

STATE NRM PROGRAM: PROGRESS REPORT

PROJECT TITLE:

STATE ID NUMBER:

REPORTING PERIOD 6 MONTHS ENDING: MONTH YEAR

PROPONENT DETAILS

Please advise any changes to contact details

Organisation:	
Project contact:	
Postal address:	
Contact telephone:	Contact mobile:
Contact fax:	Contact email:
Project completion date:	
Final report due date:	

FUNDING SUMMARY

Figures are GST exclusive

Total funding approved	\$
Total funding paid to date	\$
Funding yet to be disbursed	\$
Next scheduled payment	\$

ACQUITTAL OF FUNDING

Figures should be GST exclusive (to be completed by proponent)

Funding reported on hand as at day month year	A	\$
Funding received day month to day month year	B	\$
Interest earned day month to day month year	C	\$
Expenditure for day month to day month year	D	\$
Funds on hand as at day month year (A+B+C-D)	E	\$

FUNDING REQUIRED

Figures should be GST exclusive (to be completed by proponent)

Estimated expenditure day month to day month year	F	\$
Funds on hand as at day month year (same as E above)	E	\$
Net funds required (F-E)	G	\$

ASSETS

List any assets purchased in this reporting period as part of the funding agreement/schedule that are worth more than \$5000

Asset purchased	Purchase date	Purchase price (ex .GST)
		\$
		\$
		\$

Do you anticipate purchasing any assets that have not been approved as part of the project schedule? Y/N
If YES you will need to submit a request to the State NRM Office seeking approval to purchase.

INTELLECTUAL PROPERTY

Was there any intellectual property generated during the reporting period?

If YES, please describe

STATEMENT OF PROGRESS

Please provide a short summary of the projects progress **during this reporting period**. This information should complement details provided on progress against project milestones and outputs (requested below).

Were there any unforeseen issues during the reporting period (both positive and negative)? *Include unexpected results and key learnings.* Do you believe that the project is on track?

PROJECT MILESTONES

Please detail your progress against project milestones – include progress towards milestones that are not due in this period.

MILESTONE NUMBER	MILESTONE	DUE DATE	STATUS
1.			
2.			
3.			

MILESTONE NUMBER	MILESTONE	DUE DATE	STATUS
4.			
5.			

KEY OUTPUTS

Please detail your progress against project outputs

OUTPUT NUMBER	OUTPUT	OUTPUT MEASURE <i>e.g. Km, Ha..</i>	NUMBER ACHIEVED
6.			
7.			
8.			
9.			
10.			

PARTICIPATION

A. How many people have been involved in the project since its commencement?

Please provide the cumulative total

Number of employees	
Number of volunteers	

B. What groups/organisations/businesses have contributed to the project so far?

Please provide cumulative contributions since the commencement of the project.

List all who contributed to the planning, implementation, administration and financial aspects of the project.

e.g. community groups, schools, government, business, indigenous groups (please include your own group)

NAME OF GROUP/ORGANISATION	DESCRIPTION OF CONTRIBUTION <i>e.g. volunteer hours, equipment use, specialist services</i>	TYPE OF CONTRIBUTION (Cash or in-kind*)	DOLLAR VALUE
<i>e.g. Organisation X</i>	<i>Purchase Fence Material</i>	<i>Cash</i>	<i>\$10 000</i>
<i>e.g. Organisation X</i>	<i>Build Fence</i>	<i>In-kind</i>	<i>\$30 000</i>

***In-kind** contributions include the donation of:

- time (volunteer hours, specialist services – see grant guidelines for latest volunteer rates)
- use of equipment
- materials

DETAILS OF GRANT SPENDING

Please provide details on what your grant funds were spent on during this reporting period.

NAME OF SERVICE PROVIDER	ITEMS/SERVICES PURCHASED	DOLLARS SPENT
		\$
		\$
		\$
		\$
		\$
		\$

MEDIA OPPORTUNITIES

Are there any events coming up that we could use to promote your work and the benefits of State NRM Program funding? *If YES please list*

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