**18-MONTH REPORT**

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| **Grant Recipient and Project Information** |
| Grant Recipient | <Company Name> |
| UEN | Click or tap here to enter text. |
| Solution category adopted |  [ ]  External Audit Management [ ]  External Audit Management (Audit Confirmation) [ ]  Internal Audit Management [ ]  Taxation Management [ ]  Corporate Secretariat Management [ ]  Practice Management [ ]  Data Analytics [ ]  Business Advisory Tools |
| Solution name | Click or tap here to enter text. |
| Solution vendor | Click or tap here to enter text. |
| Claim Period (of current claim) | 2 |
| Period of Reporting | <DD-MM-YY to DD-MM-YY>  |
| Grant Percentage | <50% or 30%>  |
| Grant Quantum | $30,000 |
| Amount of funds utilised (disbursed) to-date | Click or tap here to enter text. |
| Grant balance (unreleased amount) | Click or tap here to enter text. |

A. Outputs achieved

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| Usage report (at least 1 month) | <insert attachment e.g. downloaded from system/screenshot of usage>  |

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| --- | --- | --- | --- |
|  | **BEFORE** using the solution | **AFTER** using the solution | Productivity gain |
| Description of the task | <EXAMPLE: Need to manually generate report from multiple sources. Takes 8 hours (or 480 minutes) to prepare report.>  | <EXAMPLE: Only need 15 minutes to prepare report> | NA |
| Time spent on task | <EXAMPLE: 480 minutes> | <EXAMPLE: 15 minutes> | <EXAMPLE: (Before – After)/ Before x 100 = (480-15) / 480 x 100 = 96.9%> |

B. Problems encountered and solutions/recommendations

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| 1. Describe any challenges faced e.g. implementation of solution, usage, grant application, etc.
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| Click or tap here to enter text. |
| 1. Actions or steps taken to overcome challenges.
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| Click or tap here to enter text. |
| 1. Please state the benefits, if any, brought about by the project to other aspects of your organisation. (e.g. clearer communications, better staff morale)
 |
| Click or tap here to enter text. |

C. Declaration

I declare that the information of the project as described in the above report is true and to the best of my knowledge.

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| Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Signature of Proprietor/ Managing Director/ Managing Partner | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name and Stamp (if available) |  |