** Cultivate Progress Monitoring Form**

This form will help you to plan your project, monitor your progress and identify the impact. Please complete Part 1 of the Progress Monitoring Form with your County Council Service Lead. Part 2 of this form will be completed at the end of each quarter to show your feedback on progress against your project plan.

*Please complete Part 1 in Word format, request sign-off from your service lead, and email to* *info@cambscf.org.uk**. Keep an electronic record of this form as you will use it for each quarterly progress report.*

*Please fill in a Part 2 Quarterly Progress and Expenditure Report at the end of each quarter, request comments and sign-off from your service lead, and email to* *info@cambscf.org.uk**.*

**Organisation name**:

**CCF reference number**:

**Grant amount:**

**Project Delivery Contact** (the person who will manage delivery of the project)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Daytime phone / mobile: |  |
| Position: |  | Email:  |  |

**Project Monitoring Contact** (the person who is knowledgeable about the project and who will complete monitoring reports)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Daytime phone / mobile: |  |
| Position: |  | Email: |  |

**County Council Service Lead** (the county officer who will support your project)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Daytime phone / mobile: | 01223 706130 |
| Position: |  | Email: Carol.Williams@Cambridgeshire.gov.uk  |  |

|  |
| --- |
| **Part 1a: Savings Target and Savings Strategy Statement**Please outline a strategy statement on how your project will achieve savings for the County Council. Will you simply increase your number of target beneficiaries or will your interaction be enhanced in some way - longer, more frequent, or targeted to those in greater need? E.g. ‘*We plan to expand our project to work with 25 more people that we have identified as high risk due to age, frailty and existing health conditions. We will assist them to make full and better use of the weekly support we can give, and the referrals we offer to a range of other health care and community support organisations. We forecast that the outcome of our interventions will be that one in five of our beneficiaries will have moderate care needs delayed by at least 6 months.* |
| **Savings Strategy Statement** |
| **Savings Target Estimation** (Insert an agreedsavings estimation showing full calculations)  |

|  |
| --- |
| **Part 1b: Outcomes** List the main outcomes that your project plans to deliver. Note: one of your outcomes must be to deliver savings for the County Council as set out in your savings strategy statement above. |
| 1.2.3. |
| **Activities**Describe the activities that you will deliver to meet each planned outcome.  | **Progress Indicators**How will you measure your progress for each activity? Please give SMART indicators – (specific, measurable, achievable, relevant and timebound). Use numbers and precise language and avoid the use of vague words such as “increase’ or ‘development’. All indicators should have baseline (current position) and target numbers to show how your project will achieve the desired change. E.g. state the total number of people you plan to work with and the percentage of these people that you expect to positively benefit from your intervention.  |
| **Outcome 1**  |
|  |   |
| **Outcome 2** |
|  |  |
| **Outcome 3** |
|  |  |

|  |
| --- |
| **Service Lead Sign-off: Savings Targets and Project Outcomes**  |
| Signature |  | Date |  |

|  |
| --- |
| **Part 2: Quarterly Progress Report -** Please provide a brief summary of your progress against your stated targets and outcomes, highlighting successes and challenges/issues faced. We encourage you to include case studies and photos to illustrate the work that you are doing.**TO BE COMPLETED ONCE THE PROJECT IS UNDERWAY - Part 2 needs to be updated electronically and sent to your Service Lead for comment /sign off at the end of each quarter** |
| **Quarter 1** |
| **Service Lead comment:** |
| **Quarter 2** |
| **Service Lead comment:** |
| **Quarter 3** |
| **Service Lead comment:** |
| **Quarter 4** |
| **Service Lead comment:** |

|  |
| --- |
| **Quarterly Expenditure Report –** please provide an update on project spend |
| **Quarter 1** |
|  |
| **Quarter 2**  |
|  |
| **Quarter 3**  |
|  |
| **Quarter 4**  |
|  |
| **Service Lead Sign-off: Quarterly Progress Reports and Expenditure** |
| **Quarter 1** | Signature |  | Date |  |
| **Quarter 2** | Signature |  | Date |  |
| **Quarter 3** | Signature |  | Date |  |
| **Quarter 4** | Signature |  | Date |  |