

<p>Devolution Trust for Community Empowerment</p> <p>H #18, St #18, F-6/2, Islamabad. Tel:2878235-38, Fax:2878240 contact@dtce.org.pk</p>	<p>Document no: DTCE-IME-CCBNWP-1</p> <p>Effective Date:</p> <p>Revision no: 0.1</p> <p>Revision Date: 22-05-2007</p>
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CCBN WORK PLAN FORM

This form is used to record the activities to be undertaken in the Work plan formed by the District /Tehsil CCB Network. It should be filled by DTCE's staff in the district and should be sent to DTCE.

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

(A) CCBN Basic Information

1	District
2	Tehsil/Town/Taluka (if applicable)
3	Date of Preparation (day/month/year)
4	For Quarter: Start Date (day/month/year) End Date (day/month/year)

(B) CCBN Work Plan Activity List

S#	Activity	Start Date	End Date	Estimated Expenditure	Local Share	Responsible Persons
1						
2						
3						
4						

S#	Activity	Start Date	End Date	Estimated Expenditure	Local Share	Responsible Persons
5						
6						
7						
8						
9						
10						

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