

ANNEX K

ANNUAL STATUS REPORT
(For Category C Projects)

Subproject Name : _____
 Subproject Location : _____
 Subproject Proponent : _____

	MEASURES FOR IMPLEMENTATION *	COMPLIED?		DESCRIPTION OF NON-COMPLIANCE	RECOMMENDED ACTION	STATUS OF IMPLEMENTATION OF ACTION
		YES	NO			
1						
2						
3						
4						
5						
6						
7						

*- Based on the ESMP, RAP, and IPP

PMO Team Representative:

Signature : _____
 Date : _____