FINAL ACQUITTAL WORKSHEET

WORKSHEET ONLY

The Telematics Trust is interested to learn more about your project. Please complete the online form here.

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| PROJECT DETAILS | | | | |
| Project title *(limit to 50 characters)* | | | | |
| Project start date / / | | | | Project end date / / |
| Amount received | | | | Total project cost |
| APPLICANT DETAILS | | | | |
| **Organisation/Applicant name** | | | | |
| **Contact name for discussion of the project** | | | | |
| **Title** | | **Position** | | |
| **Phone** | ( ) | | | |
| **Email** | | | **Web** | |

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| About the project |
| **Have your main and secondary fields of interest changed since your application? (list)** yes/no  **If so (list):** Arts, Culture & Humanities/Disability Services/Education/Health, Well being & Medical research/International Development & International relations/Community & Economic Development/Civil Society/Employment & Training/Environment/Sport & Recreation  Main field of interest:  Other fields of interest:  **Comments (optional)** |
| **Have the main users and beneficiaries of your project/ other users of your project changed since your application? (list)** yes/no  **If so (list):** General public/Aboriginal or Torres Strait Islander Peoples/People with a disability, illness or disease/People experiencing socio-economic disadvantage or vulnerability/Unemployed people/People experiencing or at risk of homelessness/Asylum seekers, refugees, migrants and people from CALD backgrounds/Flora & fauna (for environmental projects)/ General population/LGBTQI people/Women/Men/CALD Communities  Main users/beneficiaries:  Other users/beneficiaries:  **Comments (optional)** |
| **Has the target age group changed since your application? (list):** yes/no  **If so (list):** Early years (0-5)/Children and Youth (0.25)/Youth (5-25)/Adults (26-64)/Seniors (65+)/No specific age group  **Comments (optional)** |
| Has the geographic scope of your project changed since your application? (List) yes / no  If so (list):  1. Australia wide ☐ Metropolitan ☐ Rural ☐ Remote ☐ Regional ☐  2. VIC ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ SA ☐ TAS ☐ WA ☐  3. The project will also have an international reach ☐  Comments (optional) |
| **PROJECT: DESCRIPTION** |
| Please explain your project. *(2500 characters)* Outline the problem you addressed and relevance to the current environment, the activities you undertook and what you achieved as a result |
| How many people did you reach with your project? >100 people / 101-500 people / 501-5000 people / 5001 – 10,000 people / >10,000 people |
| Was this more or less than you indicated in your application and why? *(50 words)* |
| PROJECT: INNOVATION & ALIGNMENT WITH TELEMATICS TRUST |
| * + - 1. **What type of technology did your project use? (list)** Augmented reality/VR, Digital mapping, E-learning platform, Course development/software development, Online hub, Other (self nominated) |
| * + - 1. **Has this changed since your proposal? If so, please comment (optional)** (1500 characters) |
| * + - 1. **How did innovative technology help achieve your educational goals?** (2500 characters) |
| RISK & PROJECT MANAGEMENT |
| Were there any unexpected issues or challenges throughout the project and how did you manage them? *(1500 characters)* For example: Was the project completed within the expected timeframe and budget? If not, please outline the key reasons for the delay and how you managed them |
| EVALUATION, IMPACT & LONGER-TERM SUSTAINABILITY |
| Was your project a success? How did you evaluate the project and did this demonstrate what you wanted to achieve? *(250 words)* Please outline the evaluation method and results *(if possible, attach relevant documentation).* |
| * + - 1. **Please outline project outcomes in the table attached.** Please refer to your original application.  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Summary** | **As evidenced by (qualitative or quantitative measures)** | **Goal** | **Actual** | | *Example outcome* | More Victorian children living with disability have access to the learning technologies they need to assist in their growth & development | Number of children participating in our program unique website users  Annual growth in number of participants  Carer feedback | 500 children Year 1  5% p.a. growth  positive survey feedback | 600 children Year 1  5% p.a. growth  Carers observed a range of improvements in their children’s development as a result of using our service | | Outcome 1 |  |  |  |  | | Outcome 2 |  |  |  |  | | Outcome 3 |  |  |  |  | |
| What was the impact of the project? Please provide a brief statement *(2000 characters)* You may wish to consider the impacts on your team, users, practice or policy, and how it affected people’s knowledge, behaviour, attitudes, emotions awareness or skills. Please include any quotes from staff or end users about the project impact. |
| Did your project gain any recognition or win any awards? *(1500 characters)* Please list any recognition your project has received, e.g. media mentions, awards, commendations, academic papers, conference presentations etc |
| What did you learn through the project? *(2000 characters)* |
| What is the future of this project? *(2000 characters)* Outline any steps towards scaling the project and what has been done to date. |
| How were the outcomes of this project communicated to beneficiaries, government and the wider community? *(2000 characters)* |
| FEEDBACK (OPTIONAL) |
| What suggestions do you have for the Trust to improve its grant making processes? *This section will support the Telematics Trust to improve its grant making processes to increase the impact of our giving program. We are interested in your feedback*. |
| ADDITIONAL ATTACHMENTS |
| Upload any relevant related reports or materials |

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| FINANCIAL ACQUITTAL (Requirement) |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | * + - 1. Please provide a statement of total project income and expenditure with itemisation of:   The amount received from the Telematics Trust;  Other funding sources and amounts received from each;  Amount expended over the term of the project; and  Balance remaining at the date of this report.  Please ensure that this statement is signed and dated by the CEO or equivalent of your organisations or funding partner. | | | | | | | **INCOME** | **Telematics**  **grant (amount received)** | **Applicant cash contribution** | **Applicant in-kind contribution** | **Other cash contribution (e.g. other foundations, government). N.B. A letter of support from the funding organisation is required** | **Other in-kind** | | **Project budget breakdown by source and type** | $ | $ | $ | $ | $ | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | **TOTAL** | **$** | **$** | **$** | **$** | **$** | | **TOTAL INCOME** | **$** | | | |  | | **EXPENDITURE** | **Telematics**  **grant** | **Applicant cash contribution** | **Applicant in-kind contribution** | **Other cash contributions** | Other in-kind | | Content management / website development / IT development / Project Management | $ | $ | $ | $ | $ | | Research | $ | $ | $ | $ | $ | | Salaries (PLEASE NOTE: applicant must specify the position the salary costs are for and include a detailed breakdown of costs) | $ | $ | $ | $ | $ | | Equipment/Infrastructure | $ | $ | $ | $ | $ | | Monitoring and evaluation | $ | $ | $ | $ | $ | | Administration and overhead (ie. office supplies, postage, printing, etc) | $ | $ | $ | $ | $ | | Marketing / Events / Travel | $ | $ | $ | $ | $ | | Training and professional development | $ | $ | $ | $ | $ | | Other budgeted expenses: please include | $ | $ | $ | $ | $ | |  | $ | $ | $ | $ | $ | |  | $ | $ | $ | $ | $ | |  | $ | $ | $ | $ | $ | | **TOTAL** | **$** | **$** | **$** | **$** | **$** | | **TOTAL EXPENDITURE** | **$** | | | | |  | |  | | | | | |  | |

# DECLARATION

*This statement is to be signed by the CEO or equivalent of your organisation.*

I/we certify that the grant from the Telematics Course Development Fund was spent in accordance with the project detailed in the grant application, and that the attached statement of expenditure accurately represents a true and fair record of the transactions for this project.

Name:

Signature: Date: