

Devolution Trust for Community Empowerment

H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240
contact@dtce.org.pk

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CCB NETWORK QUARTERLY MONITORING REPORT

This form is used to monitor and note down the activities undertaken as in the Work plan formed by the CCB Network. It should be filled by IME-CSO's staff in the Village and should be sent to DTCE every 3 months after signing of DTCE-CCBN MoU.

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

(A) CCBN Basic Information

District

Tehsil/Town/Taluka (if applicable)

Quarterly Reporting Period: **Start Date** (day/month/year)**End Date** (day/month/year)

(B) Activities Undertaken by the CCBN in the Last Quarter

S#	Activity as mentioned in the CCBN work plan	Start Date	End Date	Expenditure Incurred	Local Share	Activity Status
1						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
2						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
3						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
4						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
5						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed

S#	Activity as mentioned in the CCBN work plan	Start Date	End Date	Expenditure Incurred	Local Share	Activity Status
6						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
7						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
8						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
9						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
10						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
11						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed
12						<input type="checkbox"/> Not Started
						<input type="checkbox"/> In Execution
						<input type="checkbox"/> Completed

Filled By	Name :
	Designation:
	Organization:
	Signature:
	Date(Day/Month/Year):