**Capital Project Quarterly Update – one page executive summary dated (dd/mm/yyyy)**

(Correctly dated returns are required to be made by the 10th working day in the month; August, November, February and May for the actual position as at the last day of the preceding month). **This form must be submitted in Word format only.**

Please return completed form to both propertyservices@sfa.bis.gov.uk and providercapitalclaims@sfa.bis.gov.uk

**College name:** [insert]

**Project number:** [insert]

**Project title:** [insert]

**Project description:** [insert]

**Contact name and details:** [insert]

**Project photo images (left to right):** [insert titles for photos attached]

*[insert current photo]*

*[insert before photo]*

|  |  |  |
| --- | --- | --- |
| **Programme**  | **Planned (as in grant application)** | **Actual** |
| **Start on site date** | [DD/MM/YYYY] | [DD/MM/YYYY] |
| **Project completion date** | [DD/MM/YYYY] | [DD/MM/YYYY] |
| **Current variance against planned completion date** | [insert + or – then number] **weeks** |
| **Date of opening ceremony** |  |

**Approved total project cost in grant application: £** [insert]

**Current estimated total project cost at completion: £** [insert]

|  |  |  |
| --- | --- | --- |
| **Project spend** | **Planned (as per most recent approved profile)** | **Actual** |
| **Total spend to date**  | **£** [insert] | **£** [insert] |
| **Current variance against approved planned spend profile** | **£** [insert + or – then amount] |

**Current status:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Key risks/issues and mitigation (include reasons for variances in programme, cost and spend):**

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**Priorities for next update:**

For the below comments sections, please use bullet points and keep it as brief and succinct as possible