**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **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* |
|  |  |  |  |  |  |  |  |  |
| 1. **Completed**
 |  |  |  |  |  |  |  |  |
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| 1. **On-going**
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|  | **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* |
|  |  |  |  |  |  |  |  |  |
| 1. **Completed**
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| 1. **On-going**
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**Note: Some portions of this may be modified according to its applicability.**

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