# Continuity of Support for the National Auslan Interpreter Booking and Payment Service program

**Project Plan – [Project Title]**

## Details

| **Organisation name** |  |
| --- | --- |
| **Authorised contact details** | **Name** |  | **Phone** |  |
| **Email** |  |
| **Alternate contact details** | **Name** |  | **Phone** |  |
| **Email** |  |
| **Start date** |  | **Finish date** |  |
| **Is this project time or date sensitive?** |  |

## Proposed activity

| **What activity will be completed?** | ***Detail the proposed activity to be completed.*** |
| --- | --- |
| **What are the outcomes of the proposed activity?** | ***Outcomes should be specific, measurable, attainable, realistic and timely.*** |
| **How do the outcomes align with the [program/grant opportunity] objectives?** |  |
| **Justification for the level of funding applied for.** |  |

## Relationship to/dependency on other projects

| **Are there any other projects (project deliverables) upon which this project is dependent?** |  |
| --- | --- |
| **Are there any other projects which are dependent on this project’s deliverables?** |  |
| **Are there any projects running alongside this project that may influence its outcome?** |  |

## Schedule

| **No** | **Milestone** | **Planned delivery date** |
| --- | --- | --- |
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|  |  |  |
|  |  |  |

## Measure and evaluation

| **How the success of the outcomes for the proposed activity will be measured and evaluated?** |
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