**DOST- III**

**STATUS REPORT**

**(as of\_\_\_\_\_\_\_\_)**

1. Project Title:
2. Project Cooperator:
3. Project Duration:
4. Amount of SETUP Assistance:
5. Date Funds Released to the Cooperator:
6. Refund Period:

* Expected Output vs Actual Accomplishment (include training and consultancy service/s to be provided)

|  |  |  |
| --- | --- | --- |
| Expected Output | Actual Accomplishment | Remarks/Justification |
|  |  |  |

* List of equipment/facilities purchased/fabricated with corresponding cost/value;

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Approved S&T Intervention Related Equipment | | | Actual S&T Intervention Related Equipment Acquired | | | Indicate if with Acknowledgement Receipt of Equipment | Remarks/  Justification |
| Qty | Particulars | Cost | Qty | Particulars | Cost |
|  |  |  |  |  |  |  |  |

* Non-equipment items provided (packaging, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Approved Items of Expenditure | | | Actual expenditure | | | Remarks/  Justification |
| Qty | Particulars | Cost | Qty | Particulars | Cost |
|  |  |  |  |  |  |  |

* Status of Fund Utilization

Total Approved Project Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount utilized per Financial Report (as of \_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks on status of utilization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Status of Refund

Total amount to be refunded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Refund Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount already due (as of \_\_\_\_\_\_\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount refunded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unsettled Refund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refund delayed since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Volume and value of production including sales generated;

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Product | Volume of Production | Quarter (specify) | Gross Sales |
|  |  |  |  |

* No. of new employment generated from the project

|  |  |  |  |
| --- | --- | --- | --- |
| No. of Employees | No. of Males | No. of Females | No. of Person With Disability |
|  |  |  |  |

* No. of new indirect employment from the project

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. of Indirect Employment | Forward | | | Backward | | |
| Male | Female | Total | Male | Female | Total |
|  |  |  |  |  |  |  |

* List of Market Penetrated

|  |  |  |
| --- | --- | --- |
| Existing Market | New Market | |
|  | Specify Place | Effective Date |
|  |  |  |

* Improvement in production efficiency (includes quantitative indicators on improvement in number and quality of materials; number and value of produce; waste minimization; reject reduction, etc.)

1. Problems met & actions taken during project implementation
2. Action/plan for the improvement of project’s operation
3. Linkages/Promotional Plan

Prepared by: *Noted* by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSTD/Cluster Manager Regional Director

Endorsed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RPMO