

# ORGANISATIONAL LETTERHEAD

## Performance Indicator Report

[Insert quarter] QUARTER REPORTING PERIOD: [Insert quarter dates]

[Insert Project Name]  
ACTIVITY NUMBER [Insert number]

### 1. The Approved Objectives

Assist Indigenous people at risk of either causing harm or being harmed, including intoxicated people, young people, victims of violence and the homeless.

Increase personal and community safety across rural and remote Indigenous communities.

### 2. Description of the actual performance against the Objectives.

### 3. Has the Project been completed?

### 4. Have the Objectives been achieved?

### 5. Other comments *(Insert any other comments or outcomes achieved outside the specified performance indicators which may be relevant).*

### 6. Key Performance Indicators/Measures – per community

Performance Indicator	Actual and Descriptive Comments
A brief description of assistance types provided (for example, conflict management/police required, first aid, transport to hospital, transport to safe house, or provision of referral information)	
A brief description of how the service provider worked in partnership with other government and/or non-government organisations in the community to provide the night patrol service	
A brief description of referrals to appropriate services such as drug and alcohol services and police	
A brief description of the frequency of the incidents (for example, the same target group and place it has occurred)	

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A brief description of the number and nature of incidents (for example, argument, possible substance abuse, injury, or children unsupervised/out late)	
A brief description of what obstacles have affected the functionality of the night patrol service including plans and suggestions for improving the service)	
Number of female adults (19 yrs and over) assisted	
Number of female children/youth (18 yrs and under) assisted	
Number of male adults (19 yrs and over) assisted	
Number of male children/youth (18 yrs and under) assisted	
Number of nights that night patrols are conducted per week and number of patrollers each night and/or hours the patrol operates	
Provide the number of people transported to a designated safe house	
Provide the number of NPS employees who are former CDEP participants and Indigenous.	

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*Chairperson, CEO, CFO or other authorised person*

\_\_\_\_\_  
*Date*