
Name of Organization

Contact Numbers

Office Address/Headquarters: _____

Barangay: _____

District: _____, Quezon City

ANNUAL ACCOMPLISHMENT REPORT

(_____)

Programs/Project/Activities	Objective/s	Date/s of Implementation	Place/s of Implementation	Number of Beneficiaries	Cost	Remarks (in collaboration or partnership with other private/government agencies)

(Please use additional page/s if needed)

I hereby testify to the correctness of the above information

Attested

Board Secretary
(Signature over printed Name)

Chairperson/President
(Signature over printed name)