

INTERIM MONITORING REPORT FOR NGO

FOR THE PERIOD: FROM.....

TO:.....

1.0 IDENTITY OF INSTITUTIONS

Name of Entity	
Accreditation Number	
Contact person:	
Telephone/ Mobile Number:	

2.0 MANAGEMENT

2.1 Please specify the number of paid officers employed by the entity?

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2.2 Has there been any change in the Managing Committee? If yes, please attach the list of members of the new Managing Committee.

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4.0 GENERAL REMARKS

4.1 Please specify the constraints that you have encountered during the implementation and monitoring of the actions/project(s)?

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5.0 DECLARATION OF APPLICANT

I certify that all information provided in this Monitoring Report Form is true and correct. Moreover, I confirm that I read and complied to the contents of the Guidelines on CSR.

Name of Reporting Officer:	
Signature:	
Date:	
