# Technical Form 2: Format for trimester report

The sizes of the boxes on this form have been reduced for presentation purposes. Hard and electronic copies of the forms can be obtained from the NARDF Secretariat; the electronic version may also be downloaded from the NARDF Website [**http://www.nardf.org.np**](http://www.nardf.org.np/)

Form 2: *Format for trimester report*

|  |  |
| --- | --- |
| **NARDF Reference Number:** |  |
| **Project Year: Fiscal Year:** |  |
| **Reporting Period:** |  |
| **Project Title:** |  |
| **Lead Organization** |  |
| **Head of the Organization anizationOrganization** |  |
| **Project Co-ordinator:** |  |
| **Project Start Date:** |  |
| **Expected Completion Date:** |  |

# SECTION A.

# Progress towards achievement of Outputs:

|  |  |  |  |
| --- | --- | --- | --- |
| **Output No:** |  | **Output:** |  |
| **Rating:** |  |  **Status:** |  |
| **OVI Status:** |  |  |
| **Action required:** |  |

The rating system for Project Outputs uses a four point scheme.A rating of 4, 3, 2 or 1 should be given to each Output, and entered in the *Rating* Column above. The ratings are as follows:

|  |  |
| --- | --- |
| **Rating** | **Output Status** |
| 4 | Will be achieved as planned |
| 3 | Expected to be achieved as planned |
| 2 | At Risk |
| 1 | Unlikely to be achieved |

**\*\* ADDITIONAL BOXES CAN BE ADDED FOR EACH OUTPUT \*\***

# SECTION B.

# All activities during the reporting period (including the field activities)

|  |  |  |
| --- | --- | --- |
|  **Activity No:** | **Activity**: |  |
| **Implementation Status:** |  |
| **Means of verification:** |  |

Note: Please mention the name of team members who visited field and to whom they have visited.

**\*\* ADDITIONAL BOXES CAN BE ADDED FOR EACH ACTIVITY \*\***

# SECTION C.

# Problems or constraints encountered during activity implementation

|  |  |
| --- | --- |
| **Activity No:** | **Problem or Constraint** |
|  | **\*\* ADDITIONAL LINES CAN BE ADDED FOR EACH ACTIVITY \*\*** |

# SECTION D.

# All activities for next trimester

|  |  |
| --- | --- |
| **Activity No:** | **Activity** |
|  | **\*\* ADDITIONAL LINES CAN BE ADDED FOR EACH ACTIVITY \*\*** |

Project Coordinator Organization Head

Name : Name:

Date: Date:

**Financial FORM 1:** This is used to present the expected expenditure for the trimester that funds are being applied for. It is based on the agreed work plans and approved budgets for the project.

FORM 1: *Estimated expenditure for current trimester*

|  |  |
| --- | --- |
| Project Reference No: |  |
| Project Title: |  |
| Project Year : Fiscal Year: |
| Trimester period covered by expenditure |
| From: |  | To: |  |
| Description | Estimated expenditure |
| Activity 1 |  |
| Activity 2 |  |
| Activity …n |  |
| Overheads |  |
| Contingency |  |
|  | Total: |  |

Project Coordinator Organization Head

Name: Name:

Date: Date:

**FORM 2:** Itshows the current status of finances held with the project, and is a summary of money received and expenditure during the previous trimester.

FORM 2: *Summary of expenditure and income for the current trimester*

|  |  |
| --- | --- |
| Project Reference No: |  |
| Project Title: |  |
|  |
| Trimester period covered by this summary |  |
| From: |  | To: |  |
|  |
| Description | 1 Total Budget | 2Budget Released | 3Proposed Budget | 4Balance Forward | 5Funds received | 6Other income | 7Expenditure |
| Activity 1 |  |  |  |  |  |  |  |
| Activity 2 |
| Activity …n |
| Sub total |  |  |  |  |  |  |  |
| Overhead |  |  |  |  |  |  |  |
| Contingency 3% |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |
| VAT |  |  |  |  |  |  |  |
| Grand total |  |  |  |  |  |  |  |
| 8CurrentBalance |  |  |  |  |  |

1 Total Approved Budget

2 Expenditure up to previous trimester

3 Proposed budgets for this trimester

4 The balance brought forward from the previous trimester

5Funds received from NARDF for the trimester

6Other income received or generated by the project during the trimester

7 Actual receipted expenditure incurred

8[Balance forward + Funds Received + Other Income] – Expenditure

Project Coordinator Organization Head

Name: Name:

Date: Date:

**FORM 3:** Thisis the form where the information on Form 1 and Form 2 is brought together, and the amount of funding required for the next trimester is given.

FORM 3: *Application for funds for the next trimester*

|  |  |
| --- | --- |
| Project Reference No: |  |
| Project Title: |  |
|  |
| Trimester period covered by the application for funding |
| Project Year: Fiscal Year: |
| From: |  | To: |  |
|  |
| Description | Total |
| 1. Balance from previous trimester [Total from Form 2] |  |
| 2. Funds received [Total from Form 2] |  |
| 3. Other Income [Total from Form 2] |  |
| 4. Sub-total [Funds available = 1 + 2 + 3] |  |
| 5. Expenditure Current Trimester [Total from Form 2] |  |
| 6. Current Balance [4 – 5] |  |
| 7. Estimated expenditure for next trimester [Total from Form 1] |  |
| 8. Net advance due for next trimester [7 – 6] |  |

Project Coordinator Organization Head

Name: Name:

Date: Date: