***Annex 6. Annual Report***

# ANNUAL REPORT

**of**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of SWDA and Address**

## For Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Introduction**
2. **Salient Accomplishment (Statistical and narrative)** 
   * 1. In response to organizational objectives, programs implemented and services extended, corresponding activities and number of clients served per service during the year as compared to the targets
     2. Statistical Accomplishment (*you may present this in landscape presentation*)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program/ Service** | **Area of**  **Coverage/**  **Location** | **Category of**  **Client/**  **Beneficiaries** | **Sex of Client/**  **Beneficiaries Served** | | **Total**  **Number of**  **Clients/**  **Beneficiaries** | **Remarks** **(*if any*)** |
| *Male* | *Female* |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

* + 1. Other significant information

1. **Difficulties/problems encountered and solutions**
2. **Significant changes in the** SWDA (e.g. organizational structure, manpower, policy making body/board, programs, services, target beneficiaries, area/s of operation, etc.)

**V. Plan of action for succeeding year**

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Name and Signature of Agency Head or Authorized Representative

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Designation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reminder**: All Licensed SWDAs shall submit to the DSWD their annual accomplishment report within the 1st quarter of succeeding year using the DSWD template.

Failure to submit said report for two (2) consecutive years shall result to imposing sanctions per DSWD Memorandum Circular 16 series of 2018 entitled Guidelines on Handling of Complaints against Social Welfare and Development Agencies.