<Project title>

<Report Date>

<2023, Phase 1, Tier X>

<Team lead(s):>

<Department/School/Centre>

<College/Division>

<Team member(s):>

# Section 1: Review

Responses in Section 1 should be limited to a maximum of 4 pages.

## Project summary

The project summary should be copied from your original application. Any approved revisions to the activities, deliverables, outcomes or the timeline of your grant through your mid-term report should also be included.

Original project summary

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Approved revisions through Mid-term Report

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## Activities, outcomes, and deliverables

### Summarise the activities, outcomes and deliverables achieved through the Grant.

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### How has your team connected to the Grants Network, including but not limited to: collaboration with other project teams, sharing and participating in professional development opportunities, attending events, and engaging with the online Teams community?

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## Challenges

Includes: challenges with respect to activities, outcomes, timeline, workload, scope, deliverables, approach, and the unexpected. How have you addressed these challenges?

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## Impact and dissemination

### What impact has your project generated for students, staff, or the broader University?

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### How have you shared your learnings or project outputs with the Grants Network and broader ANU community?

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### How do you plan to sustain and extend the impact of this work beyond the life of the initial grant? Include details of any support you might need to achieve this.

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# Section 2: Acquittal of funds

## 2.1 Budget table

Provide details of all expenditure associated with the grant funds. Expenditure should be reported in whole dollars, exclusive of GST. Add extra rows to the table as required.

The approved budget items should be copied from your original application. Any approved revisions to the budget items in your mid-term report should also be provided in the table. Please justify any variances in Section 2.2.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget item | Approved budget ($) | Partner/other funding ($) | In-kind funding (hrs) | Expenditure ($) | Variances ($) |
| Original application |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Mid-term report or email communications (approved revisions) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Budget (Exc. GST) |  |  |  |  |  |

## 2.2 Justification of variances in the balance:

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Note: Deficit of funds should be paid by your College or Division. Surplus of funds are to be returned to the Centre for Learning and Teaching (CLT) GL code W 21195 CF2101 to be used in future grants rounds within 4 weeks of your project conclusion date through your local finance team.

Section 3: Certification of Report

For projects with more than one team lead, each team lead must sign the report and seek endorsement from the Head of School/Centre and Associate Dean (Education) of their respective College.

To facilitate the endorsement process, you may obtain College-level endorsements via email. Please attach these endorsement emails to the report and submit them as a single document.

Please upload the report using this [submission form](https://forms.office.com/r/j27GDfRgtx).

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| **Certification by Grant Recipient** |
| I certify that this report is an accurate representation of my ANU Strategic Learning and Teaching Grant. |
| Name |  | Date |
| Signature |  |  |
| **Certification by Head of School/Centre** |
| I acknowledge submission of this report. |
| Name |  | Date |
| Signature |  |  |
| **Certification by College Associate Dean (Education),** or Division equivalent |
| I acknowledge submission of this report. |
| Name |  | Date |
| Signature |  |  |

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| **Certification by Grant Recipient (complete this table if this project has a second team lead)** |
| I certify that this report is an accurate representation of my ANU Strategic Learning and Teaching Grant. |
| Name |  | Date |
| Signature |  |  |
| **Certification by Head of School/Centre** |
| I acknowledge submission of this report. |
| Name |  | Date |
| Signature |  |  |
| **Certification by College Associate Dean (Education),** or Division equivalent |
| I acknowledge submission of this report. |
| Name |  | Date |
| Signature |  |  |