

STAFF DEVELOPMENT AND TRAINING INTERVENTION PROJECT

NAME OF INSTITUTION													
YEAR OF INTERVENTION				INSTITUTION PERSONNEL NOMINATION FORM								ACADEMIC STAFF	
S/N	NAME OF STAFF	DEPARTMENT	QUALIFICATIONS WITH DATES		NUMBER OF YEARS SPENT IN THE INSTITUTION	PROGRAMME OR COURSE BEING NOMINATED FOR	INSTITUTION WHERE COURSE IS TENABLE	DURATION OF COURSE	EXPECTED DATE OF COMPLETION FOR THE COURSE	AMOUNT ALLOCATED TO NOMINEE	SIGNATURE OF STAFF	REMARKS/OTHER COMMENTS	
			DEGREES	DATES									
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													

NAME OF HEAD OF INSTITUTION

SIGNATURE & DATE

STAMP

USE ADDITIONAL SHEETS WHERE APPLICABLE

STAFF DEVELOPMENT AND TRAINING INTERVENTION PROJECT

NAME OF INSTITUTION										
YEAR OF INTERVENTION							INSTITUTION PERSONNEL DATA FORM			ACADEMIC STAFF
S/N	NAME OF STAFF	DEPARTMENT	QUALIFICATIONS WITH DATES		CATEGORIES		DATE JOINED INSTITUTION	DURATION OF WORK EXPERIENCE	NUMBER OF YEARS SPENT IN THE INSTITUTION	SIGNATURE OF STAFF
			DEGREES	DATES	SENIOR	JUNIOR				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
NAME OF HEAD OF INSTITUTION						SIGNATURE				
						DATE				STAMP

USE ADDITIONAL SHEETS WHERE APPLICABLE

STAFF DEVELOPMENT AND TRAINING INTERVENTION PROJECT

NAME OF INSTITUTION										
YEAR OF INTERVENTION				INSTITUTION PERSONNEL DATA FORM				NON-ACADEMIC STAFF		
S/N	NAME OF STAFF	DEPARTMENT	QUALIFICATIONS WITH DATES		CATEGORIES		DATE JOINED INSTITUTION	DURATION OF WORK EXPERIENCE	NUMBER OF YEARS SPENT IN THE INSTITUTION	SIGNATURE OF STAFF
			DEGREES	DATES	SENIOR	JUNIOR				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

NAME OF HEAD OF INSTITUTION	
-----------------------------	--

SIGNATURE

DATE

STAMP

USE ADDITIONAL SHEETS WHERE APPLICABLE

CHECK LISTS FOR DOCUMENTATION REQUIRED FROM BENEFICIARY INSTITUTIONS

1. APPROVAL-IN-PRINCIPLE

DOCUMENTATION	
1	COVERING LETTER (SEE NOTES BELOW)
2	EXECUTIVE SUMMARY
3	PROPOSALS
4	DESIGN DRAWINGS/DETAILED PROJECT DESCRIPTION:- (SEE NOTES BELOW)
a	SOIL TEST REPORT
b	TOPOGRAPHICAL LAYOUT OF SITE
c	Architectural Design.
d	Structural Engineering Design.
e	Mechanical Engineering Design.
f	Electrical Engineering Design.
g	Other Design Layout (MASTER PLAN SHOWING PROJECT LOCATION, DESIGN OF FURNITURE, ETC)
h	Photographs of State of Dilapidation (SCANNED & PRINTED IN COLOUR ON A4 PLAIN PAPER)
i	Schedule of dilapidations
j	Inclusion of relevant Practice License and Sealing on Drawings
5	DETAILED COST ESTIMATES AND/OR PRICED BILLS OF QUANTITIES
6	PROFORMA INVOICES
7	MANUFACTURERS CATALOGUES AND DETAILED SPECIFICATIONS
8	PHOTOGRAPHS OF SAMPLES (SCANNED & PRINTED IN COLOUR ON A4 PLAIN PAPER)
9	LETTERS OF APPOINTMENT OF AND ACCEPTANCE FROM CONSULTANTS
10	EVIDENCE OF LODGEMENT OF COUNTERPART FUNDING (WHERE APPLICABLE)

2. FIRST TRANCHE

DOCUMENTATION	
1	COVERING LETTER
2	EXECUTIVE SUMMARY
3	CONFIRMED PROJECT PROPOSALS WITH APPROVED TENDER COST
4	EVIDENCE OF INVITATION OF TETFUND TO WITNESS TENDER OPENING
5	EVIDENCE OF ADVERTISEMENT
6	EVIDENCE OF PREQUALIFICATION OF CONTRACTORS
7	TENDER ANALYSIS REPORT
8	RAW ATTENDANCE OF PARTICIPANTS AT OPENING OF TENDERS
9	MINUTES OF TENDERS BOARD MEETING
10	EVIDENCE OF MINISTERIAL TENDERS BOARD/FEDERAL EXECUTIVE COUNCIL APPROVAL (WHERE APPLICABLE)

PLEASE NOTE:

1. ALL DOCUMENTS MUST BE NEATLY BOUND AND PAGINATED FOR EASE OF REFERENCE AND FILING
2. ALL DESIGN DRAWINGS MUST BE PRESENTED ON A3 PAPER AND NEATLY BOUND
3. ALL DESIGN DRAWINGS AND BILLS OF QUANTITIES MUST BE PREPARED AND ENDORSED BY QUALIFIED PROFESSIONALS
4. THE COVERING LETTER MUST BE ENDORSED BY THE HEAD OF THE INSTITUTION OR HIS APPOINTED REPRESENTATIVE

CHECK LISTS FOR DOCUMENTATION REQUIRED FROM BENEFICIARY INSTITUTIONS

3. SECOND TRANCHE

DOCUMENTATION	
1	COVERING LETTER (SEE NOTES BELOW)
2	EVIDENCE OF ADVANCE PAYMENT BOND (WHERE APPLICABLE)
3	EVIDENCE OF PERFORMANCE BOND (WHERE APPLICABLE)
4	PROGRESS REPORT FORMS
5	PROGRESS REPORT PHOTOGRAPHS (SCANNED & PRINTED IN COLOUR ON A4 PLAIN PAPER)
6	INTERIM PAYMENT CERTIFICATES (WHERE APPLICABLE)
7	STORES RECEIPT VOUCHERS 'SRV'
8	PAYMENT VOUCHERS 'PV'
9	PAYMENT RECEIPTS
10	CURRENT BANK STATEMENT (SHOWING LODGEMENT & WITHDRAWALS)
11	FINANCIAL RETURNS FORMS
12	EXPENDITURE ON PROJECTS FORM
13	BANK RECONCILIATION STATEMENT
14	EVIDENCE OF PROJECT SIGNBOARD TO SPECIFICATION (SEE MEMO ON INSCRIPTIONS)

4. MONITORING/FINAL TRANCHE

DOCUMENTATION	
1	COVERING LETTER (REQUEST FOR MONITORING/INSPECTION OF COMPLETED PROJECTS)
2	PROGRESS REPORT FORMS
3	PROGRESS REPORT PHOTOGRAPHS (SCANNED & PRINTED IN COLOUR ON A4 PLAIN PAPER)
4	PRACTICAL COMPLETION CERTIFICATE (WHERE APPLICABLE)
5	EVIDENCE OF INSCRIPTION 'TETFund & PROJECT YEAR' (SEE MEMO ON INSCRIPTIONS)
6	STORES RECEIPT VOUCHERS 'SRV'
7	STORES ISSUE VOUCHER 'SIV' (WHERE APPLICABLE)
8	PAYMENT VOUCHERS 'PV'
9	PAYMENT RECEIPTS
10	CURRENT BANK STATEMENT (SHOWING LODGEMENT & WITHDRAWALS)
11	FINANCIAL RETURNS FORMS
12	EXPENDITURE ON PROJECTS FORM
13	BANK RECONCILLIATION STATEMENT

PLEASE NOTE:

1. ALL DOCUMENTS MUST BE NEATLY BOUND AND PAGINATED FOR EASE OF REFERENCE AND FILING
2. THE COVERING LETTER MUST BE ENDORSED BY THE HEAD OF THE INSTITUTION OR HIS APPOINTED REPRESENTATIVE
3. **ALL DOCUMENTS FOR THE 2ND & FINAL TRANCHES MUST BE SUBMITTED IN TWO SETS WITH ONE COPY FOR THE AUDIT UNIT OF THE FUND**



BENEFICIARY PROJECT PROGRESS REPORT FORM

Progress Report No..... YEAR OF INTERVENTION.....

1. Project Particulars:

- (i) State of the Federation
(ii) Local Government Area
(iii) Name of the Institution
(iv) Name of the Project
(v) Description of Project
(vi) Project No.
(vii) Date of Reporting

2. Costing Information

- (i) Approved Cost Limit of the Project ₦.....
(ii) Accepted Contract Sum ₦.....
(iii) Amount paid to date:
(a) Building Works ₦.....
(b) Electrical/Mechanical Services ₦.....
(c) Furniture ₦.....
(d) Equipment ₦.....
(e) Professional Fees ₦.....
(f) Approved Fluctuation by TETF ₦.....
(g) Approved Variation by TETF ₦.....
(h) VAT ₦.....
Total Cost ₦.....

3. Programme of Work

- (i) Date of Commencement
(ii) Contractual Date of Completion
(iii) Contract Period
(iv) Date of Completion
(v) Approved Extension of Time/Reasons
(vi) Approximate % of the work completed to date
(vii) Total Value of Work Executed to date

4. General Remarks on the quality of work executed

.....
.....
.....

5. Attach progress Photographs (scanned and printed on A4 paper all bound in report)

Reporting Officer

Chief Executive



EXPENDITURE ON PROJECTS FORM

NAME OF BENEFICIARY: YEAR OF INTERVENTION.....

S/NO.	DATE	NAME OF CONTRACTOR	DESCRIPTION OF PAYMENT	PV. NO.	CHEQUE NO.	AMOUNT ₦

Signature of Director of Finance..... Date.....

Signature of Director of Works/PPD/Librarian/Lead Researcher..... Date.....

Signature of Chief Executive Officer..... Date.....



FINANCIAL RETURNS ON PROJECTS

NAME OF BENEFICIARY..... YEAR OF INTERVENTION.....

S/NO.	DETAILS OF PROJECT	CONTRACT SUM N	AMOUNT ALLOCATED FOR THE PROJECT ₦	AMOUNT RELEASED TO DATE ₦	AMOUNT PAID TO CONTRACTOR TO DATE ₦	% OF COMPLETION	BALANCE TO BE PAID (IF ANY)	REMARKS

• PLEASE USE ADDITIONAL SHEET WHERE NECESSARY

Signature of Director of Finance Date.....

Signature of Director of Works/PPD /Librarian/Lead Researcher Date.....

Signature of Chief Executive Officer Date.....