# 4T15 PROJECT EMPLOYMENT COMPLETION REPORT

PIA No: ............................................ PIA Name: ............................................

Note: This report must be accompanied by the Final **Monthly Report by Project Manager** which must have at least two photographs of the completed asset attached to it.

1. **ADMINISTRATIVE DETAILS**

1.1 Project No: .................................................................................………..

1.2 Project Name: ......................................................................................………….

1.3 Project Manager Organisation: ...................................................................……….

1.4 Project Manager Address: .........................................................................……….

 .............................................................................................................………..

1.5 Project Manager Contact Person: ...............................................................……….

1.6 Project Manager Telephone No: ...................................................................……..

1.7 Project Manager Fax No: .........................................................................…………

1.8 Closest Business Centre/Town: ................................................................…………

1.9 Local Municipality: .....................................................................................…………

2. **PROJECT DETAILS**

2.1 Project Category: …………………………………………………………………………………..

2.2 Project Type: ..............................................................................…………………..

2.3 Project Description: .................................................................................………………………..

 .............................................................................................................………………………..

2.4 Project Location : insert GIS coordinates …………………………………………………………

**3. PROJECT PROGRAMME DATES**

3.1 Actual Start of Construction: .....................................................................………

3.2 Actual Completion Date: ..........................................................................……….

3.3 Actual Duration: ……… weeks

3.4 Describe and give reasons for any delays caused during the project: ..............…………………………

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4. **PROJECT EXPENDITURE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Item(amend as appropriate to the project type) | **Approved Budget (incl. Vat)** | **Total Expenditure (incl. Vat)** | **Net Savings/****Deficit (incl. Vat)** |
| Construction Costs |  |  |  |
| 1.Local Labour |  |  |  |
| 2.Contractors Other Costs |  |  |  |
| 3. Total Construction (1+2) |  |  |  |
| Professional Fees |  |  |  |
| 4. Project Manager |  |  |  |
| **TOTAL PROJECT COSTS (3+4)** |  |  |  |

**5. PROJECT STEERING COMMITTEE (PSC)**

5.1 How many members served on the PSC? ...........……..............

5.2 What percentage of these were women? ................................

5.3 What percentage of these were youth? ..................................

5.4 Indicate with an X which of the following Community Organisation members were women.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chairperson, |  | Deputy Chairperson, |  | Secretary, |  | Treasurer |

5.5 What general problems were encountered by the PSC:

 ………………………................................................................................................................

 ...........................………………………………............................................................................

 .............................................................…………………………….............................................

5.6 What general problems were encountered with the community:

 ………………………................................................................................................................

 ………………………................................................................................................................

6. **EMPLOYMENT**

6.1 **No. of people employed:**

 Indicate the Total No. of people employed over the duration of the Project per category.

|  |  |  |
| --- | --- | --- |
| **Summary of Local Labour Employed (from Form 5 of Contractors Report)** | **No. of local labourers who worked on the project to date** | **% of total** |
| 1. Total No. of ***individual local labourers*** who have worked on the Project |  | 100% |
| 2. How many of the Total No. are ***skilled/semi-skilled*** local labourers |  |  |
| 3. How many of the Total No. are ***disabled*** local labourers |  |  |
| 4. How many of the Total No. are ***local youth*** (35 yrs and under) |  |  |
| 5. How many of the Total No. are ***local women*** |  |  |
| 6. How many of these local women are ***Heads of Households with Dependents***? |  |  |

7.2 If the percentage of women employed was less than the target set give the reason for this (amend as appropriate to the project targets set): ...........................................................……………………………………………………………….......

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7.3 How many permanent sustainable jobs have resulted from this project?

 a) Elsewhere as a result of training received on the project?....................………………………

 b) At the project due to the ongoing productivity of the Asset...................……………………

 c) At the project for ongoing maintenance: .............................................…………………..

7.4 Indicate the No. of labour disputes that have occurred during this project:

|  |  |
| --- | --- |
| Type of Dispute | **No. of Disputes** |
|  |  |
| Wage Amount |  |
| Payment Administration |  |
| Working Conditions |  |
| Duration of Employment |  |
| Conflict with Service Provider |  |
| Conflict with Contractor |  |
| Other  |  |
| TOTAL |  |

7.5 **Accidents**

 Indicate the No. of Accidents that have occurred during this project:

|  |  |
| --- | --- |
| **Type of Accident** | **No. of Accidents** |
| Caused damage to Property |  |
| Required Medical Attention |  |
| Required Time off Work  |  |
| TOTAL |  |

7. **TRAINING**

 7.1 Total No. of People Trained per category of worker:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Training****(amend as appropriate to the project targets)** | **Total No trained**  | **No. of women trained**  | **No. of youth trained**  | **No. of disabled trained**  |
| Construction Training by the Contractor |  |  |  |  |
| Empowerment of the Steering Committee |  |  |  |  |
| **Totals** |  |  |  |  |

7.2 If the percentage of women trained was less than the target set give the reason for this (amend as appropriate to the project targets):

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7.3 **Description of Training**:

7.3.1Construciton training by the contractor (what training was given over what period, to whom):

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7.3.2 Empowerment of the Project Steering Committee (what training was given, over what period, who was trained by whom): ………………………...............................................................................................................

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**8. SUSTAINABILITY OF ASSETS (OPERATION AND MAINTENANCE)**

8.1 To whom was the asset handed over?

 Organisation: .........................................................................................………………………..

 Contact Person: .....................................................................................………………………..

 Address: ..................................................................................................……………………..

 ............................................................................................................………………………..

 .............................................................................................................……………………….

 Telephone No.: .......................................….. Fax No.: .................................................……

8.2 Who is responsible for Operation and Maintenance?

 Organisation: .........................................................................................………………………..

 Contact Person: .....................................................................................………………………..

 Address: ..................................................................................................……………………..

 ............................................................................................................………………………..

 .............................................................................................................……………………….

 Telephone No.: .......................................….. Fax No.: .................................................……

8.3 Brief Description of Maintenance Plan: ........................................................………………………

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8.4 How will the Maintenance be funded? .......................................................…………………………

 .............................................................................................................……………………….

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**9. GENERAL**

9.1 General Observations by the Project Manager: .......................................................……………..

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9.2 Recommendations by Project Manager: .……………………........................................................

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**The Project Manager/Designer hereby certifies that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* the Contract Works have been completed in all respects and that, where applicable, all defects have been corrected in accordance with the contract.**

Completed by Project Manager:

Name: ................................. Signature: .............................. Date: .....................

Checked by PIA Programme Manager

Name: ................................. Signature: .............................. Date: .....................