**ANNEX 2**

**FORM A-1**

**DETAILS OF DELIVERY UNIT/OFFICE PERFORMANCE INDICATORS AND TARGETS\***

**LWD NAME: BACOLOD WATER DISTRICT – LANAO DEL NORTE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Major Final Outputs/Responsible**  **Bureaus**  **(1)** | **Performance Indicator 1**  **(2)** | **FY 2015 TARGET for Performance Indicator 1**  **(3)** | **FY 2015**  **ACCOMPLISHMENT**  **for Performance**  **Indicator 1**  **(4)** | **Performance**  **Indicator 2**  **(5)** | **FY 2015 TARGET for Performance Indicator 2**  **(6)** | **FY 2015**  **ACCOMPLISHMENT**  **for Performance**  **Indicator 2**  **(7)** | **Performance Indicator n**  **(8)** | **FY 2015**  **TARGET for Performance Indicator n**  **(9)** | **FY 2015**  **ACCOMPLISHMENT**  **for Performance**  **Indicator n**  **(7)** | **Remarks**  **(11)** |
| **A. Water Facility Service Management** | | | | | | | | | | |
| **Delivery Unit (Operation and Technical Section)** | **Completed 100% of all the line activities** | **100% completion of all the line activities** |  | **All line activities are completed without complaint** | **All line activities are completed without complaint** |  | **All line activities are completed on time/ without delay** | **All line activities are completed on time/ without delay** |  |  |
| **B. Water Distribution Service Management** | | | | | | | | | | |
| **Delivery Unit (Operation and Technical Section)** | **Completed 100% of all the line activities** | **100% completion of all the line activities** |  | **All line activities are completed without complaint** | **All line activities are completed without complaint** |  | **All line activities are completed on time/ without delay** | **All line activities are completed on time/ without delay** |  |  |
| **B. Support to Operation (STO)** | | | | | | | | | | |
| **Delivery Unit (Commercial Section)** | **Completed 100% of all reports and line activities** | **100% completion of all reports and line activities** |  | **All reports done without error** | **All reports done without error** |  | **All reports done on or before the scheduled time** | **All reports done on or before the scheduled time** |  |  |
| **C. General Administration and Support Services (GASS)** | | | | | | | | | | |
| **Delivery Unit (Finance and Admin Section)** | **Completed 100% of all reports and line activities** | **100% completion of all reports and line activities** | **Alma Maglana.png** | **All reports done without error** | **All reports done without error** |  | **All reports done on or before the scheduled time** | **All reports done on or before the scheduled time** |  |  |
| **Genalin Amantiad.png**  **Prepared by:**  **GENALIN A. AMANTIAD September 17, 2015 ALMA S. MAGLANA September 17, 2015**  Noel Resabal.pngPlanning Officer Date Budget Officer Date  **Approved by:**  **ENGR. NOEL L. RESABAL** **September 17, 2015**  Agency Head Date | | | | | | | | | | |