

Pilot Fuel Break Grants Program

**Project Completion Report and
Spatial Data (Gate Three)**



I. CONFIRMATION OF APPLICANT AND PROJECT DETAILS

Project Title	
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Contact Person/Project Manager	
Title/Given Name/Surname	
Position Title	
Postal Address	
Work Phone/Mobile Phone	
Email Address (all correspondence will be sent to this address)	

2. SUMMARY OF PROGRESS AND PERFORMANCE FOR REPORTING PERIOD

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3. PROJECT STATUS OVERVIEW

Key Areas	Yes/No	Comment
SCOPE		
Is the scope of the project consistent with the application?		
Have all relevant preliminaries, assessments, approvals and permits been acquired / completed?		
BUDGET		
Is the budget on track?		
RESOURCES		
Are there any significant resource implications?		

STAKEHOLDERS		
Has there been a change to or issues with stakeholders?		
SCHEDULE		
Has there been a change to the project schedule?		
RISK		
Are there any emerging or significant risks to the project? How will they be addressed?		
WORKS		
Details of any work or studies carried out to the date (photos can be included).		

4. PROJECT BUDGET

Task	Financials
Total project budget	
Total expenditure incurred for project	
Total amount unspent	

5. ATTACHMENTS AND SPATIAL DATA

Include photographs of works and spatial data, and other project photographs or copies of any promotional material or associated activities conducted during the project.

Spatial data is to be provided in XXX format.

Attachment 1	
Attachment 2	
Attachment 3	
Attachment 4	

6. PROJECT EVALUATION AND FUTURE ACTION

Please evaluate the success of the project in delivering the stated objectives, outputs, and outcomes identified in the Project Application, and evaluation mechanisms identified in the Project Application.

What is the implementation strategy for your product/output following the closure of the project?

Are there any other future potential actions, for example, follow-up projects?

How is the success of your project outcomes/ outputs tracked and measured in the medium-longer term?

7. DECLARATION

To be signed by the General Manager (or equivalent).

I declare that the information given in this form is complete and correct, and the appropriate organisational endorsement has been received to submit this application.

I consent to the release of information in this application (excluding personal details) for non-commercial public information purposes.

Signature	
Name	
Position Title	
Date	

Completed reports must be submitted as PDF to: FRPGrants@fire.tas.gov.au