

**Annex 1**

**Progress Report Forms for Project # 1**

***Development of Strategic Plans for Quality Assurance***

## Form 1: Progress Report for Activities of the Previous Period

Project Code:

Period Number:

From

To

Please provide supporting documents (e.g. minutes of meetings) and deliverables.

Activities/ Deliverables Code	Activities/ Deliverables Description	Status*	Planned Date	Actual Date	Delay Time	Remarks
<b>I</b>	<b>Needs assessment</b>					
<b>II</b>	<b>SWOT Analysis</b>					
<b>III</b>	<b>Strategic plan (draft)</b>					
<b>IV</b>	<b>Seminars</b>					
<b>V</b>	<b>Workshops</b>					
<b>VI</b>	<b>Strategic plan (final version)</b>					

Project Manager Name:

Signature:

Date:

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\* **Status:** C: Completed; I: In Progress; D: Delayed activities

## Form ٢: Major Problems Faced in the Previous Period

Project Code:

Period Number:

From

To

<b>Delayed Activities/ Deliverables</b>	<b>Causes of the Problems</b>	<b>Impact on the Project</b>	<b>Required Corrective Actions</b>

Project Manager Name:

Signature:

Date:

## Form ٣: Staff Cost (LE) of the Previous Period

Project Code:

Period Number:

From

To

Activities/ Deliverables Code	Professor	Assistant Professor	Lecturer	Non-academic Staff	Technician	Labor	Expert (Consultant)	Total Cost (LE)
<b>I</b>								
<b>II</b>								
<b>III</b>								
<b>IV</b>								
<b>V</b>								
<b>VI</b>								
<b>Total Cost (LE)</b>								

Project Manager Name:

Signature:

Date:

## Form 4: Equipment Cost (LE) of the Previous Period

Project Code:

Period Number:

From

To

<b>Equipment Name*</b>						<b>Total (LE)</b>
<b>Unit Cost</b>						
<b>Number of Units</b>						
<b>Total Cost (LE)</b>						

Project Manager Name:

Signature:

Date:

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 \* Please mention the name of the equipment

## Form 9: Implementation Cost (LE) of the Previous Period

Project Code:

Period Number:

From

To

Activities/ Deliverables Code	Printing	Software	Sub- contracting	Use of Infra Structure (Tel., Fax)	Conference/ Workshop	Travel	Others*	Total Cost (LE)
<b>I</b>								
<b>II</b>								
<b>III</b>								
<b>IV</b>								
<b>V</b>								
<b>VI</b>								
<b>Total Cost (LE)</b>								

Project Manager Name:

Signature:

Date:

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\* Please specify such others

## Form ٧: Financial Report of the Previous Period

Project Code:

Period Number:

From

To

	<b>Staff Cost (LE)</b>	<b>Equipment Cost (LE)</b>	<b>Implementation Cost (LE)</b>	<b>Total Cost (LE)</b>
<b>Total Cost (LE)</b>				

**Remaining balance from the previous period:**

**Project Manager**

Name:

Signature:

Date:

**UPMU Accountant**

Name:

Signature:

Date:

**Form TV: Summary of Project Progress for the Previous Quarter**

- Project code:                      - Quarter Number                      From:                      To:

Please provide a summary of project progress indicating the key successes of the project during this period.

[Empty box for project progress summary]

Project Manager Name:  
Signature:  
Date: