## PROJECT PLAN REPORT CSL-401 (FIELD ACTIVITY)

Organiz		(must be on/hefore f	final report submission deadline)		
•	ed completion date: zing Team details	(must be on/before i	final report submission deadline)		
a.	_	Reg No	School		
а. b.	Name:Name:	Reg No			
о. с.					
d.	Name:	Reg No	School		
e.	Name:		School School		
f.	Name:		School		
g.			School		
g. h.	-	Reg No			
i.		Reg No	School		
i. i.			School School		
5	ves of the project:(word limi		SCHOOT		
a.	`	· · · · · · · · · · · · · · · · · · ·			
а. b.					
C. Which I	loorning objectives will it so	rve (check appropriate boxes):			
	<b>U</b> 3	11 1			
a.	Become aware of various areas of community service (as listed under the topics list) and of relevant ongoing philanthropic activities in the community.				
b.	0 01	sibility, compassion and empath			
о. с.		nible impact on the community	-		
		•			
Need of	f the project:				
			(word limit: 75 wo		
Evnecte	ed outputs of the project:(wo		(word limit: 75 wo		
-	ed outputs of the project:(wo	rd limit: 50 words)	<b>、</b>		
a.		rd limit: 50 words)	· · · · · · · · · · · · · · · · · · ·		
a. b.		rd limit: 50 words)	· · · · · · · · · · · · · · · · · · ·		
a. b. c.		rd limit: 50 words)	· · · · · · · · · · · · · · · · · · ·		
a. b. c. Total nu	umber of expected communi	rd limit: 50 words)  ty beneficiaries			
a. b. c. Total nu Commu	umber of expected communi	rd limit: 50 words)  ty beneficiaries eficiary Name 1	Contact No		
a. b. c. Total nu Commu Benefic	umber of expected communi unity Leader/Facilitator/Bene ciary Name 2	rd limit: 50 words)  ty beneficiaries	Contact No		
a. b. c. Total nu Commu Benefic Planned	umber of expected communiunity Leader/Facilitator/Beneriary Name 2	ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned	umber of expected community Leader/Facilitator/Beneriary Name 2	ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned	umber of expected communitionity Leader/Facilitator/Beneriary Name 2	ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a.	umber of expected communiunity Leader/Facilitator/Beneriary Name 2  Activities for the project Activity 'a': Venue: Planned dates/dates:	ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned	umber of expected communication in the Leader/Facilitator/Benericary Name 2	rd limit: 50 words)  ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a.	umber of expected communication in the project Activities for the project Activity 'a':  Venue:  Planned dates/dates:  Activity 'b':  Venue:	rd limit: 50 words)  ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a.	umber of expected communicative Leader/Facilitator/Benericary Name 2  Activities for the project Activity 'a': Venue: Planned dates/dates: Activity 'b': Venue: Planned dates/dates:	ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a.	umber of expected communiunity Leader/Facilitator/Beneriary Name 2	rd limit: 50 words)  ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a. b.	umber of expected communicative Leader/Facilitator/Benericary Name 2	rd limit: 50 words)  ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a. b.	umber of expected communicative Leader/Facilitator/Benericary Name 2 d Activities for the project Activity 'a': Venue: Planned dates/dates: Activity 'b': Venue: Planned dates/dates: Activity 'c': Venue: Planned dates/dates:	rd limit: 50 words)  ty beneficiaries eficiary Name 1 Contact No	Contact No		
a. b. c. Total nu Commu Benefic Planned a. b.	umber of expected community Leader/Facilitator/Beneriary Name 2 d Activities for the project Activity 'a': Venue: Planned dates/dates: Activity 'b': Venue: Planned dates/dates: Activity 'c': Venue: Planned dates/dates: Activity 'd':	rd limit: 50 words)  ty beneficiaries eficiary Name 1 Contact No	Contact No		

11.	Expecte	ed resources (including finances) required for the project(word limit: 75 words)
	a.	
	b.	
	c.	
	d.	
12.	Sources	planned for required resources(word limit: 75 words)
	a.	
	b.	
	c.	
	d.	
13.	Evaluat	ion plan
	a.	Objective 'a':
		Key Factors:
		Key Indicators:
		Key Questions:
	b.	Objective 'b':
		Key Factors:
		Key Indicators:
		Key Questions:
	c.	Objective 'c':
		Key Factors:
		Key Indicators:
		Key Questions:
14.	Any oth	ner comments/remarks(word limit: 75 words)