**Activity Work Plan (AWP) Template**

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**

|  |
| --- |
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|  |

|  | <Legal Organisation Name> | Department of Social Services |
| --- | --- | --- |
| Signed for and on behalf of | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |