**Activity Work Plan**

Background and instructions

Activity Work Plan (AWP) – provides information about how you will deliver services. It is negotiated with, and approved by your Funding Arrangement Manager (FAM) at the start of an agreement or reporting period. *Item E. Reporting* of the grant agreement specifies when the AWP is due. To complete the Activity Work Plan (AWP) you will need a copy of your grant agreement, grant opportunity guidelines and grant application (where relevant).

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

Each table includes guidance text in blue to assist you to complete the template. Remove all blue guidance text before sending the AWP or AWPR to your FAM. Add rows to the tables as required.

If you have any questions about completing the AWP or AWPR, please contact the Community Grants Hub as per *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 |
| --- | --- |
| **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

Complete the Objective, Deliverable, Time frames and Measures of Success when completing the Activity Work Plan. 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** | **Deliverable** | **Time frames** | **Measures of success** | **AWP Report** |
| --- | --- | --- | --- | --- |
| 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*.* | Describe the key tasks / output that you will complete to achieve the activity objectives. Deliverables should be specific, measurable, and clearly linked to the intended objectives of a service or deliverable.  | Specify the timeframes in which you expect to complete the deliverable. | 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. | 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.  |

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

Complete the Risk and How the Risk will be Managed sections when completing the Activity Work Plan. 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** | **How the Risk will be Managed** | **AWP Report** |
| --- | --- | --- |
| 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. | 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. | 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.  |

Budget

Complete the Items and Budgeted Amount sections when completing the Activity Work Plan. 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** | **Budgeted Amount** | **AWP Report**  |
| --- | --- | --- |
| List the budget category (e.g. staff, travel) | List the amount expected to be spent  | Document the amount you actually spent.  |
| List the budget category (e.g. staff, travel) | List the amount expected to be spent | Document the amount you actually spent.  |

Stakeholder

Complete the Stakeholder, Interest or Impact and Engagement Strategy when completing the Activity Work Plan. 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** | **Interest or Impact** | **Engagement Strategy** | **AWP Report** |
| --- | --- | --- | --- |
| Name the stakeholders who you will need to engage with in the delivery of this activity. | Briefly describe why you need to engage with the stakeholder, i.e. what interest does the stakeholder have in the activity/how will the activity affect the stakeholder? | Briefly describe how you will engage with the stakeholder to mitigate potential risks relating to the stakeholder’s interest in, or the impact of the activity | Document whether or not your stakeholder engagement strategies were successful and/or provide an update on how they are progressing.Consider if your current stakeholder engagement strategy requires updating. |

Further comments

| You are welcome to provide additional information to illustrate your service, potentially including a case study, examples of better practice or barriers to success of the program. |
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This section must be completed by authorised signatories of your organisation. Once co-signed the AWP forms part of the Grant Agreement. A copy of the approved AWP will be sent to you by your FAM to retain for your records. Your organisation and the Commonwealth may request an update to the AWP at any time 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ | \_\_\_\_ / \_\_\_\_/ \_\_\_\_ |