# Annex G.

# ANNUAL ACCOMPLISHMENT REPORT TEMPLATE

**of**

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

**Name of SWDA and Address**

## For Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Introduction**
2. **Salient Accomplishment (Statistical and narrative)**
	* 1. In response to organizational objectives, programs implemented and services extended, corresponding activities and number of clients served per service during the year as compared to the targets
		2. Statistical Accomplishment (*you may present this in landscape presentation*)

| **Program/ Service**  | **Area of****Coverage/****Location** | **Category of****Beneficiaries** | **Sex of** **Beneficiaries Served** | **Total****Number of****Beneficiaries** | **Remarks** **(*if any*)** |
| --- | --- | --- | --- | --- | --- |
| *Male*  | *Female*  |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

* + 1. Other significant information
		2. Photo documentation
1. **Report on Human Resource Management and Development**
2. **Difficulties/problems encountered and solutions**
3. **Significant changes in the** SWDA (e.g. organizational structure, workforce, policy-making body/board, programs, services, target beneficiaries, area/s of operation, etc.)

**V. Plan of action for the succeeding year**

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Name and Signature of Agency Head or Authorized Representative

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

Designation

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

Date

**Note:** *As long as the minimum required content has been complied with, the SWDAs are without limitations to rearrange the information, adopt their own reporting style/template/packaging, and/or indicate additional information.*