**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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 the Project (as provided in the original application). |
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| **Project Research Progress & Achievements (max 1000 words)**  Please describe whether the overall aims and Project Deliverables and Milestones have been met for the Project, using original data where relevant. |
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| **2C CHANGES TO THE PROJECT** |
| **Personnel Changes**  If the personnel have changed from those specified in the original application or previous Progress Reports 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 outcomes. |
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| **Difficulties & Challenges**  If applicable, please outline difficulties and/or challenges that have affected the overall progress of this Project including the impact on original timelines, milestones, deliverables, and how these have been addressed. |
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| **2D ETHICS AND INSTITUTIONAL APPROVALS** |
| Have all relevant notifications and approvals (including ethics) been obtained and kept current for the project? 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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| **2E 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 all Major Achievements of the Project.** |
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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: FINANCIAL ACQUITTAL**

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| This Acquittal must be prepared in line with the Approved Costs set out in Schedule 3 of the Funding Agreement and must contain detailed expenses for each year of the Grant, explanation for any costs outside of the Approved Costs, and any variation. | |
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| **Total Value of Grant** | $ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPENDITURE** | **BUDGET**  **YEAR 1** | **BUDGET**  **YEAR 2** | **BUDGET**  **YEAR 3** | **BUDGET**  **TOTAL** | **ACTUAL**  **YEAR 1** | **ACTUAL**  **YEAR 2** | **ACTUAL**  **YEAR 3** | **ACTUAL**  **TOTAL** | **Explanation of variance between Actual and Budget** |
| ***Personnel*** | | | | | | | | | |
| (e.g. 0.8 FTE Research Fellow) | $ | $ | $ | $ |  |  |  |  |  |
| (e.g Research Fellow oncosts) | $ | $ | $ | $ |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Sub-Total** | **$** | **$** | **$** | **$** |  |  |  |  |  |
| ***Consumables/Supplies*** | | | | | | | | | |
|  |  |  |  | $ |  |  |  |  |  |
|  |  |  |  | $ |  |  |  |  |  |
| **Sub-Total** |  |  |  | **$** |  |  |  |  |  |
| ***Services*** | | | | | | | | | |
|  |  |  |  | $ |  |  |  |  |  |
|  |  |  |  | $ |  |  |  |  |  |
| **Sub-Total** |  |  |  | **$** |  |  |  |  |  |
| **TOTAL EXPENDITURE** |  |  |  |  |  |  |  |  |  |
| **CUMULATIVE SURPLUS / DEFICIT** *(Please select one, delete the other)* |  |  |  |  |  |  |  |  |  |

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| **Please provide any further justification for any large variation and/or surplus/deficit and when OCRF approved these variations during the grant period:** |
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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. | | |
|  | | |
| **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)** |  |
| **Final Report - 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 project 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. | |
|  | |
| **Name & Title: Lead Chief Investigator** |  |
| SIGNATURE | DATE |
|  |  |
|  | |
| **6B CERTIFICATION BY HEAD OF DEPARTMENT**  I certify that:   1. the Final Report for the reporting period **<DD/MM/YYYY>** to **<DD/MM/YYYY>** is accurate and complete; and 2. I am satisfied with the completion of the Project. | |
|  | |
| **Name & Title** *(please print)* | **Department** |
|  |  |
| SIGNATURE | DATE |
|  |  |