

# **MONTHLY MEETINGS & ACTIVITY REPORT**

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

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

Davao 2000	2-4	Evelun Conason	Cecil Osias
Rotary Club of:	Area	Club President	Club Secretary

#### Date Submitted: November 15, 2020 A. SUMMARY OF CLUB ACTIVITIES: Indicate TOTAL number of attendees per TYPE OF ACTIVITY: DATE must have at least two activities Conducted: Board **Committee** Fellowship Held at: Regular **Projects** | AreaCom 04-Nov-20 ZOOM 11-Nov-20 15 ZOOM 18-Nov-20 ZOOM 15 25-Nov-20 15 ZOOM 04-Nov-20 5 ZOOM 11-Nov-20 ZOOM 5 Club 14-Nov-20 ZOOM

## B. Membership Report (Monthly)

No. of Active Members listed in MyRotary: No. Of Dropped Members Restored: No. Of Active Members Dropped:	15	Add: 1	ting Honorary Members: New Honorary Members:	2		
Month-end Total Members per MyRotary (Excluding Honoray Members):			lonorary Members:	2		
Name of New Rotarians	C	lassification:	Name of Sponsoring Rotarian			
1 2 3						
4						

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

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I	DS Barbette Lominoque Email Address: <i>blominoque@gmail.com</i>	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:
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 <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.

Project Completed by the Rotary Club of Davao 2000				MONTHLY REPORT ON PROJEC Club President: Evelyn Congson					JECI	Club Secretary: Club <b>Club Secretary</b> :					Are	Area: Report for Month of: Date Report Sub			Date Report Submited: 15-Nov-20	
1	DATE: January 00, 1900	Input to Maternal & Project Title:	<b>he inforn</b> Child Care											e Prev'tio	as it bec n & Treatment Name of I	Wa	ater & S	<b>ighted</b> Ganitation	Rotary C	UNDING from: lub &/or Partners • District Grants
2	DATE: January 00, 1900	Input to Maternal & Project Title:												ction Prev'tion		<b>come h</b> Wa	<b>tighl</b> ater & S	Sanitation	Rotary C	UNDING from: lub &/or Partners District Grants
3	DATE: January 00, 1900		<b>he inform</b> Child Care											ection Prev'tion		<b>come h</b> Wa	<b>tighl</b> ater & S	<b>ighted</b> Canitation	Rotary C	UNDING from: lub &/or Partners · District Grants
4	DATE: January 00, 1900	Input to Maternal &												e Prev'tio	as it bec n & Treatment Name of I	Wa	ater & S	<b>ighted</b> Ganitation	Rotary C	UNDING from: lub &/or Partners District Grants
5	DATE: January 00, 1900	Input to Maternal & Constraints												e Prev'tio	n & Treatment	Wa	ater & S	<b>ighted</b> Canitation Davao City	Rotary C Global or	UNDING from: lub &/or Partners · District Grants
6	DATE: January 00, 1900	Input to Maternal & (												e Prev'tio	n & Treatment	Wa	ater & S	<b>ighted</b> Sanitation Davao City	Rotary C Global or	UNDING from: lub &/or Partners District Grants
7	DATE: January 00, 1900	Input to Maternal & C												e Prev'tio	as it bec n & Treatment Name of I	Wa	ater & S	<b>ighted</b> Sanitation	Rotary C	UNDING from: lub &/or Partners District Grants
8	DATE: January 00, 1900	Input to Maternal &												e Prev'tio	as it bec n & Treatment Name of I	Wa	ater & S	Sanitation	Rotary C	UNDING from: lub &/or Partners District Grants
	MONTH-END PROJECT PERFORMANCE REVIEW:         INSTRUCTIONS IN HOW TO USED THIS FORM:         The tabulation below is programmed based on the above inputs         AREAS OF FOCUS covered:       Beneficiaries       Volunteer Hours       Project Fund Raised:         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.																			
1 2 3 4	N Basic Econom	Aaternal & C Education & ic & Commu & Conflict I	Child Care & Literacy ınity Dev't		) ) )	0 0 0 0 0		roject fl	P P P	<sup>2</sup> 0.00 <sup>2</sup> 0.00 <sup>2</sup> 0.00 <sup>2</sup> 0.00	3 4	Follow in Pictures ( the FACE)	struct of each BOOK f	ion, as of the for it to	it appear above pro be valida	rs, in th ojects v ated Di	<u>ne YE</u> with a strict	LLOW sha it least FIV Communi	ided area, on /E Rotarians ication Office	<u>the data(as needed.</u> MUST be posted in r (DisCom)
Image: Construction of the con								0.00 <sup>°</sup> 0.00	<ul> <li>and funds raised, on Rotary.org</li> <li>6 Use Rotary's brand guidelines, templates, People of Action campaign</li> </ul>											

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