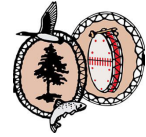




Annex G

Final Report Form



Department of Social & Cultural Development

Overview

Within 15 days of the project completion or termination, the Recipient must submit a final report along with a final claim, when applicable. The report must contain at least the following information:

Name of the Recipient:

Name of the Project:

Funding Approved:	Amount Received: <input type="text"/>	Amount Spent: <input type="text"/>
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Was there any advance received on the project: Yes No

5) Summary of the activities conducted: if none, explain the reasons and go to section 13

6) Description of the objectives met and results obtained:

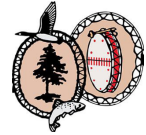
7) Number of Participants within the Program:

Please provide a list of all participants below (attach list if needed)

Name of Participant	Community of Participant	Age	Gender	Level of Satisfaction



Annex G Final Report Form



Department of Social
& Cultural Development

Part 2: Program Feedback/ Monitoring:

8) Overall Satisfaction of the Participants

9) Future Contact Person:

10) Follow-up activity required, if any:

5) Summary of the activities conducted: if none, explain the reasons and go to section 13

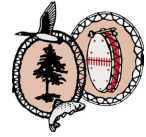
13) Financial Data for Program/Event: (Back-up expenses)

Part 1: Administrative Costs	Included	Not-Included	Not-Applicable	Comments
Material Supplies				
Promotion				
Facility Rental				
Communication				
Wages - Coordinator				
Wages Staff				
Other				
Other				
Other				

Part 2: Professional Costs	Included	Not-Included	Not-Applicable	Comments
Consultant Costs				
Trainer Costs				
Speaker/Facilitator Costs				
Development Costs				
Other Professional Costs				



Annex G Final Report Form



Department of Social
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Part 2: Program Feedback/ Monitoring: (Continued)

13) Financial Data for Program/Event: (Back-up expenses)

Part 3-Participant Costs	Included	Not-Included	Not-Applicable	Comments
Travel/Lodging/Meals				
Allowance / Special Payment				
Equipment				
Materials and Supplies				
Registration Costs				
Rental of Facilities				
Other (Specify)				
Other (Specify)				
Other (Specify)				

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Signature of Applicant

Date:

Received by Officer

Date:

Verified by Coordinator

Date: