

PROJECT DATASHEET

INL Section

1. GENERAL INFORMATION ABOUT THE PROJECT:

DATA SHEET				
Project Name				
General Objective		Project coordinator:		
Results	R1	Duration of the Project	Months	
	R2		Starting Date	Final Date
	R3		April	September
Project responsible person		Geographic Coverage:		
Submission date:		Planning Level: 1. National 2. Departmental 3. Municipal		

2. BENEFICIARIES OF THE PROJECT

Type of Beneficiary	Number of Direct Beneficiaries	Number of Indirect Beneficiaries	Municipalities	Departments
Children				
Families				
Teenagers				
Public Institutions				
Private Entities				
NGO				
Public Officers				

Teachers				
NGO's Members				
Community Members				
Other Leaders				

3. FINANCING SOURCES: State the cash and in kind general investment to be done in the Project. Take into account the source of financing.

Names of Financing Sources	Value in COP\$			Value in USD\$
	In Kind	Monetary	Total	
Exchange Rate \$				

4. PROJECT JUSTIFICATION

Max. 250 words. Briefly describe the problem and how the program results will contribute to mitigate it.

5. SUMMARY OF THE PROJECT

Max. 400 words. Briefly describe the project, stages and activities to achieve the results and that will be developed in the Project.

6. WORK SCHEDULE

Activities shown in the results matrix shall be stated in the same order as SOP. Give the achievement percentage of the activity according to the month targeted and determine the reimbursements to be provided according to the projected execution.

Activity	Means of Verification	Responsible person	1	2	3	4	5	6	7	8	9	10	11	12
Planning of reimbursements: Record it in the Schedule to identify cash flow														

7. DETAILED BUDGET

Specify the distribution of resources to be invested in the activities in order to achieve the planned results.

Concept /Activity	Amount	Price per Unit	Total Price	Donor's Contribution		Contribution of Implementer Partner	
				Cash	In Kind	Cash	In Kind

8. REIMBURSEMENT DETAILS

Amount to be reimbursed in cash: state the amount	
Amount to be reimbursed in kind: State the amount	
Number of Reimbursements: state the number and way in which reimbursements will be done	

Distribution of Reimbursements: state the percentage and value according to the cash flow and Schedule planning	%	\$	%	\$	%	\$
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Made by

Name _____

Signature: _____

Authorized by: _____

Name

Signature: _____