

MONTHLY MEETINGS & ACTIVITY REPORT

For the Month of: **Sep-20**

This FORM is LOCKED and only YELLOW shaded areas open for input of data(s) or information.

Rotary Club of:	Area	Club President	Club Secretary
Cebu North	1D	Brian Barbon	Vanissa Suson

Date Submitted: January 15,2020 DATE Indicate TOTAL number of attendees per TYPE OF ACTIVITY: Held at: Conducted: Regular Board Committee Fellowship Projects AreaCom Held at: Indicate TOTAL number of attendees per TYPE OF ACTIVITY: Held at: Conducted: Regular Board Committee Fellowship Projects AreaCom Held at: Indicate TOTAL number of attendees per TYPE OF ACTIVITY: Held at: Indicate TOTAL number of attendees per TYPE OF ACTIVITY: Held at: Indicate TOTAL number of attendees per TYPE OF ACTIVITY: Held at: Indicate TotAL number of attendees per TYPE OF ACTIVITY: Held at: Indicate TotAL number of attendees per TYPE OF ACTIVITY: Held at: Indicate TotAL number of attendees per TYPE OF ACTIVITY: Indicate TotAL number of attendees per Type OF ACTIVITY: Indicate TotAL number of attendees per Type Of Active TotAL number of attendees per Type Of Active TotAL number of attendees per Type Of Active TotAL number of attendees per

B. Membership Report (Monthly)

No. of Active Members listed in MyRotary:	14	Exis	ting Honorary Members:	4
No. Of Dropped Members Restored:		Add: N	New Honorary Members:	
No. Of Active Members Dropped:		Total H	onorary Members:	4
Month-end Total Members per				
MyRotary (Excluding Honoray	14			
Name of New Rotarians		Classification:	Name of Sponsoring	Rotarian

Name of New Rotarians		Classification:	Name of Sponsoring Rotarian			
1						
2						
3						
4						
5						

Please send this report, preferably via EMAIL, on or before the 15th day of each succeeding month.

DS Cary Beatisula Email Address: cheatisula@yahoo.com	District Governor's FAX	DS Cary H/phone:
Office of the Dist. Governor Email Address: rizreyes3860@gmail.com	(082) 227-8017	0917 704-7625

Postal Address: **Office of the District Governor** c/o Roadway Inn Km 4, JP. Laurel Ave

Bajada, 8000 Davao City

	Dujudu, 0000 Duvuo Orty					
Certified True & Correct:	Attested by:	A Copy of this report has been Furnished to:				
Vanissa Suson	Brian Barbon	Amor Tomakin				
Club Secretary	Club President	Assistant Governor				

INSTRUCTION(S) IN USING THIS FORM:

1 Both SHEETS has been locked and only the **<u>YELLOW SHADED AREAS</u>** requires filling up or subject to revisions.

2 Computation(s) and other data(s) has been programmed to self generate.

3 Upon completion, insert the electronic signature of both the Club President and Secretary on their designated boxes.

4 Save your current using PDF file and email it to both the District Secretary and the Office of the District Governor.

5 Do not forget to <u>CC</u> your Assistant Governor when submitting all District reports or correspondence.

6 Only reports submitted within the prescribed period will be considered for the RI & District Governor's Citations.

	MONTHLY REPORT ON PROJECTS COMPLETED & TURNED-OVER																
Proj	ject Completed	l by the Rotary Club of:		Club President:				Club Secretary: Area:			Report for Month of:				Date Report Submited:		
Cebu North				Brian B	Barbon			V	aniss	a Suso	n	1D		Sep	-20		January 15,2020
	DATE:	Input the	informat	ion in the	"YELLO	W" area	and f	ollou	v the CO	MMENT	instructio	on as it b	ecome hig	ghligh	ited		PROJECT FUNDING from:
		Maternal & Child Care		on & Literacy			-						Sanitation	<u> </u>		vironment	X Rotary Club &/or Partners
1	12/22/2020									100 2	₱10,000						Global or District Grants
		Project Title: Distribution	on of vitamin	s,medicines a	and alcohol	for the man	nourish	ed chil	dren.		Jame of H	Beneficiary	. Malnouri	shed ch	idren in	Brgy. Ma	antuyong, Mandaue City
-	DATE:	Input the	informat	ion in the	"VELLO	W/ anoa	and f	مالمي	the CO	MMENT	inetmoti	on as it h	aama hi	abliat	atad		PROJECT FUNDING from:
	DATE.	Maternal & Child Care		on & Literacy			-						Sanitation	<u> </u>		vironment	
2	12/23/2020		Dasic Luucati		150 3	-	<u> </u>		CI TRESOLUTION	Discuse i rev		valei d	Canitation	Suppor		wironinent	Global or District Grants
2	12/20/2020	Project Title: Giving of to	ents.blankets.					s of Bra	gv. Looc. Ma	andaue City	Jame of H	Beneficiary	Fire victir	ns of Bi	rgy, Looo	. Manda	
	DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from:																
	DATE:	· · · · · ·					-					-		· · ·			
0	01/00/1900	Maternal & Child Care	Basic Education	on & Literacy	Economic & Co	ommunity Devi	r Peace a		ct Resolution	Disease Prev	tion & Treatmen	t water &	Sanitation	Suppor	ting the En	ivironment	
3	01/00/1900	Project Title:									Jame of L	Beneficiary	-				Global or District Grants
		Project fille:									value of 1	sellenciary	•				
	DATE:		informat				-							<u> </u>			PROJECT FUNDING from:
		Maternal & Child Care	Basic Educati	on & Literacy	Economic & Co	ommunity Dev'i	t Peace &	& Confli	ct Resolution	Disease Prev	'tion & Treatmen	t Water &	Sanitation	Suppor	ting the En	ivironment	X Rotary Club &/or Partners
4	01/00/1900				_												Global or District Grants
		Project Title: We are Th	is Close Publi	icity Materia	ıls						lame of I	Beneficiary	*				
	DATE:	Input the	informat	ion in the	e "YELLO	W" area	and f	ollou	v the CO	MMENT	instructio	on as it b	ecome hi <u>q</u>	ghligh	ıted		PROJECT FUNDING from:
		Maternal & Child Care	Basic Education	on & Literacy	Economic & Co	ommunity Dev'i	t Peace &	& Confli	ct Resolution	Disease Prev	'tion & Treatmen	t Water &	Sanitation	Suppor	ting the En	vironment	Rotary Club &/or Partners
5	01/00/1900																Global or District Grants
		Project Title:									lame of H	Beneficiary	/ :				
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									IN LOT	LOPE					DOF	3.5	
				MONTH-END PROJECT PERFORMANCE REVIEW: <u>INSTRUCTIONS IN HOW TO USED THIS FORM:</u>													
<u> </u>	The tabulation below is programmed based on the above inputs1Do not fill-up this form if you have not yet completed the SUMMARY OF MONTHLY REPORT.																
AREAS OF FOCUS covered: Beneficiaries Volunteer Hours Project Fund Raised:						ve inputs					s form if y			pleted	the SU	MMARY	
Ц	AREAS OF	F FOCUS covered:	Beneficiaries	Volunteer H		<mark>ve inputs</mark> ect Fund R	aised:	2	Dates wi	ll appear	<mark>s form</mark> if y only if you	have inpu	ted it in th	pleted ne SUM	the SU IMARY	MMARY OF MO	NTHLY REPORT.
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1 2 2	AREAS OF Ma Basic E	F FOCUS covered: aternal & Child Care ducation & Literacy	Beneficiaries O O	Volunteer H O O		ve inputs ect Fund R ₱ ₱	aised: 0.00 0.00	2 3	Dates wil Follow in <mark>Pictures o</mark>	ll appear istruction of each of	s form if y only if you a, as it appe the above p	have inpu ars, in the projects wi	ted it in th <u>YELLOW</u> t <mark>h at least</mark> i	pleted 1e SUM <mark>shadea FIVE R</mark>	the SU IMARY <mark>d area,</mark> otarian	MMARY OF MOI <mark>on the c</mark>	NTHLY REPORT.
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