(1)Reporting Template for:

# Summary

### Activity information

|  |  |
| --- | --- |
| Name of Organisation |  |
| Goal |  |

### Agreement or Contract information

|  |  |
| --- | --- |
| Start and end dates |  |
| Total cost |  |
| Reporting period |  |

### Report preparation

|  |  |
| --- | --- |
| Prepared by |  |
| Others involved or consulted |  |
| Date of report |  |

# 1. Key Conclusions and Necessary Actions

Briefly describe the overall result / outcome of your action. Then briefly describe any actions that are still needed to complete the activity or if this activity will continue despite this contract having finished.

# 2.Challenges Experienced (Bullet points)

Briefly describe challenges relating to the achievement of your 1) output(s) 2) outcome(s) 3) any unexpected negative outcomes.

3.Successes (Bullet points)

*Briefly describe success relating to the achievement of your 1) output(s) 2) outcome(s) 3) any unexpected positive outcomes.*

# 4.Key Lessons Learnt

*If you were to do this project again, are there any key lessons that you learnt that you think would improve outcomes – would you do things differently?*

# 5.Authorisation

I declare that the information contained in this report is true and correct and confirm:

* Principal’s Funds were received and used only for the agreed purpose(s); and
* All conditions attached to Principal’s Funding have been met; and
* Principal’s Funds have been fully utilised for the intended purpose, OR
* There are unspent Funds and I understand that the Principal may deduct this amount from the next tranche payment of Funds OR a cheque is attached returning these Funds to the Principal.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Full Name (in block capitals)* |  | *Title / Position (e.g. CEO)* |
|  |  |  |
| *Signature* |  | *Date* |

# 6. Appendices

This report includes the following Appendices and Records:

* Appendix A: Progress Against Agreed Budget (table)
* Appendix B: Progress against Results Framework (table)
* All Financial Records and Receipts

# **7.FINANCIAL REPORTING TEMPLATE**

*NB: Examples provided, adjust to suit your organisation*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Output** | **Planned Expenditure** | **Actual Expenditure** | **Variance** | **Reason for Variance** |
|
|
| **SIF Funds received** |  |  |  |  |
|  |  |  |  |  |
| **Output 1. Management Costs- salaries e.g** |  |  |  |  |
| Staff 1 |  |  |  |  |
| Paye |  |  |  |  |
| Staff 2 |  |  |  |  |
| Paye |  |  |  |  |
| **Output 2. Operation Costs e.g** |  |  |  |  |
| Rental |  |  |  |  |
| Telephone/Internet |  |  |  |  |
| Power |  |  |  |  |
| Fuel |  |  |  |  |
| **Output 3. Activities/programme e.g** |  |  |  |  |
| 1.Home visits |  |  |  |  |
| 2.Counselling |  |  |  |  |
| **Output 4. Outer Islands Development e.g** |  |  |  |  |
| Mangaia – counselling skills training |  |  |  |  |
| Atiu – capacity building |  |  |  |  |
| Aitutaki – monitoring/followup etc |  |  |  |  |
| **TOTALS** |  |  |  |  |

**8.Results Measurement Framework**

*NB:Your RMF is based on your budget. Delete examples here once you understand the requirement.*

**GOAL:** Example – This is the overall Impact that the activity is expected to contribute towards e.g Improved health and wellbeing of all persons with disabilities etc in the community (could be any focus group)

|  |  |
| --- | --- |
| **Long Term Outcomes** | *These are the effects or intended changes as a result of your short to mid term outcomes,such as social, economic, environmental conditions*  *e.g Improved health of the elderly, children etc* |
| **Medium Term Outcomes** | *These can be the changes in behaviour, practice, decision making, social action etc*  *e.g Increased or improved attendance/participation of babies aged 0 -4 years to community clinics of babies for immunisation/ tetanus shots etc* |
| **Short Term Outcomes** | These will be like access, learning, knowledge, skills as a result of providing your particular service  e.g better access to clean water/counselling services etc |
| **Outputs** | *These are the products and services needed to achieve your outcomes above*  *1.Management costs – need staff to do the work*  *2.Operational costs- need an office to work from and associated costs*  *3. Activities – Home Vists, counselling*  *4. Outer Island Development – Training, capacity building, monitoring followup etc* |

**9.Results Measurement Table**

*NB: Cut and Paste from your Results Measurement Framework above*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Long Term Outcomes** |  | | | | |
|  | **Indicator**  (*#Numberor percentage)* | **Baseline**  *(Current figures)* | **Target**  (*Figures you expect in the next year)* | **Actual Results** *(Only completed at 6 month reporting)* | **Data source** |
| *Improved health of the elderly* | e.g # of elderly clients | Year 17/18: M F | 17/18:M F | 17/18: M F |  |
| # visits to the centre |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
| **Medium Term Outcomes** |  | | | | |
|  | **Indicator** | **Baseline** | **Target** |  | **Data source** |
| *Increased or improved attendance/participation* | # of babies attended clinics | 17/18: | 17/18: | 17/18: |  |
|  |  |  |  |  |
|  | #of parents attended w/s days for lifeskills training |  |  |  |  |
|  |  |  |  |  |
| **Short Term**  **Outcomes** |  |  |  |  |  |
| better access to clean water | # of people using the water station at Takuvaine Clinic | 17/18: | 17/18: | 17/18: |  |
|  |  |  |  |  |
| **Outputs** |  |  |  |  |  |
| Management costs | **1 x FT Staff**  PAYE | 17/18: salary $18,000  Paye | 17/18: salary expect to spend, | 17/18: Total salary at 6 months |  |
| 1 x PT Staff  No PAYE | 17/18: salary $11,000 | 17/18: | 17/18: |  |
| Operational Costs (optional) | Expense | 17/18: approved amount | 17/18: the same, on track | 17/18: |  |
| Activites | # Home Visits | 17/18: | 17/18: | 17/18: |  |
| # counselling sessions | 17/18: | 17/18: | 17/18: |  |
| Outer Island Dvpt | # Training | 17/18: | 17/18: | 17/18: |  |
| # Monioring | 17/18: | 17/18: | 17/18: |  |
|  |  |  |  |  |