**Innovate Progress Monitoring Table**

All Innovate grant recipients are required to complete a Progress Monitoring Table to help them plan their project and identify how they will monitor progress throughout the project and measure the extent of change.

*Table must be completed electronically and signed off by your service lead. Your service lead will send your completed table to the County Council Finance Team for their sign off. The completed and signed off form must be emailed to* [*info@cambscf.org.uk*](mailto:info@cambscf.org.uk) *(a word document or excel spreadsheet format is required. We are not able to accept PDFs/handwritten forms).*

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| --- | --- | --- |
| **OUTCOMES**  What are you seeking to deliver?  (these should be taken from the Project Plan you submitted) | **INDICATORS**  Please list the indicator you will use to understand / explain that the outcome is happening | **TARGET NUMBER**  of people/ hours/ projects for each indicator  Please only provide numbers (no words) |
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**Savings Table**

Please list the interventions and outcomes your project will undertake to reduce demand for council funded support. This is to be completed with assistance from your service lead at the county council.

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| --- | --- | --- | --- | --- | --- |
| **Intervention(s) and outcome** | **Number of people you will help** | **Percentage that will experience reduced need to access council funded support** | **Cost of County Council support per person per annum**  Using figures supplied by service lead | **Case specific factor** | **Savings** |
| *E.g. circles of care for elderly which delay by 6 months the need for low level domiciliary care* | *40* | *25%* | *£5200* | *Delay by 6 months = 0.5* | *£26,000* |
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|  |  |  |  | **TOTAL target savings** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Lead Sign-off: Progress Monitoring Table and Savings Table** | | | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Finance Team Sign-off: Progress Monitoring Table and Savings Table** | | | |
| Signature |  | Date |  |

**Project Delivery and Monitoring Contact Details**

**Please provide contact details for the following:**

1. The person who will manage delivery of the project
2. The person who is knowledgeable about the outcomes of the project and will complete the quarterly progress monitoring reports

*If any of these contacts are the same, please enter ‘as above’*

**Project Delivery Contact**

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

**Project Monitoring Contact**

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