

Progress Report

Form Preview

Grant Progress

* indicates a required field

The Perth Children's Hospital Foundation uses reports to evaluate grant progress/outcomes and expenditure of a funded project, as well as communicate project impact to Donors and the general public. The reports will be due to the Foundation in accordance with the schedule set by the grant agreement letter.

Report Details

Name of person completing the report: *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Daytime phone number: *

Must be an Australian phone number.

CAHS email address: *

Must be an email address.

Is the person completing the report the primary applicant? *

Yes No

What is your role in the project? *

Reporting Period

Please list the dates this report covers below, e.g. 1 July 2020 to 31 December 2020

Note: Final acquittal reports will cover the full duration of the project, whereas progress reports will cover the progress made since the previous report was submitted.

Start date of current reporting period *

End date of current reporting period *

<input type="text"/>	<input type="text"/>
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Must be a date.
First date this report covers

Must be a date.
Last date this report covers.

Project Details

Project Title

This question is read only.

Approved Project Start Date

This question is read only.

Project Type

This question is read only.

Approved Project End Date

This question is read only.

Award Letter Date

This question is read only.

Total Funds Awarded

This question is read only.

Funding Secured Letter Date

This question is read only.

Administering Institution

Ethics Approval Number

Ethics Approval Date

Governance Approval Number

Governance Approval Date

Short project description detailed in the application:

This question is read only.

'Solution/proposed change' as detailed in the application:

This question is read only.

Please describe the aims of your project as outlined in your application. *

Equipment Grant Details

Please fill out dates below as applicable to your project.

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Equipment installation/commission date

Must be a date.

Date training for staff on use of equipment completed

Must be a date.

Date equipment first used for intended purpose

Must be a date.

Project Progress

Please describe your progress to date as related to your 'Solution/proposed change' and milestones outlined in your application. Please share what you consider to be the project's impact thus far, as well as ensure you include the planned activities that have taken place this reporting period, any planned and unplanned achievements and obstacles, changes to implementation plan, updates regarding collaborations with external entities to deliver project outcomes, etc. *

Project Plans

Please outline the direction of your project over the next reporting period, including planned milestones. *

Please comment on whether you are on target to complete your project by the agreed end date. If you are not on target or have experienced a change in circumstances which affect agreed timelines or budget, please provide explanatory comments in this section. NOTE: Grant variations and extension requests must be formally requested via a formal letter to the Foundation CEO with reasons enclosed via grants@pchf.org.au *

Project Imagery, Videos, and Media

If possible at this stage of your project, please upload at least one hi-res image, video or other media related to your project which may demonstrate impact related to your project (e.g. headshot of clinician, patient or family participating in project, image of funded equipment/training session/etc.). If you require assistance capturing content, please contact grants@pchf.org.au and the Grants team will provide guidance on this process.

Please note, files provided may be used on social media, websites, annual reports, etc., therefore please ensure permission from individuals featured or suppliers are captured as photos and videos may be shared with prospective donors and the public. Consent forms obtained should be uploaded below.

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Image, video or media	File description	Consent form (if applicable)

Project Materials

If applicable, please provide copies of any project/ translational materials that have been produced as a result of this project/activity, e.g. resources developed, publications, presentation materials, etc. These materials help demonstrate project impact and outcomes to the Foundation and any donors aligned to your grant.

Project materials	File description	Consent form
		If applicable

Budget Details

* indicates a required field

Please complete this budget section by providing an itemised list of expenses using the tables or upload function below. It is strongly recommended that applicants contact their CAHS Finance Business Officer or Administering Institution for input on this section to ensure accuracy of reports.

Please list all items as ex-GST when reporting grant expenditure.

Please note: Expenses must reflect items and resources approved in the application budget. Please refer to your application and Funding Secured Letter for details.

Budget Report - If you are uploading your finance statement instead of filling out the tables below, please do so here.

Attach a file:

Project Expenditure - Salaries

Name of Person	Position	Time Period	Cost Ex-GST
e.g. John Smith	e.g. Haematology/ Oncology Fellow - Senior Registrar	e.g. 15 July to 14 August 2020	Must be a dollar amount.
			\$

Project Expenditure - Equipment, Consumables, and Other Expenses

Time Period	Budget Item	Cost Ex-GST
e.g. 15 July to 14 August 2020	e.g. Insulin Pumps x3	Must be a dollar amount.
		\$

Other Project Expenditure - not funded by PCHF

Expenditure related to the project, but not funded by PCHF.

Funding Source	Time Period	Budget Item	Cost Ex-GST
e.g. CAHS	Q2 FY21	e.g. in kind printing and stationary	Must be a dollar amount.
			\$

Project Expenditure Totals

Total grant funds awarded:

\$

This number/amount is calculated.

Grant funds expended to date:

\$

Must be a dollar amount.

Grant funds remaining to be expended:

\$

This number/amount is calculated.

Anticipated Claims

This section relates to anticipated claims for the remaining duration of your grant.

If relevant, have there been any changes to the anticipated claims schedule you provided to PCHF?

- Yes No

Please describe the reasons for the changes and any associated impact on the project. Please note, any change of circumstance to the grant that may affect agreed budget or project outcomes must be advised to PCHF and approval sought for the relevant changes.

Please provide an updated anticipated claims schedule here. Please note, the Grants team will contact you if any clarifications or approvals are required for the changes. Any change of circumstance to the grant that may affect agreed

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budget or project outcomes must be advised to PCHF and approval sought for the relevant changes.

Attach a file:

Have there been any circumstances that resulted/will result in funds being unspent? *

Yes

No

Please note, unless notified, the Foundation will recoup/retain funding not spent at the end of the agreed funding period.

Please provide details regarding any existing or anticipated unspent fund balances.

Report Submission

By submitting this report, you agree that the information provided in this report is accurate to the best of your knowledge. You also acknowledge that the Foundation will retain or recoup via invoice any funding not spent at the end of the agreed funding period from the date of commencement unless agreed otherwise.