

# **MONTHLY MEETINGS & ACTIVITY REPORT**

For the Month of: **Jul-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
Davao 2000	2-A	Evelyn Congson	Cecil Osias

#### A. SUMMARY OF CLUB ACTIVITIES: Date Submitted: **August 15, 2020 Indicate TOTAL number of attendees per TYPE OF ACTIVITY:** DATE Regular Conducted: **Board** Committee Fellowship **Projects** | AreaCom Held at: must have at least two activiti 01-Jul-20 ZOOM 08-Jul-20 15 ZOOM 15-Jul-20 ZOOM 22-Jul-20 15 ZOOM 01-Jul-20 ZOOM 08-Jul-20 ZOOM Club

#### B. Membership Report (Monthly)

No. of Active Members listed in MyRotary:	15
No. Of Dropped Members Restored:	
No. Of Active Members Dropped:	
Month-end Total Members per MyRotary (Excluding Honoray Members):	15

Existing Honorary Members:	2
Add: New Honorary Members:	
Total Honorary Members:	2

	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 Barbette Lominoque Email Address: blominoque@gmail.com	District Governor's FAX	DS Barbette H/phone:
Office of the Dist. Governor Email Address: govphiliptan@gmail.com	032-3453539	0936-9691380

Postal Address:

## Office of the District Governor

c/o Wellmade Motors & Dev't Corporation Tanchan Industrial Complex

Tipolo, Mandaue City, Cebu 6014

Certified True & Correct:	Attested by:	A Copy of this report has been Furnished to:	
Casil Osiga	Fucher Congress		
Cecil Osias	Evelyn Congson		
Club Secretary	Club President	Assistant Governor	

#### **INSTRUCTION(S) IN USING THIS FORM:**

- 1 Both SHEETS has been locked and only the YELLOW SHADED AREAS 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 CC 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 Project Completed by the Rotary Club of: **Club President: Club Secretary:** Report for Month of: Date Report Submited: **Evelyn Congson Cecil Osias** Davao 2000 2-A **Jul-20** 15-Aug-20 DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from: Maternal & Child Care Water & Sanitation Rotary Club &/or Partners January oo, Global or District Grants 1900 Project Title: Name of Beneficiary: DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from: Maternal & Child Care Rotary Club &/or Partners January oo, Global or District Grants 1900 Project Title: Name of Beneficiary: DATE: PROJECT FUNDING from: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted Rotary Club &/or Partners Maternal & Child Care Water & Sanitation January oo, Global or District Grants 1900 **Project Title:** Name of Beneficiary: DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from: Maternal & Child Care Water & Sanitation Rotary Club &/or Partners January oo, Global or District Grants 1900 **Project Title:** Name of Beneficiary: DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from: Maternal & Child Care Water & Sanitation Rotary Club &/or Partners January oo, Global or District Grants 1900 Project Title: Name of Beneficiary: DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from: Water & Sanitation Rotary Club &/or Partners January oo, Global or District Grants 1900 **Project Title:** Name of Beneficiary: Dayao City Women DATE: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted PROJECT FUNDING from: Maternal & Child Care Water & Sanitation Rotary Club &/or Partners January oo, Global or District Grants 1900 Project Title: Name of Beneficiary: DATE: PROJECT FUNDING from: Input the information in the "YELLOW" area and follow the COMMENT instruction as it become highlighted

MONTH-END PROJECT PERFORMANCE REVIEW:
The tabulation below is programmed based on the above inputs

Maternal & Child Care

Project Title:

January oo,

1900

	The tabulation below is programmed based on the above inputs				
	AREAS OF FOCUS covered:	Beneficiaries	Volunteer Hours	<b>Project Fund Raised:</b>	
1	Maternal & Child Care	0	0	₱0.00	
2	Basic Education & Literacy	0	0	₱0.00	
3	Economic & Community Dev't	0	0	₱0.00	
4	Peace & Conflict Resolution	0	0	₱0.00	
5	Disease Prevention & Treatment	0	0	₱0.00	
6	Water & Sanitation	0	0	₱0.00	
TO	TAL MEASURABLE IMPACTS:	0	0	₱0.00	

# Name of Beneficiary: INSTRUCTIONS IN HOW TO USED THIS FORM:

**1 Do not fill-up this form** if you have not yet completed the SUMMARY OF MONTHLY REPORT. **2** Dates will appear only if you have inputed it in the SUMMARY OF MONTHLY REPORT.

Water & Sanitation

Rotary Club &/or Partners

Global or District Grants

- Follow instruction, as it appears, in the YELLOW shaded area, on the data(as needed
- 4 Pictures of each of the above projects with at least FIVE Rotarians MUST be posted in the FACEBOOK for it to be validated District Communication Officer (DisCom)
- **5 Post** successful club projects, with details about activities, **volunteer hours**, and **funds raised**, on **Rotary.org**
- 6 **Use** Rotary's **brand guidelines, templates**, **People of Action** campaign materials, and related resources