ATTACHMENT A : HOUSEHOLD MATRIX FOR COMPUTATION OF RETROACTIVE PAYMENTS

CLUSTER ENDORSEMENT OF RETROACTIVE PAYMENTS				
Name of Grantee:				
Household ID Number:				
Name of HH Member	**Period Year:_____**	**Amount**		
		Education	**Health**	**Sub-Total**
Member 1	Dec **|** Jan	**|**	**|**	
	Feb **|** Mar	**|**	**|**	
	April **|** May	**|**	**|**	
	June **|** July	**|**	**|**	
	Aug **|** Sept	**|**	**|**	
	Oct **|** Nov	**|**	**|**	
	Sub-Total	**|**	**|**	
Member 2	Dec **|** Jan	**|**	**|**	
	Feb **|** Mar	**|**	**|**	
	April **|** May	**|**	**|**	
	June **|** July	**|**	**|**	
	Aug **|** Sept	**|**	**|**	
	Oct **|** Nov	**|**	**|**	
	Sub-Total	**|**	**|**	
Member 3	Dec **|** Jan	**|**	**|**	
	Feb **|** Mar	**|**	**|**	
	April **|** May	**|**	**|**	
	June **|** July	**|**	**|**	
	Aug **|** Sept	**|**	**|**	
	Oct **|** Nov	**|**	**|**	
	Sub-Total	**|**	**|**	
	Total			
	Grand Total			

Prepared by:

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Municipal Link/SWA

Signature over printed name