GEP (See attached excel sheet)

Financial Report-SiG (FR-SiG)

Grant No.:	GEP001	Project Title: "TRAINING AND CAPACITY BUILDING TO ENHANCE SERVICE DELIVERY"				
Grantee:	HELP & SHELTER	Period:		February - April 2011		
Grant Line Item		Total Budget	Amount Expended Nov10-Jan2011	Amount Expended this period	Total Amount Expended to date	Amount remaining in Budget
Category	Items	Cost $				
1 Personnel / Labour		**1,209,600**	**302,400**	**302,400**	**604,800**	**604,800**
Margaret Kertzious	Coordinator fee	432,000	108,000	108,000	216,000	216,000
Niveta Deen	Accountant fee	230,400	57,600	57,600	115,200	115,200
Danuta Radzik	M & E fee	547,200	136,800	136,800	273,600	273,600
2 Equiptment (non - expandables)		**0**	**0**	**0**	**0**	**0**
3 Material Supplies		**0**				
Office Supplies	Water, cups, tissues etc	**0**	**0**	**0**	**0**	**0**
4 Transportation		**0**	**0**	**0**	**0**	**0**
5 Communication		**0**	**0**	**0**	**0**	**0**
	Telephone	0	0	0	0	0
	Internet	0	0	0	0	0
	Electricty	0	0	0	0	0

6 Activity		**2,479,500**	**412,946**	**338,542**	**751,488**	**1,728,012**
Facilitator Fee	Facilitator fee	870,000	120,000	120,000	240,000	630,000
M & E Training	Transportation for Non H & S participants	45,000			0	45,000
Sexual Offence Act	Transportation for Non H & S participants	45,000	29,000		29,000	16,000
Up Grading Counselling	Transportation for Non H & S participants	36,000			0	36,000
Follow up Counselling	Transportation for Non H & S participants	27,000			0	27,000
Family Planning	Transportation for Non H & S participants	36,000		18,000	18,000	18,000
Counselling Children	Transportation for Non H & S participants	27,000			0	27,000
Capacity Building Workshop	Transportation for Non H & S participants	45,000			0	45,000
Lunch & Snacks	Participants & Facilitators	1,174,500	211,844	192,402	404,246	770,254
Photocopies	Leaflets & handouts	87,000	6,120		6,120	80,880
Stationery	Pens,w/pads, flip charts, markers	87,000	45,982	8,140	54,122	32,878
Venue	Training	0	0	0	0	0
					0	
Subtotal					0	
Direct Procurement			**0**	**0**	0	
Subtotal						
Grand Total:		**3,689,100**	**715,346**	**640,942**	**1,356,288**	**2,332,812**

I certify that to the best of my knowledge the information presented is correct and complete and that all expenditures reported are for the purposes set forth in the Grant Agreement documents.

Accountant Signature:

Request for Reimbursement Form attached________ Date: