**CONTRACT PROGRESS REPORT <insert number>**

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| --- | --- |
| **Contract name:** |  |
| **Contract number:** |  |
| **Contractor:** |  |
| **Name of person completing this report:** |  |

1. General Progress

Please provide a summary of progress to date, including key contract achievements, any relevant problems, impediments or risks to contract completion and achievement of Outcomes.

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| --- |
| Box will expand as necessary |

2. Contract Work Plan Progress

Indicate the % completion for each Task or Measure for each Output to date, and list any comments or issues. Ensure that progress towards mapping and resource condition monitoring tasks is also included and discussed if applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task No. | Task Description | Planned Completion Date | Actual Progress to date  (% complete) | Comments, key achievements, problems, risks and reasons for any variation from Contract Work Plan  (If problems or risks are identified, also explain the action proposed to address each issue). |
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| 10 | *Add additional rows as required* |  |  |  |

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| Measurable Outputs | | | | | | | |
| Output  Code | Output Description | Planned Measure | Planned Completion Date | Actual Measure | Comments, key achievements, problems, risks and reasons for any variation from tasks r budget in original Contract Work Plan  (If problems or risks are identified, also explain the action proposed to address each issue). | Does this Output include products or publications?  (Yes/No) | If products or publications, are copies attached?  (Yes/No) |
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|  | *Add additional rows as required* |  |  |  |  |  |  |

3. Landholder Works and Management Agreements

Please complete the following table for any Landholder Works and Management Agreements negotiated under this contract or indicate if not applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Landholder surname | Agreement Status | Implementation Status | Monitoring Status |
|  | Eg. Under negotiation, pending mapping, pending NCLLS signature, complete and signed by all parties etc) | Provide a brief summary of the status of works implementation under the agreement. | Has a minimum of photopoints and basic observational data been collected for each agreement? If not, what monitoring has been undertaken? |
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4. Workplace Health and Safety (WHS)

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| Has all work carried out through this contract been delivered in a way to ensure the health and safety of workers and others on the work site? | | Yes/No |
| Were all WHS incidents (including near misses, injuries, illnesses, hazards, damage or dangerous occurrences associated with Contract implementation) reported to NCLLS within 24 hours of occurrence? | | Yes/No |
| Please list any WHS incidents that were not reported to NCLLS. |  | |
| What processes have you put in place to improve work safety and minimise the risk of these WHS incidents occurring in future? |  | |

5. Declaration

I declare that I am an authorised representative of the recipient organisation that the information given on this form is complete and correct:

|  |  |  |  |
| --- | --- | --- | --- |
| Name  (please print) |  | | |
| Position in organisation |  | Phone |  |
| Email |  |
| Signature |  | Date |  |

**Once completed, please submit this Progress Report and any supporting information to the following NCLLS Contract Manager by the due date:**

NCLLS Contract Manager:

Name:

Phone:

E-mail:

**OFFICE USE ONLY – NCLLS Contract Manager Comments/Recommendations**

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| All Contract work plan tasks and outputs scheduled to be completed by this Progress milestone have been satisfactorily completed. Any variations have been approved. | Yes/ No |
| All media and promotional material have appropriately acknowledged the contribution of NCLLS. | Yes/ No |
| All actual outputs achieved at this Progress milestone have been entered in IRIS. | Yes/ No |
| All electronic records relating to this contract, including this report, attachments and site photos, have been electronically saved to the applicable EDRMS folder. | Yes/ No |
| Contract Manager has advised contractor to submit invoice and advised Contract Administration Officer to Goods Receipt service delivery. | Yes/ No |

**Contract Manager’s Signature Date**