

Technical Form 2: Format for trimester report

The sizes of the boxes on this form have been reduced for presentation purposes. Hard and electronic copies of the forms can be obtained from the NARDF Secretariat; the electronic version may also be downloaded from the NARDF Website <http://www.nardf.org.np>

Form 2: *Format for trimester report*

NARDF Reference Number:	
Project Year: Fiscal Year:	
Reporting Period:	
Project Title:	
Lead Organization	
Head of the Organization	
Project Co-ordinator:	
Project Start Date:	
Expected Completion Date:	

SECTION A.

Progress towards achievement of Outputs:

Output No:	Output:	
Rating:	Status:	
OVI Status:		
Action required:		

The rating system for Project Outputs uses a four point scheme. A rating of 4, 3, 2 or 1 should be given to each Output, and entered in the *Rating* Column above. The ratings are as follows:

Rating	Output Status
4	Will be achieved as planned
3	Expected to be achieved as planned
2	At Risk
1	Unlikely to be achieved

**** ADDITIONAL BOXES CAN BE ADDED FOR EACH OUTPUT ****

SECTION B.

All activities during the reporting period (including the field activities)

Activity No:	Activity:
Implementation Status:	
Means of verification:	

Note: Please mention the name of team members who visited field and to whom they have visited.

**** ADDITIONAL BOXES CAN BE ADDED FOR EACH ACTIVITY ****

SECTION C.

Problems or constraints encountered during activity implementation

Activity No:	Problem or Constraint
	** ADDITIONAL LINES CAN BE ADDED FOR EACH ACTIVITY **

SECTION D.

All activities for next trimester

Activity No:	Activity
	** ADDITIONAL LINES CAN BE ADDED FOR EACH ACTIVITY **

Project Coordinator

Name :

Date:

Organization Head

Name:

Date:

Financial FORM 1: This is used to present the expected expenditure for the trimester that funds are being applied for. It is based on the agreed work plans and approved budgets for the project.

FORM 1: *Estimated expenditure for current trimester*

Project Reference No:			
Project Title:			
Project Year :		Fiscal Year:	
Trimester period covered by expenditure			
From:		To:	
Description			Estimated expenditure
Activity 1			
Activity 2			
Activity ...n			
Overheads			
Contingency			
			Total:

Project Coordinator

Name:

Date:

Organization Head

Name:

Date:

FORM 2: It shows the current status of finances held with the project, and is a summary of money received and expenditure during the previous trimester.

FORM 2: *Summary of expenditure and income for the current trimester*

Project Reference No:							
Project Title:							
Trimester period covered by this summary							
From:		To:					
Description	¹ Total Budget	² Budget Released	³ Proposed Budget	⁴ Balance Forward	⁵ Funds received	⁶ Other income	⁷ Expenditure
Activity 1							
Activity 2							
Activity ...n							
Sub total							
Overhead							
Contingency 3%							
Total							
VAT							
Grand total							
⁸ Current Balance							

¹ Total Approved Budget
² Expenditure up to previous trimester
³ Proposed budgets for this trimester
⁴ The balance brought forward from the previous trimester
⁵ Funds received from NARDF for the trimester

Project Coordinator
Name:
Date:

Organization Head
Name:
Date:

FORM 3: This is the form where the information on Form 1 and Form 2 is brought together, and the amount of funding required for the next trimester is given.

FORM 3: *Application for funds for the next trimester*

Project Reference No:	
Project Title:	

Trimester period covered by the application for funding			
Project Year:		Fiscal Year:	
From:		To:	

Description	Total
1. Balance from previous trimester [Total from Form 2]	
2. Funds received [Total from Form 2]	
3. Other Income [Total from Form 2]	
4. Sub-total [Funds available = 1 + 2 + 3]	
5. Expenditure Current Trimester [Total from Form 2]	
6. Current Balance [4 – 5]	
7. Estimated expenditure for next trimester [Total from Form 1]	
8. Net advance due for next trimester [7 – 6]	

Project Coordinator

Name:

Date:

Organization Head

Name:

Date: