**(Training Provider to Insert Institution Logo)**

**SKILLS DEVELOPMENT FUND II (SDF II) MONTHLY FINANCIAL AND NARRATIVE REPORT**

TRAINING INSTITUTION NAME:

CALL NUMBER: **IV**

REPORTING PERIOD :

WINDOW:

SECTOR:

 **Issued Date:**

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**I. BACKGROUND INFORMATION**

|  |  |
| --- | --- |
| INSTITUTION/TRAINING PROVIDER DETAILS | * Names:
* Contact Person (Names & Cell phone and Email)
* Location (Cell, Sector, District &Province)
 |
| PROJECT INFORMATION | * Training program:…………………………
 |
| Training Contract Start Date: | ……………………………………………….. |
| Training Contract End Date: | The project completion date is  |
| Total training Budget amount  | ……………………………………………….. |
| Number of Trainees | * Total Number:……….
* Male:………..
* Female:………….
* Percentage (Male:………. and female:……………..)
 |

#

# II. BUDGET EXECUTION REPORT

|  |
| --- |
| **Budget execution Report** |
| **Trade 1:………………………** |  |
| **Budget lines** | **Allocated Budget** | **Executed budget in current month** | **Accumulative Executed budget** | **Balance** | **Performance (%)**  | **Comments** |
| Occupation ,safety , health and environmental at Workplace (OSHE) |  |  |  |   |   |   |
| Refreshment |  |  |  |   |   |   |
| Consumables |  |  |  |   |   |   |
| Trainees Facilitation Fees  |  |  |  |   |   |   |
| Trainers Allowances  |  |  |  |   |   |   |
| Graduation Fees |  |  |  |   |   |   |
| Stationeries |   |   |  |   |   |   |
| Certificates |   |   |   |   |   |   |
| Insurance Cost for trainees |   |   |   |   |   |   |
| Other Related Training Cost (*Communication fees, Mission Allowances, Public Awareness, Cleaning & Security*) |   |   |   |   |   |   |
|  **TOTAL(A)** |  |  |  |  |  |  |
| **Trade 2:…………………** |  |  |  |  |  |  |
| Occupation ,safety , health and environmental at Workplace (OSHE) |  |  |  |  |  |  |
| Refreshment |  |  |  |  |  |  |
| Consumables |  |  |  |  |  |  |
| Trainees Facilitation Fees  |  |  |  |  |  |  |
| Trainers Allowances  |  |  |  |  |  |  |
| Graduation Fees |  |  |  |  |  |  |
| Stationeries |  |  |  |  |  |  |
| Certificates |  |  |  |  |  |  |
| Insurance Cost for trainees |  |  |  |  |  |  |
| Other Related Training Cost (*Communication fees, Mission Allowances, Public Awareness, Cleaning & Security*) |  |  |  |  |  |  |
| **TOTAL(B)** |  |  |  |  |  |  |
| **GRAND TOTAL (A+B)** |  |  |  |  |  |  |

**Prepared by: (Names, Post and Signature) ……………………….………...............................**

**Approved by: (Names, Post, Signature and Stamp) ………………………..............................**

# APPENDICES

Following supporting documents should be attached for further reference and verification:

1. Invoices and payment proof for purchased training materials (As per Budget Execution)
2. Monthly Trainees attendance list;
3. Trainers’s allowance payment proofs
4. Trainees facilitation fee acknowledgment list with their respective signature

**III. NARRATIVE REPORT**

**TEMPLATE FOR MONTHLY NARRATIVE AND COMPLETION REPORT**

Dear esteemed training provider, please fill with relevant data related to the project implemented by your institution. This will help us to know the progress registered and loophole therein such that there are addressed ahead of time.

**(Please submit with attached attendance list of beneficiaries)**

|  |
| --- |
| **Institution name: Reporting period:…….…………...……….****District:****Phone Contact:****Email Address:** |
| Window applied for | Trades | Number beneficiaries as per contract | Actual number of beneficiaries by gender | Brief project performance  | Challenges and way forward |
|  |  | M:………F:…….Total:………. | M:……F:…….Total:………. | *-Progress visa vis the plan;**-Best practice if any.* | *Please insert other rows in case you have more than one trade* |
|  |  |  |  |  |  |
| **Prepared by** | **Signature:** | **Approved by** | **Signature:** |
| **Name** |  | **Name:** |  |
| **Position** |  | **Position:** |  |

## **IV. a. OCCUPATIONAL SAFETY AND HEALTH (OSH)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Names of the injured Person** | **Type of injurie** | **Number of lost days** | **Reason of the accident and action taken** | **Key achievements on OSH** |
| **Fatal** | **Non-Fatal** |
|  |  |  |  |  | ***Eg****:**-Risk assessment**-Awareness**-Training on first aid* |
|  |  |  |  |  |
|  |  |  |  |  |

**b. GRIEVANCE REPORTING FORMAT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **Company name**  | **Description of the complaint** | **Gender of the complainant (Female/Male)**  | **Resolved (Yes/No)**  | **Pending/****unresolved (Yes/No)**  | **Comments/Reasons**  | **Action taken**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Prepared by: (Names, Post and Signature) ……….………...............................**

**Approved by: (Names, Post, Signature and Stamp) …………..........................**