when it will be measured.
 | **AWP Report*** Document if your intended deliverables have been achieved, or outline if you are on track to achieve the deliverable.
* If you are not on track to achieve the deliverable, outline what steps you have taken so far and steps you will take in the future to achieve the deliverable.
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## **Risk management (please note any predicted risks & related mitigation strategies)**

When completing the Activity Work Plan, populate the Risk and How the Risk will be Managed sections. Only complete the AWP Report column when submitting your AWPR.

You may duplicate the rows in this table as many times as necessary to describe each identified risk.

| **Risk*** List any risks you have identified that could affect the successful delivery of activities, outputs and/or outcomes.
* Risks might include, but are not limited to activity, operational, health and safety or reputational.
 | **How the Risk will be Managed*** Outline the action(s) your organisation will take to mitigate and/or manage each risk.
* This should include consulting your FAM ahead of any media contact referencing activities or issues related to your Grant Agreement.
 | **AWP Report*** Document if your risk management strategies were successful and/or provide an update on how they are progressing.
* List any new risks are identified, and new management strategies as required.
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## **Budget**

When completing the Activity Work Plan, populate the Items and Budgeted Amount sections for the financial year. Only complete the AWP Report column when submitting your AWPR.

You may duplicate the rows in this table as many times as necessary to describe each item / key category.

| **Items**List the budget category (e.g. staff, travel) | **Budgeted Amount**List the amount expected to be spent | **AWP Report**Document the amount you actually spent. |
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## **Stakeholder**

When completing your Activity Work Plan, populate the Stakeholder, Interest or Impact and Engagement Strategy sections. Only complete the AWP Report column when submitting your AWPR.

You may duplicate the rows in this table as many times as necessary to describe each stakeholder.

| **Stakeholder**Name the stakeholders who you will need to engage with in the delivery of this activity. | **Interest or Impact**Describe why you need to engage with the stakeholder. For example, what interest does the stakeholder have in the activity, or how will the activity affect the stakeholder? | **Engagement Strategy**Describe how you will engage with the stakeholder to mitigate potential risks. This may relate to the stakeholder’s interest in, or the impact of, the activity. | **AWP Report*** Document whether your stakeholder engagement strategies were successful. You may want to provide an update on how they are progressing.
* Consider if your current stakeholder engagement strategy requires updating.
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## **Further comments**

You are welcome to provide extra information to illustrate your service. You may want to include a case study, examples of better practice, or barriers to success of the program.

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Authorised signatories of your organisation must complete this section. Once co-signed, the AWP forms part of the Grant Agreement. Your FAM will send you a copy of the approved AWP to keep for your records. Your organisation and the Commonwealth may request an update to the AWP at any time. Any updates will be subject to the acceptance and approval of the Commonwealth.

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| Signed for and on behalf of(Legal Organisation Name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department of Social Services |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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