

## Attachment B: Reporting Format & Required Indicators

TITLE OF PROJECT \_\_\_\_\_

LOCATION OF PROJECT \_\_\_\_\_

PROJECT IMPLEMENTATION PERIOD \_\_\_\_\_

IMPLEMENTING ORGANIZATION \_\_\_\_\_

REPORTING PERIOD \_\_\_\_\_

TYPE OF REPORT (select one): Ongoing  Final

### Required Indicators:

Category	Male	Female	Total	# of Total who are persons with disabilities/DPOs
Number of people served				
Number of people trained				
Number of organizations strengthened				

Specific Planned Activities	Progress/Achievements

Difficulties/Challenges/Comments:

Plans for next reporting period: (If this is a final report, please provide overall summary of the project including a final analysis and lessons learned):

### Budget Summary:

Line Item	Total Grant Amount	Total Spent this Q	Total Remaining	% Remaining
#1				
#2				

Name and Title of person writing this report \_\_\_\_\_

Signature and date: \_\_\_\_\_