**IMPLEMENTING CIVIL SOCIETY ORGANIZATION (CSO)**

**LIST OF ON-GOING AND COMPLETED PROJECTS AND PROGRAMS**

Note: Covered period for the past three (3) years if new application and for the past year if for renewal. Please use additional sheet/s, if necessary. (Indicate “none” on the columns provided if not applicable.)

**Name of the CSO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **USING GOVERNMENT/ PUBLIC FUNDS** (From Year \_\_\_\_\_\_\_\_ to Year \_\_\_\_\_\_\_\_\_) |
| *Title of the Project/s and/or Program/s with brief description* | *Beneficiary areas or area/s where the project/s and/or program/s were implemented or being implemented* | *Number and specific sectors of beneficiaries served* | *Name and designation of person/s in-charge of the program/project* | *Name of partner/funding agency/ies**(NGAs, LGUs)* | *Total amount received from the funding agencies* | *Unliquidated amount of the funds received if any* | *CSO funding Counterpart* | *Date* *started* | *Date* *completed* |
|  |  |  |  |  |  |  |  |  |  |
| 1. Completed
 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1. On-Going
 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **PROJECTS/PROGRAMS USING THE CSO INTERNAL FUNDS AND/ OR OTHER SOURCES (LOCAL/FOREIGN)**(From Year \_\_\_\_\_\_\_\_ to Year \_\_\_\_\_\_\_\_\_) |
| *Title of the Project/s and/or Program/s with brief description* | *Beneficiary areas or area/s where the project/s and/or program/s were implemented or being implemented* | *Number and specific sectors of beneficiaries served* | *Name and designation of person/s in-charge of the program/s and/or project/s* | *Name of partner/funding agency/ies (indicate “own funds” if no partnerships with private agencies)* | *Total amount received from funding agencies* | *CSO funding Counterpart* | *Date* *started* | *Date* *completed* |
|  |  |  |  |  |  |  |  |  |
| C. Completed |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. On-Going
 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

I hereby certify under the penalties of perjury that the information specified on this form is true and complete.

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

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