



## PROJECT COMPLETION

### I. SUMMARY INFORMATION

<b>Project Title:</b>	
<b>Project Type:</b>	<i>(education-training/ health-medical mission/ art exhibit, etc.)</i>
<b>Project Proponent/s:</b>	<i>(name of organization/s and contact details)</i>
<b>Project Duration:</b>	<i>(start and end dates)</i>
<b>Project Beneficiaries:</b>	<i>(urban poor, women, youth, etc.)</i>
<b>Number of Beneficiaries:</b>	<i>(indicate if households or individuals)</i>
<b>Project Area/s:</b>	<i>(geographical coverage)</i>
<b>Total Project Cost:</b>	<i>(include organization's own resources/ grants received from other sources)</i>
<b>Amount of Grant Received from GT Foundation:</b>	

### II. PROJECT DESCRIPTION

- What is the project about?
- How was the project implemented?

### III. PROJECT ACCOMPLISHMENTS

- What outputs and outcomes/results did the project achieve?
- Testimonials, comments, and feedback from student-beneficiaries (including their parents and other stakeholders if possible)

### IV. PROBLEMS ENCOUNTERED AND HOW THEY WERE RESOLVED

- What problems or issues were encountered in the course of project implementation?
- What measures were taken to address the problems/issues encountered?

### V. NEXT STEPS *(if any)*

- What are your next steps following this project's completion?

**VI. BUDGET UTILIZATION**

Line Item	Approved Amount	Expended Amount	Variance (Approved minus Expended Amount)	Reason for Variance
<i>Grant from GTFI</i>				
<i>Grants from Other Sources</i>				
<b>TOTAL</b>				

**VII. ANNEX**

- At least five (5) action photos of the project

Prepared by:

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Signature above Printed Name