**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: 3-Star Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- TSH-063. | |
| Grantee Address: | Cluster: |
| Representative Name: | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | ceiling | | | | 120,000 | | |
| 2 | Electric | | | | 55,000 | | |
| 3 | Tiles Bathroom | 3 | | | 90,000 | | |
| 4 | Plaster | | | | 70,000 | | |
| 5 | Paint | | | | 120,000 | | |
| 6 | Carpentering | | | | 80,000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

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1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Zeshan Hotel. | |
| Sector: Tourism | Category: 2 star. |
| Grant Number: FOG-PSD- 2EH - 027 | |
| Grantee Address: Sohrab khan chowk | Cluster: |
| Representative Name: Aqeel Hayat | Title: Lesse |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | ہوٹل پینٹ | | | | 110,000 | | |
| 2 | کمرے صفائی | | | | 20,000 | | |
| 3 | سنہری | | | | 20,000 | | |
| 4 | ترکان | | | | 35,000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 10,000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 15000 | [illegible] |
| 2 | Staff salaries | No. of persons months | 4 | 17000 | // |
| 3 | Rent of hotel building | No. of months | | 50,000 | " |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

NA

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم شکور ہیں فرم پراکلیٹ کے جن نے ہمیں
رقم دی اور سامان دیا۔ ہمارا ہوٹل
شروع ہوا

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

Aqal Hayat — Date 18.7.2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali — Umar Rehman

**Grant Associate Name/Signature** — **Grant Associate Name/Signature**

18/7/2011 — 18-7-2011

**Date** — **Date**

**Asif Shakil (Grant Analyst)** — **Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

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1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Wasim Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD-WSH-081 | |
| Grantee Address: Green Chock Mingora | Cluster: |
| Representative Name: Khursheed Ali | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | | | | | 80000 | | |
| 2 | نئی مزدوری | | | | | | |
| 3 | کارپینٹنگ + ریپیئر | | | | 25000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Generator جنریٹ | | 1 | | 18000 |
| 2 | وائر کولر ریٹین | | 1 | | 23000 |
| 3 | ٹی وی | | 1 | | 12000 |
| 4 | | | | | |
| 5 | بنڈ شڈ | | 50 | | 30000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 60000 | |
| 2 | Staff salaries | No. of persons months | 3 10 | 180000 | |
| 3 | Rent of hotel building - owner | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 25 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 4 | 2 | |
| 2 | Temporary/Part time staff | — | — | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | ~~Yes~~ | ~~No~~ |
| 9.5 Improvement in kitchen area | ~~Yes~~ | ~~No~~ |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). N.A
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

یو ایس ایڈ پروجیکٹ کے بہت مشکور ہوں
کہ انہوں نے ہمارا ماہی مدد کر کے بہت میرا مدد کرنے
میں اضافہ ہو گیا ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

29-6-2011

Name, Title

29-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Khani

**Grant Associate Name/Signature**

29-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Uleen

**Grant Associate Name/Signature**

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

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1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Trout Park Hotel & Restaurant | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD-TPH - 125 | |
| Grantee Address: Madyan Swat | Cluster: |
| Representative Name: Mr. Usman Ali | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Cement | | 300 | 425 | 127,500 | | Utilized |
| 2 | Steel | | 50 | 3500 | 175,000 | | " |
| 3 | Wood | | | | 125,000 | | " |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, ~~furniture and equipment~~ Construction Material
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

N/A

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

N/A

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | | |
| 2 | Staff salaries | No. of persons months | | | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | | | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

N/A

10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

N/A

11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

N/A

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم شکر گزار ہیں FIRMS-USAID کا کہ اس مشکل وقت میں ہمارا ساتھ دیا، پاکستان حکومت نے ہم ہمارے لیے اتنا نہیں کیا جتنا امریکی عوام نے ہماری امداد کی اور ہم سمجھتے ہیں کہ آئندہ بھی مشکل وقت میں ہمارا ساتھ دینگے۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

عثمان علی مالک

Signature, Date

**Grant Associate's recommendation(s), if any.**

The grantee has shown good progress and he is committed to reconstruct and strengthen his business asap. and he really appreciates the support from USAID-FIRMS project.

Intiaz Ahmed

**Grant Associate Name/Signature**

29-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Tower Hills Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- THH-127 | |
| Grantee Address: Behrain, Swat | Cluster: |
| Representative Name: Mohammad Khan | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 55000 | | |
| 2 | ویلڈنگ | | | | 5500 | | |
| 3 | کروی | | | | 6800 | | |
| 4 | سیمنٹ | | | | 3000 | | |
| 5 | [illegible] | | | | 9500 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 79,800 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 ✓ Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 8000 |
| 2 | [illegible] | | | | 6000 |
| 3 | [illegible] | | | | 25000 |
| 4 | | | | | |
| 5 | [illegible] | | | | 3500 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 42,500/- |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 8000 | |
| 2 | Staff salaries | No. of persons months | 2 | 20,000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | [illegible] | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 28,000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 25 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by 90 %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 75 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 0 | 2 | 2 | |
| 2 | Temporary/Part time staff | 0 | 0 | | |
| | Total | 0 | 2 | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - ✓ 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - ✓ 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify): Sign Board

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

[illegible]

Date of Effect for Grant Agreement:

On behalf of Grantee:

عمر خان فاکس

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Imtiaz Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: The Heights Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- HHR-016 | |
| Grantee Address: Miandam | Cluster: |
| Representative Name: Fazal ur Rahman | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work Detail of 3 Room new construct as under. | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Plastering | | | | 16000 | | |
| 2 | Flooring with | | | | | | |
| 3 | Electric | | | | 135000 | | |
| 4 | Plumbing | | | | 70000 | | |
| 5 | Rod/Repair | | | | 35000 | | |
| 6 | Curtain Railing | | | | 6000 | | |
| 7 | Decoration | | | | 36000 | | |
| 8 | Labour | | | | 16000 | | |
| | Total | | | | 314000 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓2.1 Fully installed all the goods, furniture and equipment Fully Installed

2.2 Partially installed all the goods, furniture and equipment

2.3 Not installed,

Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Roof Repairs | | | | 165000 |
| 2 | Decoration of Hotel | | | | 52000 |
| 3 | ~~Hot~~ | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | Rs 8000/= | |
| 2 | Staff salaries For one year | No. of persons months | 7 | 250000 | |
| 3 | Rent of hotel building | No. of months | | ~~[illegible]~~ | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 267 %age — Previous 3 / Present 11

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age — 15% / 85%

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 33 %age — Old 1500/= & Present 2000/=

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age — 35% / 25%

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 4 | 1 | 33 |
| 2 | Temporary/Part time staff | 4 | 6 | 2 | 50 |
| | Total | 7 | 10 | 3 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓ 12.1 Pamphlets.

✓ 12.2 Print media (Newspapers).

✓ 12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

✓ 12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

If this is continued, it will be great help to improve further hotel Program.

Date of Effect for Grant Agreement:

On behalf of Grantee:

FAZALUR REHMAN

Name, Title

29/6/011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir Malik

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Jadoon Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- TRA-013 | |
| Grantee Address: | Cluster: |
| Representative Name: Jadoon Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | [illegible] | | | | 500000/- | | |
| 2 | [illegible] | | | | 250,000/- | | |
| 3 | [illegible] | | | | 500000/- | | |
| 4 | [illegible] | | | | 175,000/- | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 25000/- |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 100000/- 10,000/- | Elect Tele |
| 2 | Staff salaries | No. of persons months | | 400000/- | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 45 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 12 | 11 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

    10.1 Disposed in waste bins/area allocated for the purpose.

    10.2 Thrown in the open air outside the hotel.

    10.3 Thrown in the river/streams.

    10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

    11.1 Hotel waste water disposed off in proper sewerage line.

    11.2 Hotel waste water disposed off in open area.

    11.3 Hotel waste water disposed off in drains.

    11.4 Hotel waste water disposed off in the river/streams.

    11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

    12.1 Pamphlets.

    12.2 Print media (Newspapers).

    12.3 Electronic media (TV).

    12.4 Electronic media (Local Cable).

    12.5 Electronic media (Radio).

    12.6 Words of mouth.

    12.7 Referrals.

    12.8 Tour Operators.

    12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

    13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

_____

Name, Title

_____

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Faisal Durrani

**Grant Associate Name/Signature**

15/07/2011

**Date**

_____

**Asif Shakil (Grant Analyst)**

M. Aamir

**Grant Associate Name/Signature**

15-07-2011

**Date**

_____

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Swat Valley Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- SVH-044 | |
| Grantee Address: Bahrain, Swat | Cluster: |
| Representative Name: [illegible] | Title: [illegible] |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Cement | | | | 36825 | in Progress | |
| 2 | Paint | | | | 40000 | in Progress | |
| 3 | Steel | | | | 300000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed Sheets | | | | 15000 |
| 2 | Bath Room Equipment | | | | 15000 |
| 3 | rokry Kichan. | | | | 35000 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 11000 | |
| 2 | Staff salaries | No. of persons months | 8/6 | 240000 | |
| 3 | Rent of hotel building | No. of months | 6 | 100000 | |
| 4 | Wages (carpeters. Masen. | | | 250000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   ✓ 6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 6 | 6 | | |
| 2 | Temporary/Part time staff | 1 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Sign Board

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

We hope if The Prorame is Extended please consider Improvment of road The Main thing If want to Estadblash our BEZNES The first Road.

Date of Effect for Grant Agreement:

On behalf of Grantee:

[illegible]

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lutfar Ahmad [illegible]

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani [illegible]

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Swat Holiday Hotel & Restaurant. | |
| Sector: Tourism | Category: 2 Star |
| Grant Number: FOG-PSD-SHR-122 | |
| Grantee Address: Kalam Rd, Sadar Bazar, Madyan Swat | Cluster: |
| Representative Name: Mr. Mohd Haroon Khan | Title: Legal Representative. |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | 220 | | 300,000 | | fully utilized. |
| 2 | Cement Bags | | 400 | 430 | ? | | " |
| 3 | Steel | | 20 | 3,500 | ? | | " |
| 4 | Crush | | | | 150,000 | | " |
| 5 | (wages of Skilled | | | | | | |
| 6 | labour) | | | | 260,000 | | " |
| 7 | Carpet | | | | 20,000 | | " |
| 8 | Curtains | | | | 24,000 | | " |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Electric regulator | | | | 18,000 |
| 2 | Energy Savers | | | | 3,000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 4 | 28,000 | Paid. |
| 2 | Staff salaries | No. of persons months | 5 | 50,000 | " |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | own Business. | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 25 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 30 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 40 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 6 | 4 | |
| 2 | Temporary/Part time staff | 0 | 2 | 2 | |
| | Total | 2 | 8 | 6 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Introducing Web Site for promotion.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

We are thankful to USAID-FIRMS for their Support, how ever we are facing problem of tourists visits in Madyan, we will appriciate the project if they help us in attracting tourists in the area.

Date of Effect for Grant Agreement:

On behalf of Grantee:

محمد ہمایوں خان

Name, Title

Mr. Muhammad Hamayon Khan

Signature, Date

**Grant Associate's recommendation(s), if any.**

Imtiaz Ahmad

**Grant Associate Name/Signature**

29-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**



Note: (the form has been filled by G.A in the presence of the hotel representative comments and figures are as it is as said by the representative)

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Swat continental Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- SCH-028 | |
| Grantee Address: Mokan Bagh, Mingora. | Cluster: |
| Representative Name: M Afzal Khan | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | paint | | | | 65000 | | |
| 2 | Cement. | | | | 30,000 | | |
| 3 | Granite Tiles. | | | | 450,000. | | |
| 4 | Sand. | | | | 6000. | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| | | | | 12000 | |
| 1 | Freezer | | 2 | ~~24000~~ | 24000. |
| 2 | Printer | | 1 | 11500 | 11500. |
| 3 | Banquet Chair. | | 120 | 1400 | 168000. |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 330,000. | |
| 2 | Staff salaries | No. of persons months | 41/6 | 1740,000/= | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | Wages | | | 80,000. | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by ____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 25 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 25 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 25 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 9 | 11 | | |
| 2 | Temporary/Part time staff | 17 | 30 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Jambil Khawar flows into the mid of Mingora city, which have approximately 7 Kms. of Mallas of population flows into Khawar, that is purely polutted water, if its possiable to install filtration plant.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

AF2 ad.

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Swat City Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- SCH-073 | |
| Grantee Address: People Chock Mingora | Cluster: |
| Representative Name: | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ + مزدوری | | | | 110000 | | |
| 2 | گیٹ مرمت | | | | 12000 | | |
| 3 | دروازے مرمت | | | | 3000 | | |
| 4 | کیبل تار مع شنگ بوسٹر | | | | 13000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | رضائی | 20 | | 1300 | 26000= |
| 2 | بجلی سامان | | | | 5000= |
| 3 | بجلی موٹر | 1 | | 8000 | 8000= |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 15000= | فی مہینہ |
| 2 | Staff salaries | No. of persons months | | 16000= | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | 18000— | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 0 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). na
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم لوایس ایڈ پراجیکٹ کے مشکور ہیں کہ ان کی مالی مدد کی
وجہ سے ہمارا کام بہتر ہوا۔ امید ہے کہ اس سیزن میں
زیادہ مہمان آئیں گے
کیونکہ ہوٹل کی تمام مرمت مکمل ہو گیا ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

Marzaj Khan. Lesse.

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Khan

**Grant Associate Name/Signature**

30-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shangla Hotel & Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- SHA-050 | |
| Grantee Address: Wattkay Fizagat | Cluster: |
| Representative Name: M. Nazir | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 14000 | | |
| 2 | Carpentering | | | | 50,000 | | |
| 3 | Construction (New Rooms) | | | | 200,000 | | |
| 4 | Renovation | | | | 10,000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | TV Set | | | | 11,000 |
| 2 | Micro Wave Owen | | | | 9,000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 75000 | ~~Gas~~ Electricity 7500x10 ~~Telephone~~ |
| 2 | Staff salaries | No. of persons months | 2<br>10 | 80000 | 1x6000x10 =<br>1x2000x10 = |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 40 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 200 300

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 40 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | | |
| 2 | Temporary/Part time staff | 0 | 1 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

✓ 12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Sign Board on Road Side.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

M. Nazir owner

Name, Title

14-07-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir M.

**Grant Associate Name/Signature**

Fawad

**Grant Associate Name/Signature**

14-07-2011

**Date**

14/07/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Sham Hotel | |
| Sector: Tourism | Category: 1 Star |
| Grant Number: FOG-PSD- SHA - 071 | |
| Grantee Address: GT Road, Mingora | Cluster: |
| Representative Name: Mir Alam | Title: Use |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ روغنی | | | | 18000 | | |
| 2 | مرمت | | | | 1900 | | |
| 3 | لوہے صفائی | | | | 1200 | | |
| 4 | ترکھان | | | | 1800 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | میز | | | | 1500 |
| 2 | کرسی | | | | 4000 |
| 3 | کارپٹ | | | | 6000 |
| 4 | TV | 4 | | 4500 | 18000 |
| 5 | واشنگ مشین | | | | 5000 |
| 6 | ریڈیو | | | | 19000 |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 5000 | ماہانہ |
| 2 | Staff salaries | No. of persons months | 3 | 8000 | ماہانہ |
| 3 | Rent of hotel building | No. of months | | 11000 | ماہانہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 60 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

NA

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

براکلیٹ نے ہماری مالی مدد کی ہم کو سامان دیا
جس کا ہم مشکور ہیں کاروبار شروع کیا

Date of Effect for Grant Agreement:

On behalf of Grantee:

میر عالم

Name, Title

1-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

1-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

Umar Tahani

**Date** 1-7-2011

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shams Hotel Mingora | |
| Sector: Tourism | Category: 2 Star |
| Grant Number: FOG-PSD- SMH-020 | |
| Grantee Address: GT Road Sohrab Chock | Cluster: |
| Representative Name: Faz al Hussain | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ [illegible] | | | | 130,000 | | |
| 2 | ماربل کام | | | | 8000 | | |
| 3 | کارپینٹر | | | | 17,000 | | |
| 4 | ماربل صفائی رگڑائی | | | | 4,500 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | ماربل | | | | 30,000 |
| 2 | شیشہ | | | | 6,000 |
| 3 | رضائی | | | | 10,500 |
| 4 | رضائی کو بھی مزدوری | | | | 13,000 |
| 5 | بیک شیٹ | | | | 8,600 |
| 6 | پرزے بھی مزدوری | | | | 50,000 |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 12,000 | |
| 2 | Staff salaries | No. of persons months | 3 | 10,000 ~~20,000~~ | |
| 3 | Rent of hotel building | No. of months | | 20,000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 5%%age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 3 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

طالبان کی وجہ سے ہمارا کاروبار بہت خراب ہو گیا تھا
اور ہم نے بہت نقصان کیا تھا۔ اور ہم
تو ہوٹل کو ختم کرنے والے تھے۔ لیکن پراجیکٹ
والوں نے ہم کو امداد دیا۔ اور ہمارے ساتھ بہت
تعاون کیا جس سے ہمارے کاروبار میں بہت ترقی ہو گئی۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

فضل حسین

Name, Title

فضل حسین 14711

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

14/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

Umar Khan

**Grant Associate Name/Signature**

14-7-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shah Geo Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- SGH-113 | |
| Grantee Address: | Cluster: |
| Representative Name: Mohammad Ali | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ | | | | 35000 | | |
| 2 | ٹائل | | | | 25000 | | |
| 3 | سیمنٹ | | | | 7500 | | |
| 4 | ریت | | | | 2000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 7000 |
| 2 | [illegible] | | | | 3500 |
| 3 | [illegible] | | | | 5500 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10<br>" | 90,000/-<br>5,000/- | |
| 2 | Staff salaries | No. of persons months | | 150,000/- | |
| 3 | Rent of hotel building | No. of months | 10 | 230,000/- | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 30 %age

   5.2 Hotel occupancy decreased by ___ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by ___ %age

   5.5 Restaurant sales decreased by ___ %age

   5.6 No change in the Restaurant sales —

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by ___ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | — | — | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mohammad Ali

Name, Title

14/07/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Fawad

**Grant Associate Name/Signature**

14/07/2011

**Date**

M. Amir

**Grant Associate Name/Signature**

14-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shahab Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- SHB-053 | |
| Grantee Address: New Madyan Road | Cluster: |
| Representative Name: Sher Alam Khan | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Pent + Labor | | | | 135000 | | |
| 2 | wood Repair | | | | 60000 = | | |
| 3 | gaging & Bakhl | | | | 20000 | | |
| 4 | Greite | | | | 35000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Generator | | | | 10000- |
| 2 | Electric | | | | 25000- |
| 3 | Bucket | | | | 5000- |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 8000 | Per Month |
| 2 | Staff salaries | No. of persons months | | 100000- | " " |
| 3 | Rent of hotel building | No. of months | | 15000 | " " |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 5 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). N.A
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

USAID project نے ہماری مدد کر کے ہمارے کاروبار آئندہ آئندہ روانہ ہو گیا ہم ان کے بڑے شکور ہیں

Date of Effect for Grant Agreement:

On behalf of Grantee:

SHER ALAM KHAN

Name, Title

30-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

30-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shah Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- SHT-100 | |
| Grantee Address: New Road Green Chock | Cluster: |
| Representative Name: | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ + مزدوری | | | | 50000 | | |
| 2 | گیٹ مورمت + ڈاروزی | | | | 25000 | | |
| 3 | کمرے کی صفائی | | | | 35000 | | |
| 4 | موٹر مورمت | | | | 15000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, furniture and equipment ✓
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | بیٹ شیٹ | | | | 10000 |
| 3 | تکیہ | | | | 3000 |
| 4 | فون سیٹ | | | | 1500 |
| 5 | کولر | 7 | | 210 | 1470 |
| 6 | شیشہ | 2 | | 750 | 1500 |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 10000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 3 | 9000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | 1 | 10000 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

USAID ہمارا کاروبار دہشت گردی کی وجہ سے بہت خراب ہوا۔
پروجیکٹ نے ہماری مالی مدد کی اور ہمیں سہولت دیا۔ جس کی وجہ سے
ہمارا کاروبار بہت اچھا ہوا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

ZAHIR KHAN

Name, Title

14/7/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Khan

**Grant Associate Name/Signature**

14-7-2011

**Date**

Hassan Ali Khan

**Grant Associate Name/Signature**

14/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shadab Hotel | |
| Sector: Tourism | Category: Tourist |
| Grant Number: FOG-PSD-SB H - 124 | |
| Grantee Address: New Road mingora | Cluster: |
| Representative Name: Mumtaz Ali | Title: Owner. |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint and labour | | | | 35000 | | |
| 2 | Repair | | | | 120000 | | |
| 3 | Kitchen | | | | 20000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Marble and chips | | | 0 | 60000 |
| 2 | Bed sheet | | | | 9000 |
| 3 | Plastic chair | | | | 12000 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30000 | Per Months |
| 2 | Staff salaries | No. of persons months | 5 | 40000 | Per Months |
| 3 | Rent of hotel building | No. of months | X | X | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 30 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 60 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 0 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 60 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 5 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دہشتگردی کی وجہ سے ہمارا کام بہت زیادہ خراب ہوا تھا۔ اور پھر
سیلاب کی وجہ سے بھی اس کا اثر پڑا اور ہمارا کام ختم ہوا تھا۔
پھر US AID آیا۔ اور اس نے ہماری مدد کی جس کی وجہ سے ہمارا
کاروبار پھر سے ٹھیک ہو گیا ہے۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

ممتاز علی خان

Name, Title

M.Ali 19/7/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

19-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

19/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shabistan Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- SDH - 074 | |
| Grantee Address: | Cluster: |
| Representative Name: Mohammad Rahim Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint & labor | | | | 200000 | | |
| 2 | Repair/Paris | | | | 75000 | | |
| 3 | Carpentery | | | | 10,000 | | |
| 4 | Cleaning | | | | 25,000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Wood | | | | 5000 |
| 2 | Pairs | | | | 30000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 10,000 | Per month |
| 2 | Staff salaries | No. of persons months | 6 | 35000 | Per month |
| 3 | Rent of hotel building | No. of months | | — | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 70 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 20 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | 3 | 3 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم پراجکٹ کے شکر گزار ہیں۔ ہم کو پیسے دیے
اور سامان دیا۔ ہمارا کام اچھا ہوا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Muhammad Rahim Khan

Name, Title 1-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

Hassan Ali Khan

**Grant Associate Name/Signature**

**Date**

1/7/2011

**Date**

1-7-2011

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Shahbaz Hotel | |
| Sector: Tourism | Category: Tourist |
| Grant Number: FOG-PSD-SHR-114 | |
| Grantee Address: Green Chowk | Cluster: |
| Representative Name: Mohammad Hassan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | سیمنٹ مزدوری | | | | 16500 | | |
| 2 | پینٹ، مزدوری | | | | 4200 | | |
| 3 | بجلی فٹنگ | | | | 8000 | | |
| 4 | ڈیکوریشن، سیٹ | | | | 10000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] + [illegible] | | | | 1500 |
| 2 | [illegible] | | | | 52000 |
| 3 | [illegible] | | | | 16300 |
| 4 | [illegible] | | | | 3600 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 6000 | [illegible] |
| 2 | Staff salaries | No. of persons months | 5 | 30000 | [illegible] |
| 3 | Rent of hotel building | No. of months | 1 | 14000 | [illegible] |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 0 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 5 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دہشت گردی کی وجہ سے پہلے حالات ٹھیک بالکل نہیں تھے۔ اب ماشاء اللہ سے کافی بہتر ہے اسکی وجہ یہ ہے کہ USAID پروجیکٹ والوں نے ہمارے کافی مدد کی جسکی وجہ سے الحمد للہ اب کافی بہتر ہمارا کاروبار چل رہا ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

14-7-011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Khan

**Grant Associate Name/Signature**

14-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

14/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Salateen Hotel | |
| Sector: | Category: Tourist class |
| Grant Number: FOG-PSD- SAL-120 | |
| Grantee Address: Gulshan Chock Mingora | Cluster: |
| Representative Name: | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | واٹر ٹینک ریپیر | | | | 8000 | | |
| 2 | کاریار کنگ ریپیر | | | | 5000 | | |
| 3 | پینٹ | | | | 45000 | | |
| 4 | کوہ بور | | | | 41000 | | |
| 5 | واٹر پمپ | | | | 12000 | | |
| 6 | آڈ لورڈ اور سفتن کے بھتے | | | | 5000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیڈ | | 8 | 8000 | |
| 2 | ہوٹل بورڈ Hotel Sign board | | 0 | 6500 | |
| 3 | واشنگ مشین | | | 7000 | |
| 4 | ٹی وی | | 5 | 22500 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 Months | 45000 | |
| 2 | Staff salaries | No. of persons months | 4 10 | 150000 | |
| 3 | Rent of hotel building | No. of months | 10 | 150000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 138 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 100 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 4 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

NA

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم گزارش کرتے ہیں کہ ہمیں مزید سامان جہیز دیا جائے اور موجودہ سامان اور نقد رقم میں
ہم بہت شکر گزار ہیں

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

29-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

29-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

Hassan Ali Idar

**Date**

29/6/2011

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Safina Hotel | |
| Sector: Tourism | Category: Tourist Class |
| Grant Number: FOG-PSD- SAH-118 | |
| Grantee Address: New Road Mingora | Cluster: |
| Representative Name: Mohammad Lodhi | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | PAINT and Lebour | | | | 20000 | | |
| 2 | Carpentry | | | | 15000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | P | | | | 1,500 |
| 2 | ریسپشن | | | | |
| 3 | | | | | |
| 4 | کارپٹس | | | | 14000 |
| 5 | بیڈ شیٹ | | | | 22000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 4000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 3 | 13000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | 11500 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste? ✓
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

چونکہ دہشت گردی کی وجہ سے کاروبار خراب ہو گیا تھا اور USAID
کی مالی امداد کی وجہ سے پوری ہوٹل کی مرمت کی گئی اور مجھے اُمید ہے
کہ اس سیزن میں میرا کاروبار اچھا ہوگا میں USAID کی مالی تعاون کا مشکور ہوں۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Salim Mohamed Salim Lesse

Name, Title

Salim 14-07-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Ali

**Grant Associate Name/Signature**

14/7/2011

**Date**

Umar Khassi

**Grant Associate Name/Signature**

14-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Rose Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- ROS-007 | |
| Grantee Address: | Cluster: |
| Representative Name: Aziz-ur-Rahman | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 142000 | | |
| 2 | Carpentering | | | | 124000 | | |
| 3 | Electric work | | | | 64000 | | |
| 4 | Sanitary work | | | | 82000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Water Motor | | | | 35000 |
| 2 | Generator | | | | 82000 |
| 3 | Crokery | | | | 14000 |
| 4 | Bed Sheets | | | | 11000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 120,000<br>12000 | Electricity 12000x10<br>Telephone 1200x10 |
| 2 | Staff salaries | No. of persons months | 9<br>10 | 450000 | 2x |
| 3 | Rent of hotel building | No. of months | 10 | 270000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age 5 20

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 300 ~~150~~ 600

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 10 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 96 | | |
| 2 | Temporary/Part time staff | – | 3 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Arrang a walk Rally (Peace Rally) with full coverage of Swat city.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Aziz-ur-Rahman owner

Name, Title

Signature, Date

14/07/011

**Grant Associate's recommendation(s), if any.**

M. Amir

**Grant Associate Name/Signature**

14-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

14/07/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

Rock City Report

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Rock city resort | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- RCR-040 | |
| Grantee Address: Mingora Swat | Cluster: |
| Representative Name: Noor Muhammad | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Civil Works | | | | 255000 | | |
| 2 | Paint Polish | | | | 265000 | | |
| 3 | electric wiring | | | | 175000 | | |
| 4 | Energy Savers | | | | 54000 | | |
| 5 | Repairs of furniture | | | | 185000 | | |
| 6 | Window / Glass | | | | 495000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   ✓2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.
   We intend to install the equipment on the top floor which was burnt during operation and is under repairs other item partially installed

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Kitchen Utinesils | | | | 175000 |
| 2 | UPS installed | | | | 75000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10M. | 65000 | |
| 2 | Staff salaries | No. of persons months | 10M | 400000 | |
| 3 | ~~Rent of hotel building~~ | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | — | — | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   ✓ 8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

Not yet fully implemented the Hotel is not yet fully operational

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - ✓ 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - ✓ 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - ✓ 12.6 Words of mouth.
    - 12.7 Referrals.
    - ✓ 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

If funds are available in the future then Case to Case requirment of each Hotel must be identified because due to phisical damage to some Hotels they need more funds for rehabilatations

Date of Effect for Grant Agreement:

On behalf of Grantee:

Noor Muhammad Khan

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad

**Grant Associate Name/Signature**

27/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Anbar Ahmed

**Grant Associate Name/Signature**

27-06-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Rock valley Hotel & Restaurant | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- ROV-024 | |
| Grantee Address: Behrian Swat | Cluster: |
| Representative Name: Ghulam Jumain | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 25000 | | |
| 2 | electrick work | | | | 7500 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Towls | | | | 2500 |
| 2 | Betshet | | | | 7000 |
| 3 | Buckts | | | | 1500 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 22700 | |
| 2 | Staff salaries | No. of persons months | 4 | 117000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | wages, painter | | | 40000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 200 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | | |
| 2 | Temporary/Part time staff | – | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

✓ 11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Walk Chaking

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Ghulam Hussain owner

Name, Title

30-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Lutfar Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Nurrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Prince Hotel. | |
| Sector: Tourism | Category: 2 star. |
| Grant Number: FOG-PSD- PRN-098 | |
| Grantee Address: New Road, Mingora | Cluster: |
| Representative Name: Jamal-ud-din | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint + Labour | | | | 74000 | | |
| 2 | Carpentary | | | | 10000 | | |
| 3 | Electric work | | | | 12500 | | |
| 4 | Bath Room Repair | | | | 2000 | | |
| 5 | Equipment Fitting | | | | 25000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Marbel | | | | 4000 |
| 2 | Wood | | | | 25000 |
| 3 | Sinetary | | | | 117000 |
| 4 | Window glasses | | | | 52000 |
| 5 | Electric Equipment | | | | 35000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 9000 | /month |
| 2 | Staff salaries | No. of persons months | 3 | 21000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | — | | — | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 30 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 40 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by — %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by 20 %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio). N.A
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

حالیہ دہشت گردی کی وجہ سے ہوٹل بزنس کو بہت سخت نقصان پہنچ چکا تھا۔ Tourists مکمل طور پر ختم ہو چکے تھے۔ مہمانوں کی بھرپور ختم ہو چکی تھی۔ اس کے بعد USAID والوں نے ہماری خوب مدد کی ہمیں مالی طور پر سپورٹ کیا۔ اب بزنس کافی بہتر ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

Jamal-ud-Din (Owner)

Name, Title

14-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

14/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

Umar Ghani

**Grant Associate Name/Signature**

14-7-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Paying Guest Hotel & Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD-PYG-106 | |
| Grantee Address: Malam Jabba. | Cluster: |
| Representative Name: Nasir Jamail | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint / labour | | | | 96,000 | | |
| 2 | Electricity | | | | 6,000 | | |
| 3 | Repair maintenance | | | | 4,500 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 106,500 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Furniture | | | | 74,000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) Electricity | No. of bills paid | | 25,00 | |
| 2 | Staff salaries | No. of persons months | 03 | 15,000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 25 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 25 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 100 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 02 | 03 | 01 | 50 |
| 2 | Temporary/Part time staff | 00 | 02 | | 100 |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes | No ✓ |
| 9.4 Improvement in restaurant | Yes | No ✓ |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify): sPesfic Place

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓ 12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم اس Project سے بہت مشکور ہے۔ ہمارا ہوٹل
پہلے سے بہت اچھا بنا ہے اور ہم امید کرتے ہیں
کہ آگے بھی ہماری مدد کرے گا۔ ہم اپنی طرف سے ہم
Flood والوں کو اور مدد کرنے کی اپیل کرتے ہیں۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Nasir Jamal Owner

Name, Title

08.07.2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

**Grant Associate Name/Signature**

11/7/2011

**Date**

11/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Park Inn Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD-079 | |
| Grantee Address: Gulistan Chock Mingora | Cluster: |
| Representative Name: Bacha Hamza | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | PAINT | | | | 31000 | COMPLETE | |
| 2 | CARPET | | | | 5500 | COMPLETE | |
| 3 | KITCHEN REPAIR | | | | 35000 | " | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | TV | | 3 | | 16000 |
| 2 | BLANKETS | | 3 | | 7800 |
| 3 | CURTAIN | | 2 sets | | 1500 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 Months | 60000 | |
| 2 | Staff salaries | No. of persons months | 3 | 55000. | |
| 3 | Rent of hotel building | No. of months | 10 | 250,000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 10 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 66 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 3 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes✓ | No |
| 9.2 Improvement in bed rooms | Yes✓ | No |
| 9.3 Improvement in bathrooms | Yes✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams✓
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم USAID کا شکریہ ہے —

Date of Effect for Grant Agreement:

On behalf of Grantee:

Bacha Hussain Lessee.

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

Umar Ghani

**Grant Associate Name/Signature**

**Date** 28/6/2011

28/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Park continental | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- PCH-095 | |
| Grantee Address: Fizagat, Mingora | Cluster: |
| Representative Name: Kamran Dilbar | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 76000 | | |
| 2 | Sanitary work | | | | 6,000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | cooking | Set | | | 12,500/- |
| 2 | carpet | | | | 32,000/- |
| 3 | Blanket Single | | 25 | 1200 | 24,000/- |
| 4 | " Double | | 10 | 2000 | 20,000/- |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 78,500/- | |
| 2 | Staff salaries | No. of persons months | 2/6 | 60,000/- | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | wall painting | | | 80,000/- | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

we already incourge this programe and hope that same will continue for future

Date of Effect for Grant Agreement:

On behalf of Grantee:

KAMRAN AKHTAR IQBAL

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Untidar Ahmed

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Parput Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- PAR-048 | |
| Grantee Address: Bahrain, Swat | Cluster: |
| Representative Name: Haji Abdul Sabur | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 20000/ | | |
| 2 | لکڑی | | | | 50000/ | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 70000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | میز کرسی | | | | ~~[illegible]~~ 24000/- |
| 2 | کراکری | | | | 50000/- |
| 3 | | | | | |
| 4 | بیک شیٹ تولیہ | | | | 40000/- |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 114000 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 30000/- | |
| 2 | Staff salaries | No. of persons months | 6 - 6 - | 144000/- | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | مزدوری | | | 40000/- | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 214000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 36 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 96 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 96 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 6 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No |

10. What is the source of disposal of the hotel solid waste?

    10.1 Disposed in waste bins/area allocated for the purpose.

    10.2 Thrown in the open air outside the hotel.

    ✓10.3 Thrown in the river/streams.

    10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

    ✓11.1 Hotel waste water disposed off in proper sewerage line.

    11.2 Hotel waste water disposed off in open area.

    11.3 Hotel waste water disposed off in drains.

    11.4 Hotel waste water disposed off in the river/streams.

    11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

    12.1 Pamphlets.

    12.2 Print media (Newspapers).

    12.3 Electronic media (TV).

    12.4 Electronic media (Local Cable).

    12.5 Electronic media (Radio).

    12.6 Words of mouth.

    12.7 Referrals.

    12.8 Tour Operators.

    12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

    ✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Haj Abdul Sabur owner

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Fawad

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

Qaiser Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Paradise Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD-126 | |
| Grantee Address: Malamjabba | Cluster: |
| Representative Name: Khalid | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Room Repair ceiling | | | | 35000 | | |
| 2 | paint | | | | 20,000 | | |
| 3 | carpentering | | | | 15,000 | | |
| 4 | 2 Rooms construction | | | | 80,000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | curtains | | | | 12000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 10000 | |
| 2 | Staff salaries | No. of persons months | 1<br>3 | 21000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

Old 2 Current 4

5.1 Hotel occupancy increased by 100 %age

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by _____ %age

5.5 Restaurant sales decreased by _____ %age

No Restaurant

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

Old 400 Current 600

6.1 Hotel room tariff increased by 50 %age

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by _____ %age

6.5 Sales of Restaurant food/meals increased by _____ %age

No Restaurant

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | 1 | 100 |
| 2 | Temporary/Part time staff | 0 | 1 | 1 | 100 |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

✓ 8.1 Fully implemented the techniques/skills learned during the training.

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | Yes | ✓ No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Financial assistance for the construction of Restaurant & CGA Sheet for Roof.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Khalid Khan Owner

Name, Title

30-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Amir Malik

**Grant Associate Name/Signature**

30/06/2011

**Date**

Tariq Aziz

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Paweer Hotel | |
| Sector: Tourism | Category: 1-Star. |
| Grant Number: FOG-PSD- PAM-068 | |
| Grantee Address: Kalam Road Behrain | Cluster: |
| Representative Name: Sajjad Hussain | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Construction work | | | | 100000 | | |
| 2 | wood work | | | | 50000 | | |
| 3 | paint + labour | | | | 600000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment ✓
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.
because our hotel is badly damaged reconstruction of the hotel take more time.

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Pairing work | | | | 60000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 1500 | per month |
| 2 | Staff salaries | No. of persons months | 3 | 18000 | per month |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   ✓5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   ✓6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. N.A
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دہشتگردی اور سیلاب نے میرا ہوٹل بُرے طرح متاثر کیا۔ تقریباً آدھا ہوٹل سیلاب کی وجہ سے بُرے طرح متاثر ہوا۔ US AID/Firms فروجیکٹ کی تعاون سے اب میرا کاروبار دوبارہ شروع ہو گیا ہے۔ میں US AID Project کے تعاون کا بہت مشکور ہوں

Date of Effect for Grant Agreement:

On behalf of Grantee:

Sajjad Hussain

Name, Title

29/7/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

29-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

29/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Nizara Hotel & Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- NHR - 111 | |
| Grantee Address: Barikot | Cluster: |
| Representative Name: Fazal Maula | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 145000 | | |
| 2 | Construction Hall | | | | 160,000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed Sheets, Pillows | | | | 21,000 |
| 2 | Crokery | | | | 6,000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 70,000<br>25000 | Gas<br>Telephone |
| 2 | Staff salaries | No. of persons months | 4<br>10 | 320,000<br>960,000 | 4x8000x10 =<br>16x6000x10 = |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age 5 9

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 300 600

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 10 | 15 | | |
| 2 | Temporary/Part time staff | 2 | 5 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | ✓Yes | No |
| 9.5 Improvement in kitchen area | ✓Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

✓12.2 Print media (Newspapers).

12.3 Electronic media (TV).

✓12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓12.6 Words of mouth.

✓12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Fazal Maula Owner

Name, Title

_____

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir M. Khan

**Grant Associate Name/Signature**

14-07-2011

**Date**

_____

**Asif Shakil (Grant Analyst)**

Fawad

**Grant Associate Name/Signature**

14/07/2011

**Date**

_____

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Nisar Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- NSH-076 | |
| Grantee Address: New Road Green Chowk | Cluster: |
| Representative Name: | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Sanitary fitting | | | | | | |
| 2 | washrooms | | | | 45000 | | |
| 3 | Paint + wood | | | | 91000 | | |
| 4 | water pump repair | | | | 3500 | | |
| 5 | Certain insulation | | | | 3000 | | |
| 6 | Carpentry | | | | 3000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 ✓ Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | TV | | 7 | | 37600 |
| 2 | Generator | | 1. | | 9000 |
| 3 | Carpet. | | 3 rooms | | 4600 |
| 4 | Curtains | | 14 rooms. | | 8000 |
| 5 | Bed Sheets. | | 1250 | | 6150 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 60000 | |
| 2 | Staff salaries | No. of persons months | 5<br>10 | 298000 | |
| 3 | Rent of hotel building | No. of months | 10 | 100,000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 33 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 5 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ~~Yes~~ | ~~No~~ |
| 9.5 Improvement in kitchen area | ~~Yes~~ | ~~No~~ |
| 9.6 Improvement in main entrance/surroundings | Yes | ✓ No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - ✓ 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - ✓ 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

میں مسمی خالد خان ولد کا ضرر اقرار کر کے لکھ دیتا ہوں کہ گزشتہ سالوں میں
طالبان اور سیلاب کی وجہ سے ہمارے ہوٹل کا کاروبار بالکل ختم ہو گیا تھا
لہذا فارم پراجیکٹ کی وجہ سے ہمیں نقدی رقم اور سامان ملا اس
سے ہمارے کاروبار میں اضافہ ہو گیا ہم یورپ ہیڈ اور فارم پراجیکٹ کا تکریہ ادا کرتے ہیں
اور اگر مزید یہ ایسا نگرانی کریں تو بہت بہتر ہو گا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

KHALID Khan

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

30-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: New Shangla Hotel & Midway place | |
| Sector: Tourism | Category: 1 star. |
| Grant Number: FOG-PSD- NSM-077 | |
| Grantee Address: Fizagat Road Wakhy | Cluster: |
| Representative Name: Sardar Ali | Title: Cesse |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ اور مزدوری | | | | 70,000 | | |
| 2 | شیلٹر | | | | 20,000 | | |
| 3 | کیچن ٹیبل | | | | 15,000 | | |
| 4 | بجلی کا سامان | | | | 5,000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیجن سرا کری | | | | 10,000 |
| 2 | بیڈ شیٹ | | | | 8,000 |
| 3 | تکیہ | | | | 5,000 |
| 4 | T.V. | 5 | | 4,000 | 20,000 |
| 5 | کولر گلاس | 12 | | 400 | 4,800 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 5000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 4 | 22,000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | 15,000 | فی مہینہ |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 30 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 4 | 3 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

میں یو ایس ایڈ اور فرم پروجیکٹ کا انتہائی مشکور ہوں
جنہوں نے ہماری مالی مدد کی اور ہوٹل کیلئے سامان دیا ہے
جس سے میرا کاروبار دن بدن ترقی کر رہا ہے۔ اور روزگار کے مواقع
میسر ہو گئے ہیں۔ فرم پروجیکٹ کے پورے سٹاف کا شکریہ
ادا کرتا ہوں۔ جنہوں نے ہوٹل انڈسٹری میں خصوصی دلچسپی لے کر
سیاحت کے صنعت کا ایک اہم کاروباری قدم کو سپورٹ کیا ہے۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Sardar Ali

Name, Title

30.06.2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

Umar Khan

**Date**

30-6-2011

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

Hassan Ali Islam

**Date**

30/6/2011

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: New Miandam Hotel and Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- NMH-082 | |
| Grantee Address: Miandam | Cluster: |
| Representative Name: Sahib Rehman | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 125000 | | |
| 2 | T.V. Stand | | | | 12000 | | |
| 3 | Wooden gate | | | | 13000 | | |
| 4 | Cotton Curtains | | | | 10000 | | |
| 5 | Mirror | | | | 1500 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.
   electric generator is not installed.

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30000 | |
| 2 | Staff salaries | No. of persons months | | 200000 | 30% |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 230,000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

✓ 5.1 Hotel occupancy increased by 100 %age before were 2 Rooms and Now is 4 Rooms per day

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by _____ %age No

5.5 Restaurant sales decreased by _____ %age

✓ 5.6 No change in the Restaurant sales yes

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

Room Rent

✓ 6.1 Hotel room tariff increased by 100 %age before 300 Now is 600 per day.

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by _____ %age No

6.5 Sales of Restaurant food/meals increased by _____ %age No

✓ 6.6 No change in the sales of Restaurant food/meals yes

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | 0 |
| 2 | Temporary/Part time staff | 0 | 0 | 0 | |
| | Total | 3 | 3 | 0 | 0 |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

8.1 Fully implemented the techniques/skills learned during the training. ✓

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No ✓ |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals.
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

the Suggestion is the goods and equipment which is not installed to install that things and also help us in the amount

Date of Effect for Grant Agreement:

On behalf of Grantee:

Sabir Rehman Owner

Name, Title

Sabir Re

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M.

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: New Green Hotel | |
| Sector: Tourism | Category: 2-Star |
| Grant Number: FOG-PSD- NGH-022 | |
| Grantee Address: Green Chock Mingora | Cluster: |
| Representative Name: Said Rahim | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ مزدوری | | | | 36000 | | |
| 2 | ٹائلز | | | | 30600 | | |
| 3 | ترکھان | | | | 9000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | سمنٹ | 113 | | 390 | 44070 |
| 2 | سنگھ | 9 | | 2300 | 20700 |
| 3 | جال | | | | 17000 |
| 4 | بجلی سامان | | | | 13000 |
| 5 | بالٹی لوٹہ | | | | 9000 |
| 6 | شیشہ | | | | 21000 |
| 7 | ایسٹ | | | | 1200 |
| | Total: لاسانی شیٹ | | | | 10500 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 8000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 3 | 9000 | " |
| 3 | Rent of hotel building | No. of months | 17 | 10200 | " |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 0 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دہشت گردی وجہ ہمارا کاروبار خراب ہو گیا تھا۔ پراجیکٹ نے ہمارے مدد کی۔ اور اب میرے آمدنی میں اضافہ ہو گیا ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

[signature] Lesse

Name, Title

[signature] 14.7.2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali

**Grant Associate Name/Signature**

14/7/2011

**Date**

[signature]

**Asif Shakil (Grant Analyst)**

Umar [signature]

**Grant Associate Name/Signature**

14-7-2011

**Date**

[signature]

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Mingora Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- M11-086 | |
| Grantee Address: Madyan Road Mingora | Cluster: |
| Representative Name: | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint and labour | | | | 25000- | | |
| 2 | Repair } | | | → | 75000 | | |
| 3 | Carpentory } | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Glasses window | | | | 10,000. |
| 2 | Cooler | | | | 3000. |
| 3 | Carpet | | | | 2500. |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 5000. | |
| 2 | Staff salaries | No. of persons months | 2 | 4000 | |
| 3 | Rent of hotel building | No. of months | – | – | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   ✓ 8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). NA
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

سوات میں دہشت گردی کی وجہ سے ہمارے ہوٹل کا کاروبار بالکل ختم ہو گیا تھا
پھر فرمیز پراجیکٹ والوں نے ہمارے کاروبار کو دوبارہ شروع کرنے
کیلئے رقم اور مختلف قسم کے سامان مہیا کر دیئے جس کی وجہ
سے ہمارے ہوٹل کا کاروبار دوبارہ شروع ہو گیا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Shaukat Ali

Name, Title

Shaukat Ali / 12/07/11

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

12/7/2011

**Date**

Umar Lohani

**Grant Associate Name/Signature**

12-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Mid City Hotel | |
| Sector: Tourism | Category: 1 Star |
| Grant Number: FOG-PSD- MIC-085 | |
| Grantee Address: New Road Mingora | Cluster: |
| Representative Name: Sharafat Ali | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | لنگ لمع مزدوری | | | | 26000 | | |
| 2 | مرمت | | | | 11000 | | |
| 3 | فرنیچر پالش | | | | 12500 | | |
| 4 | جنریٹر مرمت | | | | 12965 | | |
| 5 | صوفہ سیٹ پوشنگ | | | | 7200 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیڈ شیٹ | 50 | | 250 | 12500 |
| 2 | رضائی | | | | 25500 |
| 3 | گی وال | (1) | | 20000 | 20000 |
| 4 | گی وال ٹرال | (1) | | 12000 | 12000 |
| 5 | کارپٹ | | | | 6400 |
| 6 | پالی ملٹر | | | | 5000 |
| 7 | بجلی سامان | | | | 8100 |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 14000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 05 | 18000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | – | – | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 80 %age

   5.2 Hotel occupancy decreased by ___ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by ___ %age

   5.5 Restaurant sales decreased by ___ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 0 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دشت گردی کی وجہ سے مکمل تباہ ہو گیا تھا۔ ہم سب
ممبر پر ایک سورت آئی۔ ہمیں کیش ملا۔ سامان ملا
ہمارے محلے میں بہت تبدیلی آئی بہت احسان مند عمر بھر رہیں گے

Date of Effect for Grant Agreement:

On behalf of Grantee:

شرافت علی

Name, Title

19.7.2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

19-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Idu

**Grant Associate Name/Signature**

19/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Miandam Guest house & Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- MGH-066 | |
| Grantee Address: Miandam | Cluster: |
| Representative Name: M. Umar | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 70,000 | | |
| 2 | Carpenter | | | | 30,000 | | |
| 3 | Mason & Santry | | | | 35,000 | | |
| 4 | mason | | | | 45,000 | | |
| 5 | Electrical work | | | | 40,000 | | |
| 6 | Grill | | | | 135,000 | | |
| 7 | Matrial (Sand, brick) | | | | 70,000 | | |
| 8 | Refaiting General | | | | 60,000 | | |
| | Total | | | | 485,000 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   صرف گرینیٹر نہیں لگایا۔ اسلئے کہ اُس کا CNG ٹینکی
   کا آرڈر دیا ہے۔ ابھی تک نہیں آیا۔ جب آئیگا تو لگا دینگے۔

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Gas Salendar | | | | 10,000 |
| 2 | Curtan | | | | 11,000 |
| 3 | Water Supply line | | | | 30,000 |
| 4 | Staplizar (electric) | | | | 8,000 |
| 5 | Water Tank | | | | 10,000 |
| 6 | Foams Covring | | | | 6,000 |
| 7 | Bed Sheets | | | | 7,000 |
| | Total: | | | | 82,000 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 30,000 | |
| 2 | Staff salaries | No. of persons months | 6<br>10 | 1,80,000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 2,10000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

Old New

✓ 5.1 Hotel occupancy increased by 150 %age 2 5

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

✓ 5.4 Restaurant sales increased by 40 %age

5.5 Restaurant sales decreased by ~~40~~ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

Old 800+1500 New 1000+1800

✓ 6.1 Hotel room tariff increased by 22 %age

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

✓ 6.4 Sales of Restaurant food/meals increased by 40 %age

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 6 | +3 | 100% |
| 2 | Temporary/Part time staff | 3 | 3 | 0 | 0% |
| | Total | 6 | 9 | 3 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

8.1 Fully implemented the techniques/skills learned during the training. ✓

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify): burning from Fair

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

11.1 Hotel waste water disposed off in proper sewerage line. ✓

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets. ✓

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth. ✓

12.7 Referrals.

12.8 Tour Operators. ✓

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Now we needs Sources of publisity & advertising in electronic and print media we also lack of Some amount to continue the maintance and make more improvements in our Hotel i.e construction + Services

Date of Effect for Grant Agreement:

On behalf of Grantee: (خورشید)

Name, Title

29-06-11

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. Nawaz

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

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1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Meezan Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- MEE- 070 | |
| Grantee Address: | Cluster: |
| Representative Name: Jamshaid | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ و روغن مزدوری | | | | 80000 | | |
| 2 | مرمت، مستری مزدوری | | | | 100,000 | | |
| 3 | ترکھان مزدوری | | | | 20000 | | |
| 4 | ٹائلز صفائی | | | | 5000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | ماربل | | | | 55000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 25000 | |
| 2 | Staff salaries | No. of persons months | 7 | 30000 | |
| 3 | Rent of hotel building | No. of months | — | — | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 80 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 5 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 5 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 6 | 7 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams. ✓
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good. ✓

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

thanks to USAID FIRM project that it came to our financial sport and guidance for it helped us to promote our hotel business on a more. on its basis we hope that we will be able to promote our hotel industry in Swat and attract the national & international tourists

Date of Effect for Grant Agreement:

On behalf of Grantee:

Jamshaid

Name, Title

8-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

8/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

Mathar Gohar

**Grant Associate Name/Signature**

8/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Marina Hotel & Restaurant | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- MHR-002 | |
| Grantee Address: Behrain, Swat | Cluster: |
| Representative Name: Asif Zada | Title: Legal Representative |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | سیمنٹ | | | | 129000 | | |
| 2 | سریا | | | | 180000 | | |
| 3 | باجری ریت 32 | | | | 102400 | | |
| 4 | رنگ | | | | 92000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 42000 = |
| 2 | [illegible] | | | | 55000 = |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 16000 | |
| 2 | Staff salaries | No. of persons months | 7/= | 192000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | [illegible] | | | 140000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 10 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 30 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 70 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 4 | | |
| 2 | Temporary/Part time staff | – | 3 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

_____

Name, Title

_____

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: MARINA GUEST HOUSE | |
| Sector: | Category: |
| Grant Number: FOG-PSD- MRG-058 | |
| Grantee Address: SPINAY OBAY MALAM JABA SWAT | Cluster: |
| Representative Name: KARIMULLAH-KHAN | Title: Owner/L.R |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paints Labour Cost | | | | 28,000 | Complete | |
| 2 | water suply restoration | | | | 28000 | " | |
| 3 | Bathrooms tils etc | | | | 88000 | " | |
| 4 | Labour charges | | | | 27000 | " | |
| 5 | Kitchen utensils | | | | 15000 | " | |
| 6 | Bed sheets Etc. | | | | 12000 | " | |
| 7 | Staff Salaries. | | | | 48000 | " | |
| 8 | Utilities Bills. | | | | 35000 | " | |
| | Total | | | | 281000 | " | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, furniture and equipment
✓2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,

Please mention reason for not installing of the in-kind support received.

[illegible] install [illegible]

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bathroom tils. | | | | 88000 |
| 2 | pips etc. | | | | 26,000 |
| 3 | Bed sheet. etc. | | | | 12000 |
| 4 | water tank | | | | 17000 |
| 5 | Kitchen utensils | | | | 12000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 155000 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 4 | 29000 | |
| 2 | Staff salaries | No. of persons months | 3 | 20000 | |
| 3 | Rent of hotel building | No. of months | | – | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 49000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 60 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 01 | 03 | 02 | |
| 2 | Temporary/Part time staff | 02 | 04 | 04 | 50% |
| | Total | 03 | 07 | 06 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓ 12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Recovery Asistance programme is played a key role while starting the hotel industry in swat as due to taliban insurgency the hotel industry was badly effected now need to support the industry at least next 2 years to strenthen the business. must be extend to 2 years at least.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

KARIMULLAH KHAN L.R.

Signature, Date 18/07/2011

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

22/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

Umar Khan

**Grant Associate Name/Signature**

22-7-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Marhaba | |
| Sector: Tourism | Category: 2 Star |
| Grant Number: FOG-PSD-MAR-017 | |
| Grantee Address: Shahdara watkay | Cluster: |
| Representative Name: | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ و مزدوری | | | | 48000 | | |
| 2 | مرمت | | | | 16000 | | |
| 3 | لکڑی کام | | | | 18000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | المونيم ڈوکاٹ | | | | 5000 |
| 2 | بیڈ شیٹ | | 40 | 150 | 6000 |
| 3 | فوم کور | | 20 | 200 | 4000 |
| 4 | تکیہ کور | | | | 1000 |
| 5 | TV | | 5 | 7000 | 35000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity ✓, Gas, Telephone ✓, etc.) | No. of bills paid | | 8000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 3 | 15000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | 25000 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 200 %age

   5.2 Hotel occupancy decreased by ____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 10 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). N.A.
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم یو ایس ایڈ فارم پرجیکٹس کے مشکور ہیں کہ اُس نے ہمارے مالی مدد کی اور ہمیں سامان بھی دیا جس سے ہمارا ہوٹل دوبارہ آباد ہو گیا

Date of Effect for Grant Agreement:

On behalf of Grantee:

[signature]

Name, Title: [signature] 11-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

[signature] Hassan Ali Khan

**Grant Associate Name/Signature**

11/7/2011

**Date**

[signature]

**Asif Shakil (Grant Analyst)**

[signature] Umar Gharani

**Grant Associate Name/Signature**

11-7-2011

**Date**

[signature]

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Lachain Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- LCN-036 | |
| Grantee Address: Behrain, Swat | Cluster: |
| Representative Name: Dr. Fazal wahid | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 38000 | | |
| 2 | سیمنٹ، سریا وغیرہ | | | | 60000 | | |
| 3 | بجلی فٹنگ | | | | 50000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیڈ شیٹ - رنگو تکیہ کور - تکیہ | | | | 12000 |
| 2 | رنگو لیٹر | | | | 10000 |
| 3 | کرسیوں کیلئے پوشنگ | | | | 10000 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 18000 | |
| 2 | Staff salaries | No. of persons months | 3/6 | 120000 | |
| 3 | Rent of hotel building | No. of months | 6 | 60000 | |
| 4 | مزدوری رنگسازان | | | 32000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 60 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | | |
| 2 | Temporary/Part time staff | 2 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Dr. Fazal Wahid

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Captain Ahmad

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Kohi Moor Hotel & Rest. | |
| Sector: Tourism | Category: Tourist |
| Grant Number: FOG-PSD- KNO-123 | |
| Grantee Address: New Road, Green Ch | Cluster: |
| Representative Name: Mohammad Khan | Title: lesse |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | New rooms | | | | | | |
| 2 | construction | | 5 | | 130000 | | |
| 3 | Sign bords | | | | 3000 | | |
| 4 | ~~Fans~~ | | ~~2~~ | | ~~4300~~ | | |
| 5 | water Sank. | | 1 | | 1400 | | |
| 6 | Paint + wages | | | | 7000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | matresses + bat sheets | | 60 | 35000 | |
| 2 | Fans | | 2 | 4300 | |
| 3 | water cooler | | 1 | 1800 | |
| 4 | Curtains | | | 3000 | |
| 5 | Reception table | | 1 | 4500 | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 9000 | |
| 2 | Staff salaries | No. of persons months | 2<br>10 | 45000 | |
| 3 | Rent of hotel building | No. of months | 10 | 50000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 95 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | 1 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   ✓ 8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ~~Yes~~ | ~~No~~ |
| 9.5 Improvement in kitchen area | ~~Yes~~ | ~~No~~ |
| 9.6 Improvement in main entrance/surroundings | ~~Yes~~ | ~~No~~ |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

we are thankful to usaid our hotel business is improved.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Muhammad Iqbal.

Name, Title

08-07-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

08-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan.

**Grant Associate Name/Signature**

**Date** 8/7/2011

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Khyber Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD-KHS-087 | |
| Grantee Address: | Cluster: |
| Representative Name: Anwar Ali | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 190,000 | | |
| 2 | Repair construction | | | | 120,000 | | |
| 3 | renovation | | | | 60000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed Sheets pillow cover | | | | 85000 |
| 2 | Curtains | | | | 75000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 100000<br>15000<br>8000 | Electric 10000×10<br>Telep 1500×10<br>Gas 800×10 |
| 2 | Staff salaries | No. of persons months | 5<br>10 | 250000 | 5×5000×10 |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age 3 6

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 25 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 250 300

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 25 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 5 | | |
| 2 | Temporary/Part time staff | 1 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

✓ 12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Anwar Ali

Name, Title

14/2/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir M. Nawaz

**Grant Associate Name/Signature**

14-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad

**Grant Associate Name/Signature**

14/2/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: KB-5 Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- | |
| Grantee Address: | Cluster: |
| Representative Name: | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 250000/- | مکمل | |
| 2 | لکڑی | | | | 36000/- | مکمل | |
| 3 | باتھ | | | | 65000/- | مکمل | |
| 4 | بجلی | | | | 95000/- | مکمل | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیڈ شیٹ | | | | 2000/- |
| 2 | تولیا | | | | 1900/- |
| 3 | رشتا ٹینر | | | | 5600/- |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 50000/- | |
| 2 | Staff salaries | No. of persons months | 9 | 350000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | ضروری بجلی والا | | | 35000/- | |
| 5 | ضروری ترکان والوں کو | | | 47500/- | |
| 6 | رنگ ساز والو کو ضروری | | | 65000/- | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 60 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 40 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 40 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 4 | | |
| 2 | Temporary/Part time staff | 6 | 5 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

    10.1 Disposed in waste bins/area allocated for the purpose.

    10.2 Thrown in the open air outside the hotel.

    ✓ 10.3 Thrown in the river/streams.

    10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

    ✓ 11.1 Hotel waste water disposed off in proper sewerage line.

    11.2 Hotel waste water disposed off in open area.

    11.3 Hotel waste water disposed off in drains.

    11.4 Hotel waste water disposed off in the river/streams.

    11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

    12.1 Pamphlets.

    12.2 Print media (Newspapers).

    12.3 Electronic media (TV).

    12.4 Electronic media (Local Cable).

    12.5 Electronic media (Radio).

    12.6 Words of mouth.

    12.7 Referrals.

    12.8 Tour Operators.

    12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

    ✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

سڑک، روڈ، مکانوں کو بھیجنا بہت
کام بھی ضروری ہے۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Shahid Ali Khan

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Intizar Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Karishma Hotel and Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- KRS-116 | |
| Grantee Address: Mingaora | Cluster: |
| Representative Name: Rahmat Ullah | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | paint | | | | 27000 | | |
| 2 | Car painter | | | | 30000 | | |
| 3 | PALABER | | | | 20000 | | |
| 4 | ELECTRIC | | | | 20000 | | |
| 5 | Hard wear. | | | | 10000 | | |
| 6 | grill | | | | 20000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 127,000 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Electric Stebilizer. | | | 15000 | |
| 2 | Stand for the T.V Set | | | 10000 | |
| 3 | Dish. antena | | | 1000 | |
| 4 | Recover. | | | 2500 | |
| 5 | mattress for the Room | | | 10000 | |
| 6 | basket and bed liron | | | 10000 | |
| 7 | Pedows and foam Cover. | | | 10000 | |
| | Total: | | | 58500 | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 20000 | |
| 2 | Staff salaries | No. of persons months | 3 | 150000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 170,000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

✓ 5.1 Hotel occupancy increased by ~~50~~ 100 %age  Old Rent 300 – New Rent 600

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by _____ %age

5.5 Restaurant sales decreased by _____ %age

✓ 5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

✓ 6.1 Hotel room tariff increased by ~~150~~ 100 %age  Old Rent 300  New Rent 600

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by _____ %age

6.5 Sales of Restaurant food/meals increased by _____ %age

✓ 6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | 1 | ~~67~~ 100 |
| 2 | Temporary/Part time staff | — | 1 | 1 | |
| | Total | | | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

8.1 Fully implemented the techniques/skills learned during the training. ✓

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify): burnt from fire

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals.
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

OUR Suggestion is the (us aid) Help us in the Eduestaiseng on malty media and on the news paper and also (us aid) help us in the amount because we Take loan. So if they help us we shall be thanks for ever.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Rahmat Ullah Owner

Name, Title

R Ullah 29-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. Aamir

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Kargal Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- KHR-059 | |
| Grantee Address: | Cluster: |
| Representative Name: Bakht Zaman | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | [illegible] | | | | 150000/- | | |
| 2 | [illegible] | | | | 600000/- | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 7,000/- |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 80,000/- Elec<br>8,000/- Tel | |
| 2 | Staff salaries | No. of persons months | | 90,000/- | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by ____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by ____ %age

   5.5 Restaurant sales decreased by ____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by ____ %age

   6.2 Hotel room tariff decreased by ____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by ____ %age

   6.5 Sales of Restaurant food/meals increased by ____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | | |
| 2 | Temporary/Part time staff | 2 | 4 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Bakht Zameen owner

Name, Title

15/07/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Fawad

**Grant Associate Name/Signature**

15/07/2011

**Date**

_____

**Asif Shakil (Grant Analyst)**

Hassan Ali

**Grant Associate Name/Signature**

25/7/2011

**Date**

_____

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Juniad Hotel | |
| Sector: | Category: A |
| Grant Number: FOG-PSD-JHR-004 | |
| Grantee Address: Hotel Juniad Mingora | Cluster: |
| Representative Name: Raza Khan | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | 134 | 3 coats | 1500 | 200000 | Complete | |
| 2 | Labour Cost Paint | 6 | 15 | 500 | 45000 | ~ | |
| 3 | Carpeting BH, Foam | | | | 50000 | Complete | |
| 4 | Repairing Tiles + Construct | | | | 160000 | Complete | |
| 5 | Installation Main Gate | I | | 70000 | 75000 | Complete | |
| 6 | ~ Main Gate | | | 10000 | 18000 | Complete | |
| 7 | Water Supply line | I | 2000 ft | | 288690 | Complete | |
| 8 | Water tank 8×8, 3×3 | II | | | 60000 | Complete | |
| | Total | | | | 896,690 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Karakwy | | | 80000 | 85000 |
| 2 | Tv Stands | | | 30000 | 38000 |
| 3 | Ganset Honda Japan 7 KVA | I | | 100000 | 100000 |
| 4 | Furniture Beds + Chairs | | | 50000 | 60000 |
| 5 | Alliminium Curtains | | | 110000 | 110000 |
| 6 | Electricity Equipment | | | 100000 | 105000 |
| 7 | Brochure & Sign Boards | | | 35000 | 35000 |
| | Total: | | | | 533 000 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | | Paid |
| 2 | Staff salaries | No. of persons months | 15 2 | 137000 | Paid |
| 3 | Rent of hotel building | No. of months | | | Nill |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 95 %age ✓

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 60 %age ✓

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 95 %age ✓

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 45 %age ✓

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | . | 0% |
| 2 | Temporary/Part time staff | 5 | 15 | 10 | 200% |
| | Total | 10 | 20 | 10 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

HOTEL JUNAID

Name, Title

MUHAMMAD JUNAID QURESHI, OWNER

Signature, Date

14-07-2011

**Grant Associate's recommendation(s), if any.**

M. Aamir

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Jan Pahadi Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- JPH – 137 | |
| Grantee Address: Malam Jabba | Cluster: |
| Representative Name: Jan Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Repair, Maintenance | | | | 3000 | | |
| 2 | Construction | | | | 21000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 24000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Kitchen Utensils | | | | 4000 |
| 2 | Table | | | | 5000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 9000/- |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 10,000 | |
| 2 | Staff salaries | No. of persons months | 3<br>10 | 50,000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 60,000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

Old 1 current 3

✓ 5.1 Hotel occupancy increased by 200 %age

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

✓ 5.4 Restaurant sales increased by 75 %age

5.5 Restaurant sales decreased by _____ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

Old 300 current 500

✓ 6.1 Hotel room tariff increased by 67 %age

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

✓ 6.4 Sales of Restaurant food/meals increased by 75 %age

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | 1 | 50 |
| 2 | Temporary/Part time staff | 0 | 1 | 1 | 100 |
| | Total | 2 | 4 | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

✓ 8.1 Fully implemented the techniques/skills learned during the training.

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| ✓ 9.1 General improvement | ✓ Yes | No |
| ✓ 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | Yes | ✓ No |
| ✓ 9.4 Improvement in restaurant | ✓ Yes | No |
| ✓ 9.5 Improvement in kitchen area | ✓ Yes | No |
| ✓ 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Advertisement of the hotel for marketing.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Jan Khan Owner

Name, Title

30/06/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. Khan

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Jalal Guest House | |
| Sector: T | Category: |
| Grant Number: FOG-PSD- JAH-129 | |
| Grantee Address: Madyan Swat | Cluster: |
| Representative Name: M. Qamaruddin | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 40000 | ختم | |
| 2 | ریسرنگ | | | | 20000 | ۳ | |
| 3 | ترکان کا کام | | | | 15000 | ۳ | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | نوال | | 20 | | 1500. |
| 2 | بیڈ شیٹ | | 12 | - | 6000. |
| 3 | برتن وغیرہ | | | | 3000. |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6. | 6000 = | |
| 2 | Staff salaries | No. of persons months | 6. | 40000 = | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by — %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by — %age

   5.5 Restaurant sales decreased by — %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by — %age

   6.2 Hotel room tariff decreased by — %age

   ✓ 6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by — %age

   6.5 Sales of Restaurant food/meals increased by — %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | — | — |
| 2 | Temporary/Part time staff | | | | |
| | Total | 3 | 3 | — | — |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Qamar udin / owner

Name, Title

قمر الدين

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad Durrani

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Jabees Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- JBH-037 | |
| Grantee Address: Behrain, Swat | Cluster: |
| Representative Name: Miraj ud din | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | [illegible] | | | | 22,000/- | complete | |
| 2 | [illegible] | | | | 28,350/- | " | |
| 3 | [illegible] | | | | 40,800/- | " | |
| 4 | [illegible] | | | | 11,000/- | " | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 102,150/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 12000/- |
| 2 | [illegible] | | | | 4600/- |
| 3 | [illegible] | | | | 1,200/- |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 26800/- |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 8000/- | |
| 2 | Staff salaries | No. of persons months | 3/6 | 96,000/- | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | [illegible] chair | | | 170,000/- | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 274000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _25_ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _—_ %age

   5.5 Restaurant sales decreased by _—_ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _70_ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _—_ %age

   6.5 Sales of Restaurant food/meals increased by _—_ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | | |
| 2 | Temporary/Part time staff | | 1 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

سیلاب کی وجہ سے ہمارے پانی کا نظام بہت زیادہ متاثر
ہوا ہے۔ اگر آئندہ اس بارے میں کوئی غور کیا گیا تو بہتری
ہو جائے گی

Date of Effect for Grant Agreement:

On behalf of Grantee:

Haji Mirajudin Lowner

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad Fawad

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Lutfian Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Iqbal Hotel & Rest | |
| Sector: Tourism | Category: 2 star |
| Grant Number: FOG-PSD- 1HR-096 | |
| Grantee Address: Madyan Road, Mingora | Cluster: |
| Representative Name: Kamran Akhtar Iqbal | Title: Co Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 87000 | | |
| 2 | | | | | | | |
| 3 | Cement | | | | 20000 | | |
| 4 | | | | | | | |
| 5 | Crush | | | | 10000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 117000 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, furniture and equipment ✓
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | TV stands | | 8 | 1200 | 9600 |
| 2 | cartons | | 14 | 1800 | 25200 |
| 3 | Carpets | | 5 | | 31000 |
| 4 | Bathroom kits | | 11 | 1000 | 11000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 76800 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 85000 | |
| 2 | Staff salaries | No. of persons months | 5/6 | 180000 ~~30000~~ | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 265000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 60 %age

   5.2 Hotel occupancy decreased by — %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 40 %age

   5.5 Restaurant sales decreased by — %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by — %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 40 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 4 | | |
| 2 | Temporary/Part time staff | 2 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | ✓Yes | No |
| 9.5 Improvement in kitchen area | ✓Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

✓12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

The project help us alot. and we wish that in future these kinds of help is done to us.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Kamran Akhtar Iqbal.

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hussain Ali Khan

**Grant Associate Name/Signature**

12/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

Umar Bilgrami

**Grant Associate Name/Signature**

12-7-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Lawan Pearl Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- 1PH-012 | |
| Grantee Address: Bahrain Swat | Cluster: |
| Representative Name: Mr. Asmat Ullah | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 60,000 | | |
| 2 | کیبنٹ | | 5 | | 115,000 | | |
| 3 | بجلی کا سامان | | | | 100,000 | | |
| 4 | پلمبر کا کام | | | | 100,000 | | |
| 5 | شیشہ | | | | 70,000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 445,000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | میز دوری الماری کا کام | | | | 40,000 |
| 2 | رنگ کا کام میز کرسی دوری | | | | 40,000 |
| 3 | بجلی کا کام میز دوری | | | | 20,000 |
| 4 | پانی کا لائن کا کام دوری | | | | 15,000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 115,000 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 20,000 | |
| 2 | Staff salaries | No. of persons months | 4/6 | 120,000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | اپنا ہاسٹل | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 140,000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 4 | 2 | 100 |
| 2 | Temporary/Part time staff | 0 | 0 | — | — |
| | Total | 2 | 4 | 2 | 100 |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   Training not received

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify): Sign Board & Rack Walking.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم شکر گزار ہیں USAID-FIRMS کا کہ انہوں نے ہماری
مشکل وقت میں مدد کی ورنہ ہم خود اپنے ہوٹل کی
چیزیں نہیں خرید سکتے تھے

Date of Effect for Grant Agreement:

On behalf of Grantee:

Asmatullah owner

Name, Title

Asmat 30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Gautam Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Imperial Hotel & Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD-1HR-003 | |
| Grantee Address: Mandan. | Cluster: |
| Representative Name: Ehsan Ullah. | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 300000 | | |
| 2 | Cement | | | | 50000 | | |
| 3 | Tiles | | | | 150000 | | |
| 4 | marble | | | | 300000 | | |
| 5 | Sand | | | | 50000 | | |
| 6 | Crush | | | | 50000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 9000 | 54000 ~~54000~~ | |
| 2 | Staff salaries | No. of persons months | 4/6 | 192000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | Wages | | | 300000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 4 | | |
| 2 | Temporary/Part time staff | — | — | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

in future we need Roads and good advertisment to Promote Tourism in the area then we will be able to continue the Hotel business. Thanks for your cooperation.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Ihsanullah - owner

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Amir M. Nawaz

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel miandam palace and Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- HMP-067 | |
| Grantee Address: Miandam | Cluster: |
| Representative Name: Fazal [illegible] | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | paints | | | | 100000 | | |
| 2 | carpenter | | | | 50000 | | |
| 3 | ~~pad~~ mason | | | | 24000 | | |
| 4 | palamber | | | | 5000 | | |
| 5 | Electricity | | | | 10000 | | |
| 6 | Hard weers | | | | 5000 | | |
| 7 | dish TV - reciver - intena | | | | 10000 | | |
| 8 | Meterial - (cement, mud and crush) | | | | 90000 | | |
| | Total | | | | 294,000 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Electric Steblizer. | | | 20,000 | |
| 2 | Stand for refreginator. | | | 7000 | |
| 3 | Tables for Resturant. | | | 12,000 | |
| 4 | carkary. | | | 11,000 | |
| 5 | mirror. | | | 10,000 | |
| 6 | cotton | | | 12,000 | |
| 7 | Chair for Respestion/centers | | | 10,000 | |
| | Total: | | | 82,000/- | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30,000 | |
| 2 | Staff salaries | No. of persons months | 3 Full 3PT | 3,00000 | 3x7000x10=210000 3x15000x2=90000 300,000 |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 330,000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

✓ 5.1 Hotel occupancy increased by 300 %age

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

✓ 5.4 Restaurant sales increased by 50 %age

5.5 Restaurant sales decreased by _____ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

6.1 Hotel room tariff increased by 100 %age

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by 50 %age

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | 0 |
| 2 | Temporary/Part time staff | 3 | 6 | 3 | 100 |
| | Total | 6 | 9 | 3 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

8.1 Fully implemented the techniques/skills learned during the training ✓

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify): burnt from fire.

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals.
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Our Suggestions is that (US aid) Help us in the Edvertaising an maltey media and the newspaper and also (USAid) help us in the amount because we take a loan. So if they help us we shall be thanks for our.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Fazal Ghani Owner

Name, Title

29-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. Aam.

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: | |
| Sector: Hills Rock Hotel | Category: |
| Grant Number: FOG-PSD- HPH-009 | |
| Grantee Address: Fizagat, Mingora. | Cluster: |
| Representative Name: Mr. Manjunar Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | water pump | | | | 10,000 | | |
| 2 | Telephone Sets | | | | 15,000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Generator repairing | | | | 40,000 |
| 2 | Electric Rods | | | | 23,000 |
| 3 | Fans | | | | 15,000 |
| 4 | Sanitary repairing | | | | 35,000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 70,000 | |
| 2 | Staff salaries | No. of persons months | 10. | 50,000 per month | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | Own | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 60 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 4 | 0 | |
| 2 | Temporary/Part time staff | 0 | 6 | 6 | |
| | Total | 4 | 10 | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mr. Manjawar Khan owner

Name, Title

Manjawar Khan 30-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lautaus Ahmed

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hills city Hotel & Rest | |
| Sector: Tourism | Category: 2 star |
| Grant Number: FOG-PSD- HHE-025 | |
| Grantee Address: Kalam Road Fizgat | Cluster: |
| Representative Name: Z Shehzaman | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paints + Labour Charges | | | | 245000 | | |
| 2 | Construction | | | | 700000 | | |
| 3 | Renovation | | | | 250000 | | |
| 4 | Carpet | | | | 40000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Dishes | 45 | | 1400 | 63000 |
| 2 | Thermoms | 50 | | 750 | 37500 /- |
| 3 | Bed Sheets | 150 | | | 84000 |
| 4 | Oven | 1 | | | 6000 /- |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 23000 | Per Month |
| 2 | Staff salaries | No. of persons months | 11 | 55000 | For Month. |
| 3 | Rent of hotel building | No. of months | | — | — |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 60 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 30 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 40 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 8 | 13 | | 62% |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals.
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم لوگ سیڈ پراجیکٹ کے شکر گزار ہیں جس نے ہمارے مالی مدد کی
اور ہمارے کاروبار کو وسعت دی ہمارا کاروبار دوبارہ شروع ہو گیا

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title شیر زمان خان

Signature, Date 30.6.2011

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

30-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel WHITE Palace | |
| Sector: Tourism | Category: "A" (3 Star) |
| Grant Number: FOG-PSD-KWP-014 | |
| Grantee Address: Mingora Zar. Swat | Cluster: |
| Representative Name: Mallik Nawaz | Title: M.D (Legal Representative) |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint + Lbr | | | | 1,83,425 | | |
| 2 | Construction + — | | | | 662,098 | | |
| 3 | Labour | | | | | | |
| 4 | Carpenteling | | | | 74,230 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Machineey / Generator | | 01 | 150,000 | 150,000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 55,229 | |
| 2 | Staff salaries | No. of persons months | 24 | 10,65,963 | |
| 3 | Rent of hotel building | No. of months | 10 | 10,000,00 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 61 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel ✓

   6.4 Sales of Restaurant food/meals increased by 8 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 10 | 13 | 3 | |
| 2 | Temporary/Part time staff | 11 | 11 | | |
| | Total | 21 | 24 | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes | No ✓ |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV). ✓
    - 12.4 Electronic media (Local Cable). ✓
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals. ✓
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify): Internet ✓

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

The Processing of deliverable was bit Slow, Further it was ok, I would like to Suggest to enhance the programe.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Malik Naveed

Name, Title

Malik Naveed 22-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umair Bashir

**Grant Associate Name/Signature**

22-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali

**Grant Associate Name/Signature**

22/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel udyana x Rest. | |
| Sector: Tourism | Category: 1 star. |
| Grant Number: FOG-PSD- HUR-075 | |
| Grantee Address: Gulshan chowk, minga | Cluster: |
| Representative Name: Mohammad wakeel | Title: Lesse. |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Pentes + Wages | | | | 15000Rs | | |
| 2 | Door R | | | | 40000Rs | | |
| 3 | Sentry work | | | | 50000Rs | | |
| 4 | Cabal Work | | | | 20000Rs | | |
| 5 | Carpetting Wages | | | | 4000Rs | | |
| 6 | Varnish | | | | 10000R | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | TV | | 19 | | 80000 Rs |
| 2 | Blankets | | 4 | | 8000 Rs |
| 3 | Crockery | | | | 10000 Rs |
| 4 | Stabilizers | | 3 | | 47000 Rs |
| 5 | Bed Sheets | | 30 | | 4000 Rs |
| 6 | Pillow Covers | | 50 | | 2000 Rs |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 Months | 1250000 Rs | |
| 2 | Staff salaries | No. of persons months | 4 | 400000 Rs | 10 Months |
| 3 | Rent of hotel building | No. of months | 10 M | 360000 Rs | 10 Months |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 67 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 62 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 4 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth. N-A

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

[illegible]

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

Mohammad Waheed 28-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Usman Ghani

**Grant Associate Name/Signature**

28-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

28/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Two Star | |
| Sector: Tourism | Category: Tourist |
| Grant Number: FOG-PSD-TSH-108 | |
| Grantee Address: Kalam Road Bahrain | Cluster: |
| Representative Name: | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ و روغن | | | | 120000 | | |
| 2 | کنسٹرکشن | | | | 200000 | | |
| 3 | کٹلری اور ضروری | | | | 150000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | کرسی | | | | 15000/- |
| 2 | بیڈ سیٹ | | | | 5000- |
| 3 | گیزر | | | | 3700- |
| 4 | صفائی مشین | | | | 7000- |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 2000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 4 | 20000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | ✓ | ✓ | ✓ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 10 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio). N.A.
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دہشت گردی، طالبان کی وجہ سے میرا کاروبار متاثر ہوا تھا۔
ہر فوجیوں نے ہوٹل قبضہ میں لیا تھا فوجیوں کے خالی ہونے
کے بعد سیلاب سے ڈوبا ہوا تھا USAID پراجیکٹ نے ہماری مالی
مدد کی اور ہمیں ہوٹل کیلئے سامان دیا۔ اس سے ہمارا
کاروبار دوبارہ بہتر ہوا

Date of Effect for Grant Agreement:

On behalf of Grantee:

AHMAD ZEB

Name, Title

Ahmad 21-07-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Farooq

**Grant Associate Name/Signature**

21-07-2011

**Date**

Hassan Ali Khan

**Grant Associate Name/Signature**

21/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Swat Regency | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- HSR-041 | |
| Grantee Address: Mingora | Cluster: |
| Representative Name: Muhammad Razik | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 80,000/- | | |
| 2 | ٹائلز | | | | 40,000/- | | |
| 3 | باتھ | | | | 130,000/- | | |
| 4 | [illegible] | | | | 560,000/- | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 90,000/- |
| 2 | [illegible] | | | | 28,000/- |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10<br>1 | | 350,000/-<br>60,000/- |
| 2 | Staff salaries | No. of persons months | 19 | | 1100,000/- |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by — %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 1800 2500

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 10 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 9 | 15 | | |
| 2 | Temporary/Part time staff | — | 4 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | ✓Yes | No |
| 9.5 Improvement in kitchen area | ✓Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - ✓10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - ✓11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - ✓12.6 Words of mouth.
    - ✓12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mohammad Razia

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M Aamir M.

**Grant Associate Name/Signature**

15-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad

**Grant Associate Name/Signature**

15/07/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Sumera | |
| Sector: Tourism | Category: 2 Star. |
| Grant Number: FOG-PSD- HSP-012 | |
| Grantee Address: Madyan Road, Fizaghat | Cluster: |
| Representative Name: Hayat Khan | Title: Lesse |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ + مزدوری | | | | 80000 | | |
| 2 | بلڈنگ مرمت | | | | 40000 - | | |
| 3 | تندور کیلئے | | | | 60000 | | |
| 4 | کولر | | | | 25000 - | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیڈ | 10 | | 4000 | 40000 |
| 2 | بیڈ شیٹ | 80 | | 300 | 24000 |
| 3 | کراکری A ٹو Z | | | | 120000 |
| 4 | شیشہ | | | | 10000 |
| 5 | تندور میٹل | | | | 30000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30000 | فی مہینہ ہر مہینہ |
| 2 | Staff salaries | No. of persons months | | 12000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | 40000 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 30 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 10 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 5 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 4 | | 50 |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No ✓ |
| 9.6 Improvement in main entrance/surroundings | Yes | No ✓ |

10. What is the source of disposal of the hotel solid waste? ✓
    10.1 Disposed in waste bins/area allocated for the purpose.
    10.2 Thrown in the open air outside the hotel.
    10.3 Thrown in the river/streams.
    10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    11.1 Hotel waste water disposed off in proper sewerage line. ✓
    11.2 Hotel waste water disposed off in open area.
    11.3 Hotel waste water disposed off in drains.
    11.4 Hotel waste water disposed off in the river/streams.
    11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    12.1 Pamphlets.
    12.2 Print media (Newspapers).
    12.3 Electronic media (TV).
    12.4 Electronic media (Local Cable). N-A
    12.5 Electronic media (Radio).
    12.6 Words of mouth.
    12.7 Referrals.
    12.8 Tour Operators.
    12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

USAID پراجیکٹ کے مالی امداد سے ہمیں بہت فائدہ ہوا ہے
USAID کے نمائندے قابل تعریف ہے اس سے ہمارا کاروبار میں بہتری
آئی اور ہمارا حوصلہ بلند ہے اور ہم اپنے پاؤں کے ہونے کا ہوتے
ہیں

Date of Effect for Grant Agreement:

On behalf of Grantee:

حیات خان

Name, Title H.C 30-6-2011 LESC

Signature, Date H.C

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

Umar Osmani

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Date**

30-6-2011

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Seven Star | |
| Sector: Flourisam | Category: |
| Grant Number: FOG-PSD- | |
| Grantee Address: Madyan Swat | Cluster: |
| Representative Name: Mr. Murad Badshah | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Carwood works | | | | 100000/= | Complete | |
| 2 | Paint | | | | 75000/= | " | |
| 3 | Cement/Crush | | | | 30000/= | " | |
| 4 | Steel Fins | | | | 30000/= | " | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Carpet | | | | 75000/= |
| 2 | Fans. | | | | 33000/= |
| 3 | Tools. | | | | 18000/= |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 60000/= | |
| 2 | Staff salaries | No. of persons months | 3/6 | 102000/= | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | Wages Carpenter | | | 20000/= | |
| 5 | " Masson. | | | 130000/- | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 15% %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 20 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 75 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 20 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | | |
| 2 | Temporary/Part time staff | | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

چونکہ ہمارے ہوٹل تک روڈ (جو کا) ہے اگر روڈ
ٹھیک ہو جائے - تو ہمارا ہوٹل کا کاروبار مزید بہتر ہو جائے گا -

Date of Effect for Grant Agreement:

On behalf of Grantee:

MURAD BADSHAH OWNER

Name, Title

Murad Badshah

Signature, Date

**Grant Associate's recommendation(s), if any.**

Gautam Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Park way | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- PHR-121 | |
| Grantee Address: Madayn, Swat | Cluster: |
| Representative Name: Umar Rahman | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 22000 | complete | |
| 2 | water pipe | ft | 5000 | 11 | 55,000 | complete | |
| 3 | Wash rooms repairing | | | | 6000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | carpet | ft | 640 | 52 | |
| 2 | Stablizer | | | | 18,000 |
| 3 | chairs (plastic) | | | | 12,000 |
| 4 | water cooler | | | | 2,200 |
| 5 | Dust bin | | | | 1,200 |
| 6 | cockery | | | | 6,300 |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 24,000 | |
| 2 | Staff salaries | No. of persons months | 6/6 | 324,000 | |
| 3 | Rent of hotel building | No. of months | 6 | 51,000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by 30 %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   ✓6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 4 | 4 | |
| 2 | Temporary/Part time staff | – | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

    10.1 Disposed in waste bins/area allocated for the purpose.

    10.2 Thrown in the open air outside the hotel.

    10.3 Thrown in the river/streams.

    10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

    11.1 Hotel waste water disposed off in proper sewerage line.

    11.2 Hotel waste water disposed off in open area.

    11.3 Hotel waste water disposed off in drains.

    11.4 Hotel waste water disposed off in the river/streams.

    11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

    12.1 Pamphlets.

    12.2 Print media (Newspapers).

    12.3 Electronic media (TV).

    12.4 Electronic media (Local Cable).

    12.5 Electronic media (Radio).

    12.6 Words of mouth.

    12.7 Referrals.

    12.8 Tour Operators.

    12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

    13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

we are in great need of proper disposal system for solid and hotel waste water.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Umer Rehman / Owner

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

Fawad Durrani 27/6/11

**Date**

**Asif Shakil (Grant Analyst)**

Imtiaz Ahmed

**Grant Associate Name/Signature**

27-06-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Nezam | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- HNA-105 | |
| Grantee Address: Fighat, Mingora | Cluster: |
| Representative Name: [illegible] | Title: [illegible] |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | [illegible] | | | | 170000 | | |
| 2 | [illegible] | | | | 5000 | | |
| 3 | [illegible] | | | | 10,000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 15,000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 100000 | |
| 2 | Staff salaries | No. of persons months | 56 | 210.000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | [illegible] | | | 100000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 30 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 40 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals ✓

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | 3 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mohammad Usman

Name, Title

27/11/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

Fazal Nasir

**Grant Associate Name/Signature**

27/6/2011

**Date**

Tariq Aziz

**Grant Associate Name/Signature**

27/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel National | |
| Sector: Tourism | Category: 3 star. |
| Grant Number: FOG-PSD- HNL-008 | |
| Grantee Address: Near General Bus Stand | Cluster: |
| Representative Name: FAZAL RAHIM | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint + labour | | | | 250000 | | |
| 2 | Repairing | | | | 400000 | | |
| 3 | Pains work (Plaster) | | | | 250000 | | |
| 4 | Electric wires | | | | 100000 | | |
| 5 | Bed sheets | | | | 20000 | | |
| 6 | cleaness | | | | 55000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Pairas (Plaster) | | | 200000 | |
| 2 | Construction material | | | 330000 | |
| 3 | Bed sheets | | | 20000 | |
| 4 | Electric equipment | | | 10000 | |
| 5 | Bed sheet. Paint | | | 190000 | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30000 | Per month |
| 2 | Staff salaries | No. of persons months | 16 | 42000 | Per month |
| 3 | Rent of hotel building | No. of months | – | – | – |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 40 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 10 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 20 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 10 | 12 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 ✓ Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals. ✓
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify): Personal visits to different organization

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

This Programe needs to be continued in future. A lot of support is still needed by the Hotel owner's the Hotel industry needs encouragement to promote tourism in the area

Date of Effect for Grant Agreement:

On behalf of Grantee:

FAZAL RAHIM

Name, Title

F. Rahim 8-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

Hassan

**Date** 8/7/2011

**Asif Shakil (Grant Analyst)**

Umar Ghazi

**Grant Associate Name/Signature**

**Date**

8/7/2011

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Muslim Palace | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- HMP-032 | |
| Grantee Address: Mingora, Swat | Cluster: |
| Representative Name: Amir Nashad | Title: owner. |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | wood work | | | | 180,000 | In Progress | |
| 2 | cement | bags | 500 | 400 | 200,000 | " " | |
| 3 | steel | kg | 22500 | 70 | 1,575,000 | " " | |
| 4 | sand | | | | 500,000 | " " | |
| 5 | cement Blocks | | | | 100,000 | " " | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.
Cement & Steel are received and are completely used.

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

N.A

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | | |
| 2 | Staff salaries | No. of persons months | | | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | wages carpenter | | | 90,000/- | |
| 5 | wages | | | 400,000/- | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | | | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Amir Nashad / owner

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad / Fawad

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Lantiar Ahmed

**Grant Associate Name/Signature**

29-06-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Lasani & Restaurant. | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- HLR - 054 | |
| Grantee Address: AL Fazl Mkt near Swat | Cluster: |
| Representative Name: Fazal Rehman Cinema | Title: Lesse |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ مزدوری | | | | 17000 | | |
| 2 | مرمت مزدوری | | | | 7000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بجلی کا سامان | | | | 9500-00 |
| 2 | شیشہ | | | | 18000-00 |
| 3 | گیزر مرمت | | | | 3000-00 |
| 4 | سٹیبلائزر | | | | 8000-00 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 6000-00 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | | 21000-00 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | 16500-00 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 120 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 30 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 5 | 3 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers). NA
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم USAID کے پراجیکٹ کے بے حد مشکور ہے۔ طالبان نے ہمارا کاروبار کو مکمل طور پر تباہ کیا تھا لیکن USAID پراجیکٹ نے ہمیں نیا حوصلہ دیا اور ہمیں اپنے کاروبار کو دوبارہ چلانے کا قابل بنا دیا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title فضل الرحمٰن

Signature, Date 30-06-2011

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Lalazar | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD-HLZ-088 | |
| Grantee Address: New Madyan Road | Cluster: |
| Representative Name: Ali Shah | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | paint and Labor | | | | 51510 | | |
| 2 | Carpenter work | | | | 12000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   ✓2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Carpet and Cartains | | | | 38125 |
| 2 | Blanket (Rezige) | | | | 26475. |
| 3 | Water pump | | | | 11060 |
| 4 | Generator | | | | 22000. |
| 5 | Bed Sheets | | | | 9400. |
| 6 | Gamla (Flowers pots) | | | | 12165 |
| 7 | Lawn Chairs | | | | 8000. |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 5000 | per month. |
| 2 | Staff salaries | No. of persons months | 5 | 25000 | per month, |
| 3 | Rent of hotel building | No. of months | — | — | — |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 80 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 03 | 05 | 02 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

طالبان کی سختی اور ظالمانہ حالات کیوجہ سے ہمارے ہوٹل انڈسٹری کو ناقابل تلافی نقصان پہنچا تھا۔ اور ہمارا سب کچھ تباہ و برباد ہو گیا تھا۔ اور ہم اس قابل نہیں تھے کہ اپنے کاروبار کو دوبارہ چلا سکتے۔ ہم USAID والے کے انتہائی مشکور ہیں۔ جنہوں ہمارے ساتھ بھرپور مدد کر کے ہمارے کاروبار کو دوبارہ چلانے کا قابل بنا دیا

Date of Effect for Grant Agreement:

On behalf of Grantee:

ALI SHAH

Name, Title

12/07/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali

**Grant Associate Name/Signature**

Umar Bokhari

**Grant Associate Name/Signature**

12/7/2011

**Date**

12-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Green tower | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD-HGT-084 | |
| Grantee Address: Green Chock Mingora | Cluster: |
| Representative Name: Farman Ali | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 95000 | | |
| 2 | Celeeing | | | | 35000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed sheet | | | | 25000 |
| 2 | Blanket | | | | 48000 |
| 3 | T.V. 4. set | | 4 | 8000 | 32000 |
| 4 | Stablizer | | 1 | 4000 | 4000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 24000 | |
| 2 | Staff salaries | No. of persons months | 3/6 | 54000 | |
| 3 | Rent of hotel building | No. of months | 6/ | 114600 | |
| 4 | wages | | | 60000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by ___ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by ___ %age

   5.5 Restaurant sales decreased by ___ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by ___ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by ___ %age

   6.5 Sales of Restaurant food/meals increased by ___ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | | |
| 2 | Temporary/Part time staff | 1 | 1 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

جیسا یہ پروگرام شروع ہوا ہے اس سے ہمارے ہوٹل کاروبار کو بہت فائدہ
ہو گیا ہے۔ اس پروگرام نے ہمارے بہت رہنمائی کی۔ ہم نے اس سے بہت
کچھ سیکھ لیا ہے۔ اگر اس کو مزید بڑھایا جائے اور سٹرک وغیرہ
پر کام شروع کیا جائے تو ہم کو مزید فائدہ ہو گا۔ ہمارے مہمان با آسانی
یہاں پہنچ جائیں گے

Date of Effect for Grant Agreement:

On behalf of Grantee:

Farrukh Ali

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali

**Grant Associate Name/Signature**

30/6/2011

**Date**

30/6/2011

**Asif Shakil (Grant Analyst)**

Umar Khan

**Grant Associate Name/Signature**

30-6-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel ever Green and Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD- EGH-069 | |
| Grantee Address: Miandam | Cluster: |
| Representative Name: Muza Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 95000 | | |
| 2 | Masson. | | | | 120000 | | |
| 3 | CAR Painter. | | | | 5000 | | |
| 4 | Pairas. | | | | 25000 | | |
| 5 | Cotten | | | | 25000 | | |
| 6 | electric | | | | 16000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 286,000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Stabliser. | | | 20000 | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 20,000 | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30000 | |
| 2 | Staff salaries | No. of persons months | 6 | 300000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 330,000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

✓ 5.1 Hotel occupancy increased by 100 %age before were 3 Rooms Now is 6 Rooms

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

✓ 5.4 Restaurant sales increased by 25 %age before was 50% Now is 75%

5.5 Restaurant sales decreased by _____ %age ~~75%~~

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

✓ 6.1 Hotel room tariff increased by 100 %age before were 500 and Now is 1000

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

✓ 6.4 Sales of Restaurant food/meals increased by 75 %age 75%

6.5 Sales of Restaurant food/meals increased by _____ %age ~~75%~~

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | |
| 2 | Temporary/Part time staff | 3 | 3 | | |
| | Total | 6 | 6 | 0 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

8.1 Fully implemented the techniques/skills learned during the training. ✓

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals. ✓
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

MUSA KHAN owner

Name, Title

June 29, 2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir M.

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

29/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel AL-Mansoor | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD-HLM-099 | |
| Grantee Address: General Bus Stand Mansera | Cluster: 1-Star |
| Representative Name: Khalid Khan | Title: Lodge |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ مزدوری | | | | 20000/ | | |
| 2 | سیمنٹ ریت | | | | 15000/ | | |
| 3 | ہوٹل صفائی سپلائی | | | | 20000/- | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | ماربل سیمنٹ وغیرہ | | | | 46000/ |
| 2 | ٹائلز | | | | 14000 |
| 3 | بیٹ سٹیٹ اور ٹیکس | | | | 10000 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 17000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 6 | 35000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | | 30000 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 60 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 6 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

[illegible]

Date of Effect for Grant Agreement:

On behalf of Grantee:

Khalid Khan

Name, Title

8. 7. 2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

8-7-2011

**Date**

Hassan Ali Khan

**Grant Associate Name/Signature**

8/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Al Imran | |
| Sector: Tourism | Category: 1 Star |
| Grant Number: FOG-PSD- IMR - 045 | |
| Grantee Address: Main Bazar Madyan | Cluster: |
| Representative Name: M. Karim | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 35000 | | |
| 2 | Cement | | | | 50000 | | |
| 3 | Sand + Crush | | | | 15000 | | |
| 4 | Marble | | | | 85000 | | |
| 5 | water tank | | | | 6500 | | |
| 6 | Besen + pipe | | | | 4500 | | |
| 7 | steel | | | | 15000 | | |
| 8 | | | | | | | |
| | Total | | | | 219500 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed sheet | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 9000 | |
| 2 | Staff salaries | No. of persons months | 2/6 | 36000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | wages. | | | 30000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 10 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

To provide, Roads, Traffic System Electricity and make easy way for guest to active refreshment in river side etc

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mohammad Karim / owner

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

29-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

28/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

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1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Al-Hamra | |
| Sector: Tourism | Category: 1-Star. |
| Grant Number: FOG-PSD-ALH-094 | |
| Grantee Address: GT Road Mingora | Cluster: |
| Representative Name: Shalamkhan | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint of Labar | | | | 107000/- | | |
| 2 | Carpenter | | | | 50000/- | | |
| 3 | Well Cleaning. | | | | 15000/ | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | T-V. | 04 | | 7000/= | 28000/= |
| 2 | Blankets | 05 | | 1500/- | 7500/= |
| 3 | Bed Sheets. | 20 | | -100. | 2000/= |
| 4 | Palash- | | | | 10000/= |
| 5 | Kitchen - utinsils | | | | 7000/= |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 7000/- | per-month. |
| 2 | Staff salaries | No. of persons months | 05 | 21000/= | per month. |
| 3 | Rent of hotel building | No. of months | | 16000/= | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by — %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 20 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 80 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 20 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 5 | 3 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

نوٹ: ہوٹل منیجر جناب والا۔ ہمارے ساتھ اللہ کے فضل و کرم سے ہمارے ساتھ USAID والوں نے 100% ہمدردی کی ہے کیونکہ ہمارے ہوٹل کی حالت پہلے سے بہت خراب تھی۔ اب USAID والوں نے 100% ہمدردی کی۔ اب ہم بہت خوش اور خوشحال اور اپنا کاروبار فائدے سے بہت پہلی کی بنسبت 80% اضافے سے ہیں۔ اور انشاء اللہ امید رکھتا ہوں کہ ہمارے اور بھائی ہوٹل والے بھی فائدے میں ہونگے۔ چونکہ میرا بھائی ہوٹل ڈارلیج والا ہے۔ تو وہ بھی ہمارے جیسے خوش ہے اور اپنا کام چلا رہا ہے۔ اسلئے ہم USAID والوں کا شکر گزار ہے۔ کاغذ کی کمی کی وجہ نوٹس لوگ لینا چاہتا ہوں۔ خدا حافظ۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mr. SHAH ALAM KHAN

Name. Title

Dated 12/07/2011.

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Khan

**Grant Associate Name/Signature**

12/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

Umar Ghani

**Grant Associate Name/Signature**

12-7-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Hotel Al Buxham | |
| Sector: | Category: |
| Grant Number: FOG-PSD- ALB-115 | |
| Grantee Address: | Cluster: |
| Representative Name: M. Afzal Khan | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Carpentering | | | | 60,000 | | |
| 2 | Paint | | | | 35,000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Water Motor | | | | 6000 |
| 2 | " | | | | 5000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 80,000<br>40,000<br>40000 | Electric 8000x10<br>Gas 4000x10<br>Telephone 4000x10 |
| 2 | Staff salaries | No. of persons months | 4<br>10 | 40,000 | |
| 3 | Rent of hotel building | No. of months | 10 | 180000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age 5 10

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 10 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 150 200

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 10 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | 1 | |
| 2 | Temporary/Part time staff | 1 | 2 | 1 | |
| | Total | 3 | 5 | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

M. Afzal Khan

Name, Title

14-07-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir M. Khan

**Grant Associate Name/Signature**

14-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

14/07/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Gulistan Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- GUL-128 | |
| Grantee Address: | Cluster: |
| Representative Name: M. Rashid | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 130,000 | | |
| 2 | Carpentering | | | | 37,000 | | |
| 3 | Electric work | | | | 17,000 | | |
| 4 | Sanitation work | | | | 13,000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed Sheets, Curtain | | | | / |
| 2 | Pillows | | | | 22000/- |
| 3 | Bed (6) | | | | 42000 |
| 4 | Cabinet 12 | | | | 180000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 70000<br>12000 | Electric 7000x10<br>Telephone 1200x10 |
| 2 | Staff salaries | No. of persons months | 4<br>10 | 180000 | |
| 3 | Rent of hotel building | No. of months | | 200,000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age 7 10

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age No Restaurant

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age 250 300

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age No Restaurant

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 4 | | |
| 2 | Temporary/Part time staff | 1 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Sign Board on Road side

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

M. Rashad

Name, Title

14-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir

**Grant Associate Name/Signature**

14-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad

**Grant Associate Name/Signature**

14/07/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Green View Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- GVH-110 | |
| Grantee Address: Malamjabba | Cluster: |
| Representative Name: Hujat Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | مرمت کام کیا | | | | 10,000 | | |
| 2 | ضروری | | | | 40,000 | | |
| 3 | فرنیچر کام | | | | 10,000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | صوفہ سیٹ | | | | 5,00 |
| 2 | 4 سنگل بیڈ | | | | 12,00 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 8,00 | |
| 2 | Staff salaries | No. of persons months | 2 | 10,00 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 200 %age 1 3

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age No Restaurant

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age 400 800

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age No Restaurant

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | 0 | |
| 2 | Temporary/Part time staff | 1 | 1 | 0 | |
| | Total | 3 | 3 | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓12.6 Words of mouth.

✓12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

حجت خان مالک

Name, Title

حجت خان 30 2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. Aamir

**Grant Associate Name/Signature**

30/06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Green Palace Hotel & Restaurant | |
| Sector: | Category: |
| Grant Number: FOG-PSD-GRP-056 | |
| Grantee Address: Malamjabba | Cluster: |
| Representative Name: Hazrat Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 40,000 | | |
| 2 | Carpentering | | | | 60,000 | | |
| 3 | Labor charges | | | | 53,000 | | |
| 4 | ~~Repair~~ Bath room Construction | | | | 29,000 | | |
| 5 | 2 Rooms Construction | | | | 400,000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 20000 | |
| 2 | Staff salaries | No. of persons months | 4 | 190000 | 1 x 10000 x 3 = 30000<br>2 x 8000 x 10 = 160000<br>1 owner |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

Old 2 Current 8

5.1 Hotel occupancy increased by ~~340~~ 300 %age

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by 75 %age

5.5 Restaurant sales decreased by _____ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

Old 400 Current 500

6.1 Hotel room tariff increased by 25 %age

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by 75 %age

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 3 | 1 | 50 |
| 2 | Temporary/Part time staff | 0 | 1 | 1 | 100 |
| | Total | 2 | 4 | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

✓ 8.1 Fully implemented the techniques/skills learned during the training.

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | | |
|---|---|---|---|
| 9.1 General improvement | ✓Yes | No | |
| 9.2 Improvement in bed rooms | ✓Yes | No | |
| 9.3 Improvement in bathrooms | ✓Yes | No | |
| 9.4 Improvement in restaurant | Yes | ✓No | Not available |
| 9.5 Improvement in kitchen area | ✓Yes | No | |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No | |

10. What is the source of disposal of the hotel solid waste?

✓10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓12.6 Words of mouth.

✓12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Hazrat Khan Owner

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir Malik

**Grant Associate Name/Signature**

01-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

01-07-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Green Hills Hotels | |
| Sector: | Category: |
| Grant Number: FOG-PSD-GHH-080 | |
| Grantee Address: Malam Jabba. | Cluster: |
| Representative Name: Saleem Iqbal | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | CARPETING | | | | 500000 | | |
| 2 | CURTAINS | | | | 80000 | | |
| 3 | CHIPS & MARBALS | | | | 100,000 | | |
| 4 | REPAIR | | | | 153000 | | |
| 5 | CARPENTERING | | | | 50000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 883000 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | FOAMS | | | | 60 000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) ELECTRICITY | No. of bills paid | | 5000 | |
| 2 | Staff salaries | No. of persons months | | 25000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 80 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 80 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | TWO | SEVEN | | |
| 2 | Temporary/Part time staff | 0 | FOUR | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

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10. What is the source of disposal of the hotel solid waste?

10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

"RECOVERY ASSISTANCE PROGRAM" DELIVERED THE PROPER WAY. HOTELS OWNERS ARE FULLY SATISFIED.

Date of Effect for Grant Agreement:

On behalf of Grantee: TITLE : OWNER

SALEEM IQBAL

Name, Title

7-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir Mehar

**Grant Associate Name/Signature**

07/07/2011

**Date**

Tariq Aziz

**Grant Associate Name/Signature**

7/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Grace Hotel & Restaurant | |
| Sector: Tourist | Category: |
| Grant Number: FOG-PSD- GHR-001 | |
| Grantee Address: | Cluster: |
| Representative Name: Mr. Mumtaz Hussain | Title: Legal Representative |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | لکڑی کا کام کیا ہے | | | | 350,000 | | |
| 2 | رنگ و روغن کا کام | | | | 250000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 600000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | چادر وغیرہ | | | 20000 | |
| 2 | کچن کا سامان | | | 20000 | |
| 3 | تولیے وغیرہ | | | 9000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 109,000/- | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 20000 | |
| 2 | Staff salaries | No. of persons months | 6 | 160000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | آفس استعمال ہے | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 180,000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   ✓ 6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 6 | | |
| 2 | Temporary/Part time staff | 0 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Sign Board - wall dealing.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم USAID کا شکریہ ادا کرتے جنہوں نے مشکل وقت میں ہمارا ساتھ دیا ہے
آج ہم کوشش کرتے ہمارے ہوٹل میں پارک ضرورت ہے جس میں
گورنمنٹ کے بچے وغیرہ تحصیل ہے۔ اور خوش ہو جاتے ہیں۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mumtaz Hussain Legal Representative

Name, Title

[signature] 30-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lautiaz Ahmed [signature]

**Grant Associate Name/Signature**

30-06-2011

**Date**

[signature]

**Asif Shakil (Grant Analyst)**

Fawad Durrani [signature]

**Grant Associate Name/Signature**

30/06/2011

**Date**

[signature]

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Foreign Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- | |
| Grantee Address: Sadar Bazar Madyan | Cluster: |
| Representative Name: Akbar Ja | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| | دیں | | | | | | |
| 1 | رنگ بمعہ مزدوری | | | | 23.5000 | | |
| 2 | دو کمرا کنسٹریکشن | | | | 955000 | | |
| 3 | کلڑی کام بمعہ مزدوری | | | | 260000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | فوم | 14 | | 2300 | 32200 |
| 2 | بيڈ | 14 | | 4200 | 58800 |
| 3 | بيڈ شيٹ | | | | 4000 |
| 4 | جنریٹر | | | | 42000 |
| 5 | سپلینرز | 2 | | 9500 | 19000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 8200 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 4 | 24000 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | [illegible] | [illegible] | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 100 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 20 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 66 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دشگردی اور سیلاب کے وجہ سے ہمارا پورا کاروبار ختم ہو چکا تھا اور
ہمارے بڑی حال تھے اسمیں USID آنے کے وجہ سے اور ان کی مالی مدد
سے ہمارا کاروبار پھر سے تازہ ہو گیا اور مہمان آنے شروع
ہو گئے ہیں۔ اسلئے ہم تمام ہوٹل مالکان اور پیش ہو واس
سے ان کا شکر گزار ہیں۔ اور مدد کرنے کا مثبت مثبت شکریہ
ایک بار بار شکریہ ادا کرتے ہیں

Date of Effect for Grant Agreement:

On behalf of Grantee:

اکبر جان

Name, Title

22/7/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Khan

**Grant Associate Name/Signature**

22-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

22/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Falakzair Touxist Resort | |
| Sector: | Category: |
| Grant Number: FOG-PSD- FSH-057 | |
| Grantee Address: Malamjabba | Cluster: |
| Representative Name: Abdul Baxi | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paints | | | | 26000 | | |
| 2 | Carpentering | | | | 10800 | | |
| 3 | Plaster of Paris | | | | 16000 | | |
| 4 | Glasses | | | | 9300 | | |
| 5 | repair construction | | | | 14,350 | | |
| 6 | Electricity | | | | 12,000 | | |
| 7 | Plumber | | | | 6000 | | |
| 8 | Cleaning | | | | 13,200 | | Complete |
| | Total | | | | 107,650 | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   ✓2.2 Partially installed all the goods, furniture and equipment ✓
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Self instalation | | | | |
| 2 | made. no need to | | | | |
| 3 | spend money. | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| | Food, Laundry, Toilet Items | | | 50,000 | purchased ~~80,000~~ |
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) Electricity | No. of bills paid 18 | 18 | 54,000 | paid |
| 2 | Staff salaries | No. of persons<br>months | 4<br>18 | 290,000 | paid |
| 3 | Rent of hotel building own | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 394,000 | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 25 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 25 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel ✓ There were not as tourists as much expected.

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2/2 | 2/3 | 1 | |
| 2 | Temporary/Part time staff | 2/2 | 2/3 | 1 | |
| | Total | 4/4 | 4/6 | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify): & burned

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets. ✓
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth. ✓
    - 12.7 Referrals. ✓
    - 12.8 Tour Operators. ✓
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good. ✓

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Siss, We are very Thankful for your Support but Some reservations are as follows first we receind money Late & not at apropriate time Still late. Second Some money not given because we were Late because (of Snow fall Season in M.Jaba) in reconstruction work. Third poor atitude of Some FIRMS PROJECT officials as They are giving us Their own money not from "USAID"

Example:- One official came and asked my manager Hay! "Were are The tellvisions we gave you is it There our you Sold it in bazar?" Same Atitude in in Kind Support Goods instalation & usage.

So Insulting!

Date of Effect for Grant Agreement:

On behalf of Grantee:

Abdul Bari owner

Name, Title

KHWAJA ABDUL BARI Falaksair (Tourist) Resort

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. [signature]

**Grant Associate Name/Signature**

01-07-2011

**Date**

[signature]

**Asif Shakil (Grant Analyst)**

[signature]

**Grant Associate Name/Signature**

1/7/2011

**Date**

[signature]

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Fahim Hotel | |
| Sector: Tourism | Category: 1 Star |
| Grant Number: FOG-PSD- FA11-093 | |
| Grantee Address: Green Chowk Mingora | Cluster: |
| Representative Name: Umar Hayat | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ اور مرمت | | | | 100000 | | |
| 2 | الیکٹرک | | | | 2500 | | |
| 3 | کارپینٹر | | | | 4000 | | |
| 4 | دیگر اخراجات | | | | 130000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | سیمنٹ | 6 | | 260 | 1560 |
| 2 | لکڑی | | | | 3000 |
| 3 | ماربل | | | | 10000 |
| 4 | پیرس | | | | 6000 |
| 5 | بجلی کا سامان | | | | 12000 |
| 6 | سینٹری بجلی مزدوری | | | | 4000 |
| 7 | پیٹرشیٹ | | | | 25650 |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 8000 | فی مہینہ |
| 2 | Staff salaries | No. of persons months | 3 | 17500 | فی مہینہ |
| 3 | Rent of hotel building | No. of months | 1 | 15000 | فی مہینہ |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 0 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). N.A.
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

چند شہر پسند عناصر کے وجہ سے سوات کا امن اور سکون تباہ و برباد ہوا اور طالبان کے نام پر دہشت گردی کرتے تھے اور سوات کے ماحول کو بالکل تباہ و برباد کیا تھا۔ اور کاروبار بالکل ختم ہوا تھا۔ اور سوات کے عوام ان حالات سے خوفزدہ ہو کر ضلع بدر ہو گئے تھے۔ اور جب واپس ہوئی تو سوات میں کچھ نہیں تھا۔ اس وقت پوائنٹ ایڈ پروجیکٹ والے نے سوات کے عوام اور ہوٹل والوں کی داد رسی کی اور مدد کی جس سے کھویا کاروبار دوبارہ سنبھل گیا۔ اور حالات اپنے پہلو پر آ گئے ہم پوائنٹ ایڈ پروجیکٹ کے بہت شکر گزار ہیں۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

UMAR HAYAT Khan

Signature, Date 14.7.011

**Grant Associate's recommendation(s), if any.**

Umar Khani

**Grant Associate Name/Signature**

14-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

14/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Eroom Hotel | |
| Sector: Tourism | Category: 2-Star |
| Grant Number: FOG-PSD- ER14-026 | |
| Grantee Address: Malik market Mingora | Cluster: |
| Representative Name: Mukhtiar Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint + wages | | | | 15000 | | |
| 2 | Repair | | | | 16000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Focus | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 months | 12000 | |
| 2 | Staff salaries | No. of persons months | 5 ten | 160000 | |
| 3 | Rent of hotel building | No. of months | ten | 250000 | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 69 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). N.A
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم u.said کے شکر گزار ہے اور ہمیں usaid نے کاروبار کرنے کی ہمت دی ہے۔ ہمیں usaid کے مالی امداد کے خاص طور پر شکر گزار ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mukhtyar Khan Lesse

Name, Title

29.6.2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Ghani

**Grant Associate Name/Signature**

26-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali

**Grant Associate Name/Signature**

26/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

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1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Emerald Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- EM4- 138 | |
| Grantee Address: Madyan Swat | Cluster: |
| Representative Name: Mr. Bakht Gul | Title: Owner. |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | (USAID-FIRMS) Cement Bags | | 363 | | | | |
| 2 | Steel Bar | | 50 | 3500 | 178,000 | | Utilized |
| 3 | Cement Bags | | 300 | 425 | 125,000 | | " |
| 4 | Wood | | | | 150,000 | | " |
| 5 | {wages for Skilled | | | | | | |
| 6 | labour} | | | | 380,000 | | " |
| 7 | ~~Clean~~ | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

Personal

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, ~~furniture and equipment~~ construction Material

2.2 Partially installed all the goods, furniture and equipment

2.3 Not installed,

Please mention reason for not installing of the in-kind support received.

the hotel was fully destroyed so grantee is reconstructing his hotel.

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

N/A

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

N/A

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | | |
| 2 | Staff salaries | No. of persons months | | | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | | | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

N/A

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

N/A

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

N/A

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N/A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Mr. Bakht Gul Owner

Name, Title

29-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Qaiser Ahmad

**Grant Associate Name/Signature**

29-06-2011

**Date**

Fawad Durrani

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

Note ( the hotel was fully destroyed so the grantee now constructing his hotels and majority of question are not related to the current status of hotel.)

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Driver Hotel | |
| Sector: Toorisan | Category: |
| Grant Number: FOG-PSD- | |
| Grantee Address: Bahrain Swat | Cluster: |
| Representative Name: Mr Lawar Gul | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 10000 | | |
| 2 | مزکان کا کام | | | | 27000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | کچن کے برتن | | | | 4000 |
| 2 | اسپرے مشین | | | | 4000 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 12000 | |
| 2 | Staff salaries | No. of persons months | 4/6 | 120000 | |
| 3 | Rent of hotel building | No. of months | | 48 | |
| 4 | رنگ ساز مزدوری | | | 4800 | |
| 5 | بڑھئی مزدوری | | | 18000 | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 50 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 5 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 ✓ Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 ✓ Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

برائے مہربانی کرکے اگر روڈ کی حالت بہتر ہو جائے
تو بڑی مہربانی گی اس کی وجہ سے مہمانوں کو
بڑی تکلیف ہے

Date of Effect for Grant Agreement:

On behalf of Grantee:

انٹرنگ مالک

Name, Title

30/6/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lintrim Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Dream Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD-DHS-072 | |
| Grantee Address: GT Road Mingora | Cluster: |
| Representative Name: Noor Mohammad | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ مزدوری | | | | 5000 | | |
| 2 | باتھ روم فیلنگ | | | | 10000 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بالقدوم سامان | | | | 22000 |
| 2 | پردی | | | | 18000 |
| 3 | بیگر شیٹ | | | | 12000 |
| 4 | کارپیٹ | | | | 15000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 6000 | فی مہینا |
| 2 | Staff salaries | No. of persons months | 2 | 10000 | فی مہینا |
| 3 | Rent of hotel building | No. of months | | 12000 | فی مہینا |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). N/A
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

**img643.jpg**

13.2 Very Good

13.3 Good

13.4 Average

13.5 Poor /Below Average

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Name, Title

Signature, Date

Grant Associate's recommendation(s), if any.

Grant Associate Name/Signature

14/7/2011

Date

Asif Shakil (Grant Analyst)

Grant Associate Name/Signature

14-7-2011

Date

Adnan Sher, FIRMS Islamabad, Office Director

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**img638.jpg**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Didar Hotel & Restaurant | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- DDH-033 | |
| Grantee Address: Behrian, Swat | Cluster: |
| Representative Name: Abul Kalam | Title: Representative |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | ماربل | | | | 165000 | | |
| 2 | سمنٹ | | | | 13000 | | |
| 3 | بکری | | | | 32000 | | |
| 4 | باجری ریت | | | | 10000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | 220000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بیڈ سیٹ | | | | 15000 |
| 2 | ٹیبل | | | | 7000 |
| 3 | اسٹیشنری | | | | 19000 |
| 4 | بینر | | | | 14000 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 54000/- |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 6000 | |
| 2 | Staff salaries | No. of persons months | 4/6 | 162000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | مزدوری کاریگر | | | 22000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 190000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   ✓ 6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 4 | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

[illegible]

Date of Effect for Grant Agreement:

On behalf of Grantee:

Abdul Kalam

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lantar Ahmed

**Grant Associate Name/Signature**

30-06-2011

**Date**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Diamond Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- DIM-078 | |
| Grantee Address: GT Road Mingora | Cluster: |
| Representative Name: | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint + widges | | | | 58000/- | | |
| 2 | Sanitary Repairing | | | | 24400/- | | |
| 3 | Hotel Repair | | | | 18000/- | | |
| 4 | Electrict Instalation | | | | 6000/- | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

2.1 Fully installed all the goods, furniture and equipment ✓
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.
Generator Not Received.

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Tvs | | 07 | 6 | 48000/- |
| 2 | Blankets | | 08 | | 22400/- |
| 3 | Quiults | | 06 | | 9600/- |
| 4 | Curtains | | 10 set | | 46600/- |
| 5 | Carpet | | 5 | | 20000/- |
| 6 | Tvs stands | | 08 | | 3400/- |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 months | 110000 | |
| 2 | Staff salaries | No. of persons months | 05 10 months | 200000/- | |
| 3 | Rent of hotel building | No. of months | 10 months | 180000/- | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 67 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 67 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 03 | 05 | 02 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training. ✓

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No ✓ |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio). N.A
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent. ✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Re-checking of the goods and all the installed operations.
Otherwise the program is excellent.

Date of Effect for Grant Agreement:

On behalf of Grantee:

M Qasim Shah Lessee

Name, Title

29-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

**Grant Associate Name/Signature**

**Date** 29-6-2011

**Date** 29/6/2011

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: De-Papa Hotel | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- DPH-089 | |
| Grantee Address: Nishat Chock Mingora | Cluster: |
| Representative Name: Barkat Ali | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint and Labour charges. | | | | 10'0000 | | |
| 2 | Renovation. | | | | 10'0000 | | |
| 3 | Karpentry. | | | | 5'000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Window glasses. | | | | 15'000 |
| 2 | Wood | | | | 5'000 |
| 3 | Foam. | 5 | | 2200 | 11'000 |
| 4 | T.V | 5 | | 5000 | 25'000 |
| 5 | Rajai (weky) | 14 | | 1100 | 15'400 |
| 6 | Bed sheets | 200 | | 200 | 80000 |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 15'000 | / month |
| 2 | Staff salaries | No. of persons months | 07 | 25'000 | / month |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 75 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 150 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 03 | 07 | 04 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable). NA
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.✓

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

USAid farms Project Provided Support on terms of Money and equipments Wich made our business viabile.

Date of Effect for Grant Agreement:

On behalf of Grantee:

BARKAT-ALI

Name, Title

1-7-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

1-7-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

1/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Dainsun Hotel Bahrain | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- | |
| Grantee Address: Bahrain Swat | Cluster: |
| Representative Name: Mr. Murad Badshah | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Wood Works | | | | 200000/= | | |
| 2 | Pants | | | | 230000/= | | |
| 3 | Cement | | 150 | | 64000/= | | |
| 4 | Steel Fins | | | | 90000/= | | |
| 5 | Electric Fitting | | | | 150000/- | | |
| 6 | Glasses | | | | 35000/= | | |
| 7 | Fans | | | | 50000/= | | |
| 8 | Chairs/Tables | | | | 75000/= | | |
| | Total | | | | 894,000/- | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Carpets | | | | 260000/= |
| 2 | Certain | | | | 85000/= |
| 3 | Bed Sheets | | | | 35000/= |
| 4 | Towels - | | | | 15000/= |
| 5 | Generator - | | | | 260000/= |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | 535,000/- |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 10000/= | |
| 2 | Staff salaries | No. of persons months | 6 | 150000/= | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | OWNER. | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | 160000/- | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 30 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 25 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 30 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 0 | 2 | | |
| 2 | Temporary/Part time staff | 0 | 4 | | |
| | Total | | 6 | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify): Signe Bord.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

چونکہ روڈ ابھی تک مکمل نہیں ہوا ہے - اگر روڈ
مکمل طور پر ٹھیک ہو جائے - تو ہمارا کاروبار میں بہت
بہتری آجائے گی

Date of Effect for Grant Agreement:

On behalf of Grantee:

MURAD BADSHAH OWNER

Name, Title

Murad Badsha . 30-06-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lucius Ahmed

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: D Shahzad Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- DEF-035 | |
| Grantee Address: Figu yat, Mingora | Cluster: |
| Representative Name: Zafar Ali | Title: Lyle Rep |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Cement | | | | 20000 | | |
| 2 | Marble. | | | | 100000 | | |
| 3 | Tile | | | | 50000 | | |
| 4 | Sand. | | | | 20000 | | |
| 5 | Wood for door | | | | 50000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Generator. | | | | 80000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 36000 | |
| 2 | Staff salaries | No. of persons months | 5/6 | 108000 | |
| 3 | Rent of hotel building | No. of months | 6 | 216000 | |
| 4 | Daily Wages | | | 200000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 80 %age

   5.2 Hotel occupancy decreased by – %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by 50 %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 20 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by 50 %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 3 | | |
| 2 | Temporary/Part time staff | – | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

تجویز۔ مزید سوات کے کاروبار بڑھانے کیلئے بڑا اہم
مسئلہ روڈ کا ہے۔ جس روڈ پر توجہ کی ضرورت
ہے۔ اگلے سال انشاء اللہ کاروبار مزید بڑھ جائے گا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

ZAFAR ALI

Name, Title

Zafar Ali

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad

**Grant Associate Name/Signature**

27-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Imran Ghani

**Grant Associate Name/Signature**

27-6-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: City Gate Hotel & Rest. | |
| Sector: Tourism | Category: 3 Star |
| Grant Number: FOG-PSD- CGH-010 | |
| Grantee Address: Taj chowk Post Office Road | Cluster: |
| Representative Name: Mulla Baksh | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work<br>فیٹ بے فزوری | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | تلنگار | | | | 76000 | | |
| 2 | ترکان | | | | 5000 | | |
| 3 | موٹر فزوری | | | | 10000 | | |
| 4 | | | | | 1000 | | |
| 5 | کاٹدر صفائی | | | | 8000 | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | | | 7000/- |
| 2 | [illegible] | | | | 20000/- |
| 3 | [illegible] | | | | 9000 |
| 4 | [illegible] | | | | 15000 |
| 5 | [illegible] | | | | 4000 |
| 6 | [illegible] | | | | 2500 |
| 7 | [illegible] | | | | 22000 |
| | Total: [illegible] | 120 | | 7000 | 70000 |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 10000 | [illegible] |
| 2 | Staff salaries | No. of persons months | 5 | 30000 | [illegible] |
| 3 | Rent of hotel building | No. of months | 1 | — | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 25 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 30 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 5 | 5 | 0 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A.

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

دہشت گردی کی وجہ سے ہمارا کام مکمل طور پر ختم ہو چکا تھا۔
جب N.G.O والے آیا والے اس نے ہمارا مالی مدد کی۔
اس کی وجہ سے ہمارا کام بہت اچھا ہوا۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

مولا بخش

Name, Title

14/7/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Hassan Ali Ullah

**Grant Associate Name/Signature**

14/7/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

14-7-2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Chinar Hotel Mingora | |
| Sector: Tourism | Category: 1-Star |
| Grant Number: FOG-PSD- CHR-060 | |
| Grantee Address: GT Road Mingora | Cluster: |
| Representative Name: Inayat Rehman | Title: Lessee |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | پینٹ + فروری | | | | 110000 | | |
| 2 | پردہ + فروری | | | | 16000 | | |
| 3 | الیکٹریکل ورک | | | | ~~25000~~ 25000 | | |
| 4 | 120 - آنرلی سیوا | | | | | | |
| 5 | ~~10 رضائیاں~~ | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment ✓
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   [illegible]

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | [illegible] | | 1 | | 45000 |
| 2 | [illegible] | | 12 | | 60000 |
| 3 | [illegible] | | 1 | | 28000 |
| 4 | [illegible] | | 60 | | 20000 |
| 5 | [illegible] | | 20 | | 16000 |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 10 | 120000 | |
| 2 | Staff salaries | No. of persons months | 5 | 270000 | [illegible] |
| 3 | Rent of hotel building | No. of months | | 350000 | [illegible] |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 67 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 66 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 5 | 2 | 60% |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio). N/A
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

سروے کو آئندہ کیلئے بہتر بنائیں - جیسا کہ پہلے
سروے میں کیٹگری میں غلطی ہوئی تھی
وسیع نہ دھوا جائے

Date of Effect for Grant Agreement:

On behalf of Grantee:

[signature]

Name, Title

عنایت الرحمان (Lodge)

Signature, Date

**Grant Associate's recommendation(s), if any.**

[signature]

**Grant Associate Name/Signature**

30-6-2011

**Date**

[signature]

**Asif Shakil (Grant Analyst)**

[signature]

Hassan Ali Ichan

**Grant Associate Name/Signature**

30/6/2011

**Date**

[signature]

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Chamot Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- CHM-038 | |
| Grantee Address: Main Bazar, Behrain | Cluster: |
| Representative Name: Ghulam Hussain | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 20,000 | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Towels | | | 1500 | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 18000 | |
| 2 | Staff salaries | No. of persons months | 4/6 | 9000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | Wages painter | | | 30,000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 50 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 2 | 0 | |
| 2 | Temporary/Part time staff | 0 | 2 | 2 | 100% |
| | Total | 2 | 4 | 2 | 100% |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   ✓ 8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 ✓ Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 ✓ Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify): wall chalking

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Ghulam Hussain owner

Name, Title

30-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Cantide Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Bolan Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- BLH-135 | |
| Grantee Address: Bahrain | Cluster: |
| Representative Name: Rashid Mahmood | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | سٹریپ ڈائیزر | | | | 22500= |
| 2 | بیڈ شیٹ | | | | 7500= |
| 3 | پردہ | | | | 35000= |
| 4 | ٹیبل | | | | 10000= |
| 5 | باتھ روم پلاسٹک سیٹ | | | | 21000= |
| 6 | جرنیٹر 6500 | | | | 65000= |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 10000= | |
| 2 | Staff salaries | No. of persons months | 3/6 | 108000= | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | بلڈنگ صفائی | | | 350000= | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 40 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 70 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 1 | | |
| 2 | Temporary/Part time staff | – | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓Yes | No |
| 9.2 Improvement in bed rooms | ✓Yes | No |
| 9.3 Improvement in bathrooms | ✓Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓Yes | No |

10. What is the source of disposal of the hotel solid waste?
    - ✓10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - ✓11.1 Hotel waste water disposed off in proper sewerage line.
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify): Sign board

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - ✓13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

برائے مہربانی اگر آئندہ پراجیکٹ میں کوئی کام ہوتا ہے۔
تو ہمارے پینے کے پانی کا مسئلہ حل ہو جائے

Date of Effect for Grant Agreement:

On behalf of Grantee:

BACHT MOH KHAN

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

Fawad Jan

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

for M. Aamir M. Khan

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Behrain Hotel | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- BNH-006 | |
| Grantee Address: Behrain, Swat | Cluster: |
| Representative Name: Bakht Biland | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | رنگ | | | | 66 ہزار | | |
| 2 | سیمنٹ | | | | 28000- | | |
| 3 | ریت، کرش | | | | 50000- | | |
| 4 | بجلی کا سامان | | | | 150000- | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   ✓ 2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 6 | 50000- | |
| 2 | Staff salaries | No. of persons months | 4/6 | 105000- | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | ترجمان کی مزدوری - | | | 50000- | |
| 5 | کیٹلاگ، سٹری | | | 100000- | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 100 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 2 | 6 | | |
| 2 | Temporary/Part time staff | | 3 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes ✓ | No |
| 9.5 Improvement in kitchen area | Yes ✓ | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose.
    - 10.2 Thrown in the open air outside the hotel.
    - ✓ 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line.
    - ✓ 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہوٹل مینجمنٹ کی ٹریننگ کی ضرورت ہے۔ ٹور اپریٹرز کا
اہتمام کیا جائے۔ آئندہ پروگرام میں ہوٹل کے نمائندوں کو تمام علاقوں کی مثلاً
بحرین، کالام، مدین، میانڈم، منگورہ وغیرہ کو مکمل طور پر مشاورت میں شامل کیا جائے
اور ان کی رائے کو اہمیت دی جائے۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

BAKHT BILAND OWNER.

Name, Title

30.06.011.

Signature, Date

**Grant Associate's recommendation(s), if any.**

Lutfar Ahmad

**Grant Associate Name/Signature**

30-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Durrani

**Grant Associate Name/Signature**

30/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: بغداد ہوٹل اینڈ ریسورنٹ | |
| Sector: ٹورزم | Category: |
| Grant Number: FOG-PSD- | |
| Grantee Address: کوہ حلم جبہ | Cluster: |
| Representative Name: زیب جہان | Title: مالک |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | کارپینگ | | | | 21000 | | |
| 2 | الیٹرک سٹی | | | | 20000 | | |
| 3 | ~~بیڈ 3 عدد~~ | | | | ~~75000~~ | | |
| 4 | سنٹری 3 باتھ روم | | | | 45000 | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | بيع | | | | 75000 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) بيل | No. of bills paid | | 2500 | |
| 2 | Staff salaries | No. of persons months 5 | 5 | 22000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

5.1 Hotel occupancy increased by 150 %age 2 6

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by 300 %age 1500 6000

5.5 Restaurant sales decreased by _____ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

6.1 Hotel room tariff increased by 130 %age 500 1150

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by 300 %age 1500 6000

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 3 | 5 | | 66.6 |
| 2 | Temporary/Part time staff | 2 | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

✓ 8.1 Fully implemented the techniques/skills learned during the training.

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

✓ 12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم USA کا بہت شکریہ ہے
اس سلسلے کو آگے بھی جاری رکھنا چاہیے۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

زیب جان ، مالک

Name, Title

7/7/011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M. Aslam

**Grant Associate Name/Signature**

07/07/2011

**Date**

**Asif Shakil (Grant Analyst)**

Tariq Aziz

**Grant Associate Name/Signature**

7/7/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Al-Makka Kohistan Hotel | |
| Sector: Tourism | Category: 2-Star |
| Grant Number: FOG-PSD- AMH-029 | |
| Grantee Address: Taj Chock Mingora | Cluster: |
| Representative Name: Khan Zeb | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | مزدوری | | | | 50,000 | | |
| 2 | غسلخانہ مرمت | | | | 10,000 | | |
| 3 | دروازے مرمت | | | | 30,000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment ✓
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | TV | 3 | | 13000 | 39000 |
| 2 | [illegible] | | | | 40,000 |
| 3 | [illegible] | 1 | | 5000 | 5000 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 10,000 | [illegible] |
| 2 | Staff salaries | No. of persons months | 6 | 30,000 | [illegible] |
| 3 | Rent of hotel building | No. of months | | 33000 | [illegible] |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 30 %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 56 %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 4 | 6 | 2 | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training. ✓

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes ✓ | No |
| 9.2 Improvement in bed rooms | Yes ✓ | No |
| 9.3 Improvement in bathrooms | Yes ✓ | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes ✓ | No |

10. What is the source of disposal of the hotel solid waste?
    - 10.1 Disposed in waste bins/area allocated for the purpose. ✓
    - 10.2 Thrown in the open air outside the hotel.
    - 10.3 Thrown in the river/streams.
    - 10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)
    - 11.1 Hotel waste water disposed off in proper sewerage line. ✓
    - 11.2 Hotel waste water disposed off in open area.
    - 11.3 Hotel waste water disposed off in drains.
    - 11.4 Hotel waste water disposed off in the river/streams.
    - 11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)
    - 12.1 Pamphlets.
    - 12.2 Print media (Newspapers).
    - 12.3 Electronic media (TV).
    - 12.4 Electronic media (Local Cable).
    - 12.5 Electronic media (Radio).
    - 12.6 Words of mouth.
    - 12.7 Referrals.
    - 12.8 Tour Operators.
    - 12.9 Any other (specify):_____

N.A

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).
    - 13.1 Excellent.

13.2 Very Good. ✓

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

ہم فرمز پراجیکٹ کے شکور ہیں ، انہوں نے
ہمارے مالی مدد کی اور ہمارے کاروبار بغیر سے شروع ہوئیں ۔

Date of Effect for Grant Agreement:

On behalf of Grantee:

خانہ زیب

Name, Title

خانہ زیب 30-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

Umar Khan

**Grant Associate Name/Signature**

30-6-2011

**Date**

**Asif Shakil (Grant Analyst)**

Hassan Ali Khan

**Grant Associate Name/Signature**

30/6/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Al-Madina Guest House. | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- AMH-102 | |
| Grantee Address: Madyan Swat. | Cluster: |
| Representative Name: Fateh Khan | Title: Owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Colour | | | | 70000 | | |
| 2 | Repairing | | | | 35000 | | |
| 3 | Construction | | | | 20000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.

   _____

   _____

   _____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Bed Sheet | | 15 | | 3000 |
| 2 | Pillow | | 20 | | 4000 |
| 3 | Tawals | | 15 | | 2,600 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | 3 | 9,000 | |
| 2 | Staff salaries | No. of persons months | 3 | 46,000 | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | — | — | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by 20 %age

   5.2 Hotel occupancy decreased by — %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by — %age

   5.5 Restaurant sales decreased by — %age

   5.6 No change in the Restaurant sales

   no kitchen facilities

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by 70 %age

   6.2 Hotel room tariff decreased by — %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by — %age

   6.5 Sales of Restaurant food/meals increased by — %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 3 | 2 | |
| 2 | Temporary/Part time staff | 0 | 0 | | |
| | Total | 1 | 3 | 2 | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

12.6 Words of mouth.

12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

_____

Name, Title

Mr. [illegible] Khan

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

**Grant Associate Name/Signature**

29-06-2011

**Date**

**Asif Shakil (Grant Analyst)**

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Al Habib Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- ALH-064 | |
| Grantee Address: Shahdra Fizagat | Cluster: |
| Representative Name: Bahramand | Title: Legal Rep |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | Paint | | | | 70,000 | | |
| 2 | Repair | | | | 10,000 | | |
| 3 | Electric work | | | | 20,000 | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | Refrigirator | | | | 44000 |
| 2 | Bed Sheets | | | | 3500 |
| 3 | TV Set | | | | 6000 |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 30000<br>3000 | 10X3000 Electric<br>10X300 Telephone |
| 2 | Staff salaries | No. of persons months | | 145000 | 1X5000 X10<br>1X4500 X10<br>1X4000 X10<br>1X1800 X5 |
| 3 | Rent of hotel building | No. of months | | 110000 | 11000X10 = |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

2 6

5.1 Hotel occupancy increased by 200 %age

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by 20 %age

5.5 Restaurant sales decreased by _____ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

150 300

6.1 Hotel room tariff increased by 100 %age

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by 20 %age

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 2 | | |
| 2 | Temporary/Part time staff | 1 | 2 | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

✓ 8.1 Fully implemented the techniques/skills learned during the training.

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

✗ 11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

Hotel Management Trainings.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Bahraman Legal Rep

Name, Title

14/07/2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

M. Aamir M.

**Grant Associate Name/Signature**

14-07-2011

**Date**

**Asif Shakil (Grant Analyst)**

Fawad Qurnani

**Grant Associate Name/Signature**

14/07/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: Abshar Hotel & Restaurant | |
| Sector: Tourism | Category: |
| Grant Number: FOG-PSD- ABH-083 | |
| Grantee Address: Madyan, swat | Cluster: |
| Representative Name: Amir Nashad | Title: owner |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | wood work | | | | 210000 | In Progress | |
| 2 | cement | Bags | 300 | 400 | 120000 | " " | |
| 3 | Stell | Kg | 20000 | 70 | 1400000 | " " | |
| 4 | Sand | | | | 400000 | " " | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

   2.1 Fully installed all the goods, furniture and equipment
   2.2 Partially installed all the goods, furniture and equipment
   2.3 Not installed,
   Please mention reason for not installing of the in-kind support received.
   cement & steel is received and fully utilized.

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

N.A

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | | |
| 2 | Staff salaries | No. of persons months | | | |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | wages | | | 306000 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

   5.1 Hotel occupancy increased by _____ %age

   5.2 Hotel occupancy decreased by _____ %age

   5.3 No change in the occupancy of hotel

   5.4 Restaurant sales increased by _____ %age

   5.5 Restaurant sales decreased by _____ %age

   5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

   6.1 Hotel room tariff increased by _____ %age

   6.2 Hotel room tariff decreased by _____ %age

   6.3 No change in the room tariff of hotel

   6.4 Sales of Restaurant food/meals increased by _____ %age

   6.5 Sales of Restaurant food/meals increased by _____ %age

   6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | | | | |
| 2 | Temporary/Part time staff | | | | |
| | Total | | | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

   8.1 Fully implemented the techniques/skills learned during the training.

   8.2 Partially implemented the techniques/skills learned during the training.

   8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | Yes | No |
| 9.2 Improvement in bed rooms | Yes | No |
| 9.3 Improvement in bathrooms | Yes | No |
| 9.4 Improvement in restaurant | Yes | No |
| 9.5 Improvement in kitchen area | Yes | No |
| 9.6 Improvement in main entrance/surroundings | Yes | No |

10. What is the source of disposal of the hotel solid waste?

    10.1 Disposed in waste bins/area allocated for the purpose.

    10.2 Thrown in the open air outside the hotel.

    N.A 10.3 Thrown in the river/streams.

    10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

    11.1 Hotel waste water disposed off in proper sewerage line.

    11.2 Hotel waste water disposed off in open area.

    11.3 Hotel waste water disposed off in drains.

    11.4 Hotel waste water disposed off in the river/streams.

    11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

    12.1 Pamphlets.

    12.2 Print media (Newspapers).

    12.3 Electronic media (TV).

    12.4 Electronic media (Local Cable).

    N.A 12.5 Electronic media (Radio).

    12.6 Words of mouth.

    12.7 Referrals.

    12.8 Tour Operators.

    12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

    13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

If the project is extended and destroyed hotels are assisted with operating equipment it will be a great help.

Date of Effect for Grant Agreement:

On behalf of Grantee:

Amir Nishad / owner

Name, Title

Signature, Date

**Grant Associate's recommendation(s), if any.**

**Grant Associate Name/Signature**

29/06/2011

**Date**

**Asif Shakil (Grant Analyst)**

Gautiar Ahmad

**Grant Associate Name/Signature**

29-06/2011

**Date**

**Adnan Sher, FIRMS Islamabad, Office Director**

**USAID/Pakistan FIRMS Project**
**Malakand SME Recovery Assistance Program**
**Final Report**

This final report will be submitted by the grantee in the closing phase of Malakand SME recovery Assistance Program with the view to provide information regarding progress achieved towards rehabilitation of the businesses in the tourism/hotel sector. The recovery requirements generally fall under the following categories. The grantee is required to provide a respond to all the below mentioned questions.

1. Construction material
2. Machinery and Operating Equipment
3. Hotel Supplies /Kitchen utensils/Furniture
4. Operating expenses (Utilities)
5. Staff/ salaries
6. Marketing Strategy/Plan
7. Skills trainings
8. Environmental aspects

**Business Information**

| | |
|---|---|
| Hotel Business Name: 3-Star Hotel | |
| Sector: | Category: |
| Grant Number: FOG-PSD- TSH-063. | |
| Grantee Address: | Cluster: |
| Representative Name: | Title: |

1. Please provide detail of grant money spent on rehabilitation/reconstruction of business i.e. Paint, renovation, carpentering, repair & additional construction etc.

| No | Description of work | Unit | Qty | Rate | Total Amount | Status of work[1] | Remarks |
|---|---|---|---|---|---|---|---|
| 1 | ceiling | | | | 120,000 | | |
| 2 | Electric | | | | 55,000 | | |
| 3 | Tiles Bathroom | 3 | | | 90,000 | | |
| 4 | Plaster | | | | 70,000 | | |
| 5 | Paint | | | | 120,000 | | |
| 6 | Carpentering | | | | 80,000 | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| | Total | | | | | | |

[1] Complete, In progress, Not started

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 501,000 | |
| 2 | Staff salaries | No. of persons months | 4 { 4 10 | 184,000 | 2 x 6000 = 12,000 x 4 = 48,000<br>2 x 7000 = 14,000 x 10 = 140,000 |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

5. What was the impact of improved hotel outlook/facilities on the hotel occupancy (Please tick the appropriate one)

Old current

5.1 Hotel occupancy increased by 800 %age 1 9

5.2 Hotel occupancy decreased by _____ %age

5.3 No change in the occupancy of hotel

5.4 Restaurant sales increased by _____ %age

5.5 Restaurant sales decreased by _____ %age

5.6 No change in the Restaurant sales

6. What was the impact of improved hotel outlook/facilities on the hotel room tariff: (Please tick the appropriate one)

Old current

6.1 Hotel room tariff increased by 60 %age 500 800

6.2 Hotel room tariff decreased by _____ %age

6.3 No change in the room tariff of hotel

6.4 Sales of Restaurant food/meals increased by 50 %age

6.5 Sales of Restaurant food/meals increased by _____ %age

6.6 No change in the sales of Restaurant food/meals

7. Provide a comparison of the hotel staffing before and after the project interventions

| No | Category of staff | Staff Comparison /No. of Staff | | Change in staff | |
|---|---|---|---|---|---|
| | | Before FIRMS' Intervention (Aug 2010) | After FIRMS' Intervention (June 2011) | Number | %age |
| 1 | Full time/Permanent staff[2] | 1 | 9 | | |
| 2 | Temporary/Part time staff | – | 2 | | |
| | Total | 1 | 4 | | |

8. Did you implement the knowledge/skills that you learned from USAID supported two day training workshop on hotel management. (Please tick the appropriate one)

✓ 8.1 Fully implemented the techniques/skills learned during the training.

8.2 Partially implemented the techniques/skills learned during the training.

8.3 Not implemented

[2] *Permanent staff are those who are employed by the hotel throughout the year, While temporary staff is employed only during peak season or on as and when required basis.*

9. FIRMS Project in consultation with concerned hoteliers has conducted an assessment of the hotel readiness condition. Did you make improvements in following major areas to improve your hotel readiness conditions to receive the tourists (Please tick Yes or No Options)

| | | |
|---|---|---|
| 9.1 General improvement | ✓ Yes | No |
| 9.2 Improvement in bed rooms | ✓ Yes | No |
| 9.3 Improvement in bathrooms | ✓ Yes | No |
| 9.4 Improvement in restaurant | ✓ Yes | No |
| 9.5 Improvement in kitchen area | ✓ Yes | No |
| 9.6 Improvement in main entrance/surroundings | ✓ Yes | No |

10. What is the source of disposal of the hotel solid waste?

✓ 10.1 Disposed in waste bins/area allocated for the purpose.

10.2 Thrown in the open air outside the hotel.

10.3 Thrown in the river/streams.

10.4 Any other option (specify):_____

11. What is the source of disposal of liquid waste/waste water? (Please tick the appropriate one)

✓ 11.1 Hotel waste water disposed off in proper sewerage line.

11.2 Hotel waste water disposed off in open area.

✓ 11.3 Hotel waste water disposed off in drains.

11.4 Hotel waste water disposed off in the river/streams.

11.5 Any other option (specify):_____

12. How do you market your hotel business? i.e. Marketing through: (Please tick the appropriate ones)

12.1 Pamphlets.

12.2 Print media (Newspapers).

12.3 Electronic media (TV).

12.4 Electronic media (Local Cable).

12.5 Electronic media (Radio).

✓ 12.6 Words of mouth.

✓ 12.7 Referrals.

12.8 Tour Operators.

12.9 Any other (specify):_____

13. How would you assess the support provided by USAID FIRMS Project in rebuilding and rehabilitating your businesses? (Please tick the appropriate one).

✓ 13.1 Excellent.

13.2 Very Good.

13.3 Good.

13.4 Average.

13.5 Poor /Below Average.

14. Please provide your suggestions for further improvements of the recovery assistance program, if any.

_____

_____

_____

_____

_____

_____

Date of Effect for Grant Agreement:

On behalf of Grantee:

M. Razig Owner

Name, Title

30-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

_____

_____

_____

_____

M. Aamir M. Nam

**Grant Associate Name/Signature**

Tariq Aziz

**Grant Associate Name/Signature**

30-06-2011

**Date**

30/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**

2. Did you install the in-kind support (furniture, machinery and equipment) received from USAID FIRMS Project: (Please tick the appropriate one)

✓ 2.1 Fully installed all the goods, furniture and equipment
2.2 Partially installed all the goods, furniture and equipment
2.3 Not installed,
Please mention reason for not installing of the in-kind support received.

_____

_____

_____

3. Please provide details of grant money received from USAID that you spent on procurements and /or installation of goods and equipment.

| No | Name of major goods/equipment purchased (no need for details) | Unit | Qty | Rate | Total Amount |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

4. Please provide details of grant money received from USAID that you spent on operating expenses, utility bills, rent, staff salaries etc.

| No | Description of operating expenses | Unit | Qty | Total Amount | Remarks |
|---|---|---|---|---|---|
| 1 | Utility Bills (Electricity, Gas, Telephone, etc.) | No. of bills paid | | 501,000 | |
| 2 | Staff salaries | No. of persons months | 4 { 4 10 | 184,000 | 2 x 6000 = 12,000 x 4 = 48,000<br>2 x 7000 = 14,000 x 10 = 140,000 |
| 3 | Rent of hotel building | No. of months | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| | Total: | | | | |

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Old current

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Date of Effect for Grant Agreement:

On behalf of Grantee:

M. Razig Owner

Name, Title

30-6-2011

Signature, Date

**Grant Associate's recommendation(s), if any.**

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_____

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_____

M. Aamir M. Nam

**Grant Associate Name/Signature**

Tariq Aziz

**Grant Associate Name/Signature**

30-06-2011

**Date**

30/6/2011

**Date**

**Asif Shakil (Grant Analyst)**

**Adnan Sher, FIRMS Islamabad, Office Director**