

LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS

Note: Covered Period – for the past three (3) years. Please use additional sheet/s if necessary.

Name of the CSO: _____

IN PARTNERSHIP WITH GOVERNMENT AGENCIES								
(From Year _____ to Year _____)								
Title of the Project/s or Program/s	Description of program/project	Beneficiary Areas or area/s where the program/s are implemented	Name of partner/funding agency/ies (NGAs, LGUs)	Total amount received from the GA	Unliquidated amount of the funds received if any	CSO funding counterpart	Date starts	Date completed
A. Completed								
•								
•								
B. On-going								
•								
•								

IN PARTNERSHIP WITH PRIVATE AGENCIES								
(From Year _____ to Year _____)								
Title of the Project/s or Program/s	Description of program/project	Beneficiary Areas or area/s where the program/s are implemented	Name of partner/funding agency/ies (NGAs, LGUs)	Total amount received	Unliquidated amount of the funds received if any	CSO funding counterpart	Date starts	Date completed
A. Completed								
•								
•								
B. On-going								
•								
•								

Note: Some portions of this may be modified according to its applicability.

(Signature over printed name of the Head of CSO or Authorized Representative with Designation)

(Date)