**SECTION 1: ADMINISTRATION**

**IMPORTANT NOTE TO APPLICANTS**

Please insert in the footer:

1. Lead Chief Investigator Surname
2. Administration Institution Name
3. OCRF Grant ID number & Reporting Period Dates

|  |
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| **1A CORE DETAILS** |
| **OCRF GRANT ID** |  |
| **Lead Chief Investigator** |  |
| **Scientific Project Title** |  |
| **Grant Start Date** |  | **Grant End Date** |  |
| **Reporting Period**(i.e. 1/07/2021 – 30/06/2022) |  |
| **Total Value of Grant** |  | **Funds Received for this Period** |  |
| **Report Due Date** |  | **Submission Date of this Report to OCRF** |  |

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| **1B Lead Chief Investigator (Lead CI) – Contact Details** |
| **Title** |  |
| **Full Name** |  |
| **Department** |  |
| **Institution** |  |
| **Address** |  |
| *Suburb* |  | *State* |  | *Postcode* |  |
| *Please select Country* | Australia / New Zealand |
| **Office Phone** |  | **Mobile** |  |
| **Email** |  |
|  |
| **1C Administering Institution & Research Administration Officer (ROA)**  |
| **Name of RAO** |  |
| **Department & Institution** |  |
| **Office Phone** |  | **Email** |  |

**SECTION 2: SUMMARY OF RESEARCH & PROGRESS**

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| **2A PROJECT OVERVIEW** |
| **Synopsis (max 300 words)** Please explain the purpose of your research (including background and rationale). Please use language that the general public will understand. |
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| **Original Objectives Summary (max 200 words)**Please outline the objectives of the research project (as specified in the original application). |
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| **2B PROGRESS FOR THE REPORTING PERIOD** |
| **Reporting Period Plans, Milestones and Deliverables (max 150 words)**Please outline the research plans as well as the specific Milestones and Deliverables for this reporting period (as provided in the original application). |
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| **Reporting Period Research Progress & Achievements (max 1000 words)**Please describe your progress for the reporting period including:1. achieving the research aims;
2. in testing the hypotheses against Milestones and Deliverables in the original application;
3. any original data to support stated progress and achievements; and
4. any additional conditions specified in the Schedules to the Funding Agreement.
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| **2C CHANGES TO THE PROJECT** |
| **Personnel Changes**1. If the personnel have been appointed as budgeted, please provide the name, position, short bio and contact email for these personnel
2. If the personnel have changed from those specified in the original application please provide details and confirmation that OCRF has been notified of the changes in line with the Funding Agreement
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| **Direction of Research**If the direction of the research has changed from that specified in the original application, please explain the reasons, the changes against the original research plan, the objectives and anticipated outcomes. |
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| **Difficulties & Challenges**If applicable, please outline difficulties and/or challenges that have affected the progress of this Project including the impact on original timelines, milestones, deliverables, and how these are being addressed.  |
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| **2D NOTIFICATION OF DELAY** |
| **Extension Request**If the changes to the Project are likely to result in the need for an extension to timelines beyond the current grant period, please give an indicative extension date for consideration. |
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| **2E ETHICS AND INSTITUTIONAL APPROVALS** |
| Have all relevant notifications and approvals (including ethics) been obtained and kept current during the period? Have any changes been required to Institutional Approvals as a result of any changes to the Project and what are they? |
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| **2F UPCOMING YEAR – MILESTONES & DELIVERABLES** |
| **Future Research Plans, Milestones and Deliverables (max 300 words)**Outline the research plans, objectives and milestones for the coming year, relating to the original application. |
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| **2G OTHER FUNDING** |
| **If you have applied for, or received, funding for this Project from any other source, please provide details:**  |
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**SECTION 3: ACHIEVEMENTS**

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| **3A MAJOR ACHIEVEMENTS** |
| **Please list up to four Major Achievements of the Project for this reporting period.**  |
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| **3B TEAM ACHIEVEMENTS** |
| Indicate any output associated with the research to date. Where relevant, write a number in each box, and provide full citation of academic outputs below. Only include publications that have been published or accepted for publication. “Expected” publications cannot be included. |
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| **Item** | **Field** | **No.** | **Item** | **Field** | **No.** |
| **A1** | Books - Authored Research  |  | **C** | Patents |  |
| **A2** | Books - Chapters |  | **D** | Expected further publications |  |
| **B1** | Journal Articles |  | **E** | Effects on the policy or practice of health care |  |
| **B2** | Journal Letters |  | **F** | Other achievements |  |

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| **Publications/Abstracts for this Reporting Period**Please provide full citation of academic outputs by Chief Investigator (e.g. name of journal, title of conference and when/where held, title and publisher of book or chapter in book, impact factors if known).  |
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**SECTION 4: ANNUAL FINANCIAL REPORT**

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| This Statement must be prepared in line with the Approved Costs set out in Schedule 3 of the Funding Agreement. |
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| **Total Value of Grant** | $ |
| **Reporting Period** |  |

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| --- | --- |
| **INCOME** *(for the reporting period)* | $ |

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| --- | --- |
| **EXPENDITURE** | **TOTALS** |
| ***Personnel*** |
| (e.g. 0.8 FTE Research Fellow) | $ |
|  | $ |
|  |  |
| **Sub-Total** | **$** |
| ***Consumables/Supplies*** |
|  | $ |
|  | $ |
| **Sub-Total** | **$** |
| ***Services*** |
|  | $ |
|  | $ |
| **Sub-Total** | **$** |
| **TOTAL EXPENDITURE** |  |
| **BALANCE BROUGHT FORWARD** |  |
| **CUMULATIVE SURPLUS / DEFICIT** *(Please select one, delete the other)* |  |

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| **Please provide justification for any surplus/deficit and how this amount will be acquitted:** |
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| **FINANCIAL REPORT CERTIFICATION** I, on behalf of the Institution, certify that: 1. monies received under the **<insert grant title here>** have been expended for the purpose of the grant as per the signed OCRF Funding Agreement;
2. salaries paid under the grant are in accordance with the general rates in force at this institution at the time of payment and in accordance with the signed OCRF Funding Agreement;
3. monies received under the abovementioned grant were not used to fund institutional overheads/on-costs or salary on-costs, except as set out in the Approved Costs in Schedule 3 of the signed OCRF Funding Agreement; and
4. this Financial Report is signed by an authorized financial officer.
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| **Name & Title of Authorised Financial Officer** | **Institution** |
|  |  |
| **Office Phone** |  |
| **Email** |  |
|  |  |
| SIGNATURE of Authorised Financial Officer | DATE |
|  |  |

**SECTION 5: PUBLIC REPORTING**

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| **Public Title (max 25 words)** |  |
| **Progress Update - Lay Description (max 300 words)**Please provide a simple, easy-to-understand, non-technical language description of the progress of this Project for use in OCRF’s communications and marketing activities. |
|  |
| **Major Achievements** Please list up to four major achievements of the Project for the reporting period in simple, easy-to-understand, non-technical language for use in OCRF’s communications and marketing activities. |
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**SECTION 6: CERTIFICATION**

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| **6A CERTIFICATION BY LEAD CHIEF INVESTIGATOR**I certify, on behalf of all Chief Investigators on this Project, that:1. this report is an accurate representation of the progress to date of the funded Project; and
2. that relevant Institutional Approvals have been maintained to date in accordance with the Funding Agreement.
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| **Name & Title: Lead Chief Investigator** |  |
| SIGNATURE | DATE |
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| **6B CERTIFICATION BY HEAD OF DEPARTMENT** I certify that:1. the Annual Progress Report for the reporting period **<DD/MM/YYYY>** to **<DD/MM/YYYY>** is accurate and complete; and
2. I am satisfied with the progress of the Project.
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| **Name & Title** *(please print)* | **Department** |
|  |  |
| SIGNATURE | DATE |
|  |  |