



USAID | **MACEDONIA**
FROM THE AMERICAN PEOPLE

AGBIZ PROGRAM

PERFORMANCE MONITORING PLAN

APPENDIX 2: MONITORING AND EVALUATION TOOLS AND FORMS

AGBIZ PROGRAM

PERFORMANCE MONITORING PLAN

APPENDIX 2: MONITORING AND
EVALUATION TOOLS AND FORMS

AGBIZ PROGRAM PMP APPENDICES

Appendix 1 INTEGRATED SUPPLY CHAIN CONCEPT	9
Appendix 1.1 Lead Actor Profile, Baseline and Targets.....	11
Appendix 1.2 Lead Actor Quarterly Progress Report.....	16
Appendix 1.3 Lead Actor Cumulative Annual Report	20
Appendix 2 POST ACTIVITIES EVALUATION FORMS.....	24
Appendix 2.1.1 A-1 Training Participant Sign-in Form	25
Appendix 2.1.2 A-2 Training Participant Evaluation Form	26
Appendix 2.1.3 A-3 Post Training Lead Facilitator Evaluation Form.....	28
Appendix 2.2 STUDY TOUR & B2B.....	31
Appendix 2.2.1 B-1 Study Tour and B2B Participant Sign-in Form.....	32
Appendix 2.2.2 B-2 Study Tour Participant Evaluation Form.....	33
Appendix 2.2.3 B-3 Post Study Tour Lead Facilitator Evaluation Form.....	35
Appendix 2.3 TRADE FAIR.....	38
Appendix 2.3.1 C-1 Trade Fair Participant Sign-in Form.....	39
Appendix 2.3.2 C-2 Trade Fair Participant Evaluation Form.....	40
Appendix 2.3.3 C-3 Post Trade Fair Lead Facilitator Evaluation Form.....	42
Appendix 2.4 ACCESS TO FINANCE	45
Appendix 2.4.1 D-1 Customer Access to Finance Facilitated Form.....	45
Appendix 2.5 POLICY AND INSTITUTIONAL REFORM NEED IDENTIFICATION	47
Appendix 2.5.1 E-1 PIRN Identification Sheet	47
Appendix 2.6 AgBiz Activity Results Report.....	49
Appendix 2.7 Consultant/BSP Evaluation Form	50
Appendix 2.8 MONTHLY PROGRESS REPORT TEMPLATES.....	52
Appendix 2.8.1 Monthly Progress Report - Value Chains.....	53
Appendix 2.8.2 Monthly Progress Report - Advocacy & PPD	55
Appendix 2.8.3 Monthly Progress Report - Access to Finance	57
Appendix 2.8.4 Activities Implementation Check List.....	59
Appendix 2.8.5 Environmental Mitigation and Monitoring Plan (EMMP).....	60
Appendix 2.9 QUARTERLY REPORT OUTLINE	61

Appendix I INTEGRATED SUPPLY CHAIN CONCEPT

Appendix I.1 Lead Actor Profile, Baseline and Targets

Appendix I.2 Lead Actor Quarterly Progress Report

Appendix I.3 Lead Actor Cumulative Annual Report

Appendix I.I Lead Actor Profile, Baseline and Targets

LEAD ACTOR PROFILE

Please provide information to these questions below. All data provided remains confidential and will be internally utilized for further data processing (on a Value Chain level) *ONLY* for USAID/AgBiz Program's reporting purposes. Your cooperation is greatly appreciated

COMPANY NAME	
TYPE OF BUSINESS	
YEAR ESTABLISHED	

OFFICE ADDRESS	
CITY/AREA POSTAL CODE	
OFFICE PHONE NUMBER	
OFFICE FAX NUMBER	
WEBSITE	

OWNER	
CELL PHONE NUMBER	
E-MAIL ADDRESS	

CONTACT PERSON	
CELL PHONE NUMBER	
E-MAIL ADDRESS	

If company's storage/production/processing facility is located in different city/area, please provide additional contact info:

FACILITY ADDRESS	
CITY/AREA POSTAL CODE	
FACILITY PHONE NUMBER	
FACILITY FAX NUMBER	

QUALITY MANAGEMENT SYSTEM IN PLACE (e.g. ISO/HACCP/GlobalGAP)	
BEING IMPLEMENTED	CERTIFIED

Convenient time for visiting production/processing area: _____

COMPANY DETAILS

Employment:

NUMBER OF FULL-TIME EMPLOYEES		
NUMBER OF MALE FULL-TIME EMPLOYEES		
NUMBER OF FEMALE FULL-TIME EMPLOYEES		
SEASONAL/PART-TIME WORKERS		
	NUMBER*	DAYS**
MALE		
FEMALE		

*Please provide average number of male/female workers engaged in the period between Jan, 1 – Dec, 31

**Average number of days of male/female workers engaged in the period between Jan, 1 – Dec, 31

Production/Processing Annual Capacity:

Please specify the average annual production/trade of commodities	
Commodity	Volume in metric tons (MT)
COMMODITY #1:	
COMMODITY #2:	
COMMODITY #3:	
COMMODITY #4:	

Please add additional rows, if necessary

Please specify the average annual production/processing of commodities	
Type of Products	Volume in metric tons (MT)
#1:	
#2:	
#3:	
#4:	
#5	

Please add additional rows, if necessary

BASELINE

AGBIZ PROGRAM INDICATOR RELATED DATA

Please note that data provided will be a baseline and will be utilized for further analyzes.
Baseline period: **January, 1 – December, 31, 2010**

RAW MATERIAL	2010
Value of quantities of raw material (crop) purchased from producers (in MKD)	
Volume of the raw material (crop) purchased from producers (in MT)	
Number of producers/small-scale farmers from whom raw material is purchased	
Number of formal delivery contracts made*	

**Number of contracts made, including inputs or services provided between the raw materials buyers and suppliers*

MARKETS AND SALE	2010
Value of sales to domestic market (in MKD)	
Volume of sales to domestic market (in MT)	
Value of sales to regional market (in MKD)	
Volume of sales to regional market (in MT)	

** Regional market includes: Serbia, Kosovo, Albania, Monte Negro, Croatia, Bosnia and Herzegovina*

Value of sales to international market (in MKD)	
Volume of sales to international market (in MT)	
Please specify the value of exported products to EU and third countries (in %)	

**International market: EU and third countries products*

PROJECTIONS

AGBIZ PROGRAM INDICATOR RELATED DATA

Please provide your estimates for the period: January, 1 – December, 31, 2011 and January, 1 – December, 31, 2012 that will be utilized for further analyzes relative to a data you have provided for the base year January, 1 – December, 31, 2010

Purchase raw material and Sales:

RAW MATERAL	2011	2012
Value of quantities of raw material (crop) to be purchased from producers (in MKD)		
Volume of the raw material (crop) to be purchased from producers (in MT)		
Number of producers/small-scale farmers from whom raw material will be purchased		
Number of formal delivery contracts to be made*		

*Anticipated number of contracts with producers that will became your new supplier, or new/additional inputs or services you plan to provide to your suppliers

MARKETS AND SALE	2011	2012
Value of sales to domestic market (in MKD)		
Volume of sales to domestic market (in MT)		
Value of sales to regional market (in MKD)		
Volume of sales to regional market (in MT)		
Value of sales to international market (in MKD)		
Volume of sales to international market (in MT)		

Investments:

PLANNED INVESTMENTS	2011	2012
Investments to be made in the company by the owner (in MKD)		
Other anticipated sources of finance (in MKD)		

Will you need assistance in accessing to various sources of finance (Commercial Bank Loan, DCA-fund, IPARD, etc.)? If yes, please specify the amount of finance needed.

Please enclose:

1. Company's logo (preferably e-version)
2. Company brochure or other promotional material
3. May we quote you for our Newsletter, Quarterly/Annual Report or website?
 Yes No

Signature

Date

LEAD ACTOR _____

Please provide information to these questions below. All data provided remains confident and will be internally utilized for further data processing (on a Value Chain level) ONLY for USAID/AgBiz Program's reporting purposes. Your cooperation is greatly appreciated

Quarterly Progress Report, No. 1

Reporting Period: January 1, 2012 - March 31, 2012

(To be completed and delivered to AgBiz by the 10th of April, 2012)

CONTACT PERSON DESIGNATED TO PROVIDE DATA AND INFO	
CELL PHONE NUMBER	
E-MAIL ADDRESS	

RESULTS ACHIEVED THIS QUARTER

1. Purchase raw material:

RAW MATERIAL	January 1 – March 31, 2012
Value of quantities of raw material (crop) purchased from producers (in MKD)	
Volume of the raw material (crop) purchased from producers (in MT)	
Number of producers/small-scale farmers from whom raw material is purchased	
Number of formal delivery contracts made*	

**Number of contracts made, including inputs or services provided between the raw materials buyers and suppliers*

2. Markets and sales:

MARKETS AND SALE	January 1 – March 31, 2012
Value of sales to domestic market (in MKD)	
Volume of sales to domestic market (in MT)	
Value of sales to regional market (in MKD)	
Volume of sales to regional market (in MT)	

** Regional market includes: Serbia, Kosovo, Albania, Monte Negro, Croatia, Bosnia and Herzegovina*

Value of sales to international market (in MKD)	
Volume of sales to international market (in MT)	
Please specify the value of exported products to EU and third countries (in %)	

**International market: EU and third countries products*

3. Have you entered any new markets during this reporting period? If yes, please specify market

(New market is sales contract made with new customer from other countries to you have not exported your products before or any new outlets your products enter at already existing market/country)

4. Have you developed any new product/variety during this reporting period? Please specify the product/variety.

(New product also means product line or design of a new brand, label or packaging. Developed means identified, introduced, produced, processed/packed, and marketed)

5. Have you implemented any new technology or management practice during this reporting period? Please specify the technology or management practice applied/implemented.

(Technologies: agriculture-related technologies and innovations stretching from input supply and production through marketing and processing to domestic consumption and exports. Farm level: New varieties, cultivation techniques and technologies, or farming. At the aggregator and processing levels: improved sorting and grading, improved warehouse management or cold storage, more efficient technologies, and at the sales level: improved packaging and branding. Any training, consulting or capacity building conducted by AgBiz)

6. Have you identified potential environment risks during implementation of activities? If yes, please specify what mitigation measures were implemented to address the identified concerns?

7. Investments:

INVESTMENTS	January 1 – March 31, 2012
Investments made in the company by the owner (in MKD)	
Investments made in the company obtained from other sources of finance (in MKD)	

8. Will you need assistance in accessing to additional sources of finance (Commercial Bank Loan, DCA-fund, IPARD, etc.)?

9. May we quote you for our Newsletter, Quarterly/Annual Report or website?
 Yes No

Please enclose any relevant photographs, charts or other documentation that helps demonstrate the ongoing benefits from the AgBiz supported Integrated Supply Chain Concept or Activity

Signature

Date

LEAD ACTOR _____

Please provide information to these questions below. All data provided remains confident and will be internally utilized for further data processing (on a Value Chain level) ONLY for USAID/AgBiz Program's reporting purposes. Your cooperation is greatly appreciated

ANNUAL REPORT FOR 2011

Reporting Period: January 1 - December, 2011

(To be completed and delivered to AgBiz by the 15th of March, 2012)

CONTACT PERSON DESIGNATED TO PROVIDE DATA AND INFO	
CELL PHONE NUMBER	
E-MAIL ADDRESS	

RESULTS ACHIEVED FOR 2011

2. Purchase raw material:

RAW MATERIAL	January 1 – December 31, 2011
Value of quantities of raw material (crop) purchased from producers (in MKD)	
Volume of the raw material (crop) purchased from producers (in MT)	
Number of producers/small-scale farmers from whom raw material is purchased	
Number of formal delivery contracts made*	

**Number of contracts made, including inputs or services provided between the raw materials buyers and suppliers*

2. Markets and sales:

MARKETS AND SALE	January 1 – December 31, 2011
Value of sales to domestic market (in MKD)	
Volume of sales to domestic market (in MT)	
Value of sales to regional market (in MKD)	
Volume of sales to regional market (in MT)	

** Regional market includes (Serbia, Kosovo, Albania, Monte Negro, Croatia, Bosnia and Herzegovina)*

Value of sales to international market (in MKD)	
Volume of sales to international market (in MT)	
Please specify the % value of exported products to <u>EU and third countries</u> .	

10. Have you entered any new markets during this reporting period? If yes, please specify market

(New market is sales contract made with new customer from other countries to you have not exported your products before or any new outlets your products enter at already existing market/country)

11. Have you developed any new product/variety during this reporting period? Please specify the product/variety.

(New product also means product line or design of a new brand, label or packaging. Developed means identified, introduced, produced, processed/packed, and marketed)

12. Have you implemented any new technology or management practice during this reporting period? Please specify the technology or management practice applied/implemented.

(Technologies: agriculture-related technologies and innovations stretching from input supply and production through marketing and processing to domestic consumption and exports. Farm level: New varieties, cultivation techniques and technologies, or farming. At the aggregator and processing levels: improved sorting and grading, improved warehouse management or cold storage, more efficient technologies, and at the sales level: improved packaging and branding. Any training, consulting or capacity building conducted by AgBiz)

13. Have you identified potential environment risks during implementation of activities? If yes, please specify what mitigation measures were implemented to address the identified concerns?

14. Employment:

NUMBER OF FULL-TIME EMPLOYEES IN 2011		
NUMBER OF MALE FULL-TIME EMPLOYEES		
NUMBER OF FEMALE FULL-TIME EMPLOYEES		
SEASONAL/PART-TIME WORKERS IN 2011		
	NUMBER*	DAYS**
MALE		
FEMALE		

*Please provide average number of male/female workers engaged in the period between Jan, 1 – Dec, 31

**Average number of days of male/female workers engaged in the period between Jan, 1 – Dec, 31

15. Investments:

INVESTMENTS	January 1 – December 31, 2011
Investments made in the company by the owner (in MKD)	
Investments made in the company obtained from other sources of finance (in MKD)	

16. Will you need assistance in accessing to additional sources of finance (Commercial Bank Loan, DCA-fund, IPARD, etc.)?

17. May we quote you for our Newsletter, Quarterly/Annual Report or website?

Yes No

Please enclose any relevant photographs, charts or other documentation that helps demonstrate the ongoing benefits from the AgBiz supported Integrated Supply Chain Concept or Activities

Signature

Date

Appendix 2 POST ACTIVITIES EVALUATION FORMS

Appendix 2.1 TRAINING

Appendix 2.1.1 A-1 Training Participant Sign-in Form

Appendix 2.1.2 A-2 Training Participant Evaluation Form

Appendix 2.1.3 A-3 Post Training Lead Facilitator Evaluation Form

Appendix 2.1.1 A-I Training Participant Sign-in Form

A-1 AGBIZ PROGRAM TRAINING PARTICIPANT SIGN-IN FORM

Training Topic: _____

Facilitator Name and Organization : _____

Training Dates:

Start: _____ Completed: _____

Training Location: _____

.....

	Participant Name	Company/Organization/ Affiliation	e-mail address	Phone Number
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____
11	_____	_____	_____	_____

Appendix 2.1.2 A-2 Training Participant Evaluation Form

A-2 TRAINING PARTICIPANT EVALUATION FORM

Please take a few minutes to thoughtfully answer these questions in regard to your recently completed professional development course. Your assistance in this matter is greatly appreciated

NAME of TRAINING: _____

TRAINING DATE(s): _____

LOCATION: _____

.....

1. What is your overall evaluation of this training? (Please Circle)

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1) The presentation was clear and to the point	5	4	3	2	1
2) The training was interactive	5	4	3	2	1
3) The presenter(s)/facilitator(s) were highly knowledgeable of the subject material	5	4	3	2	1
4) The training achieved its goals and objectives	5	4	3	2	1
5) The materials/handouts were useful	5	4	3	2	1
6) The presentations were interesting and practical	5	4	3	2	1
7) Adequate time was provided for attendee questions	5	4	3	2	1
8) The content was well organized and easy to follow	5	4	3	2	1
9) I will be able to apply the knowledge learned	5	4	3	2	1
10) The training met my expectations	5	4	3	2	1

.....

2. Please list two examples of how you can apply what you have learned today to your work.

1.)

2.)

.....

3. What NEW technologies and/or management practices did you learn about from this training?

.....

4. What other training topics might help you?

.....

5. What actions will you take as a result of the training delivered?

.....

Please sign your name here: _____

Thank you!

A-3 POST TRAINING LEAD FACILITATOR SELF EVALUATION FORM

SECTION A: TRAINING BACKGROUND

NAME of TRAINING: _____

ACTIVITY COORDINATOR RESPONSIBLE FOR TRAINING: _____

TRAINING DATES: _____

NAME of TRAINER/FACILITATOR: _____

LOCATION (COUNTRY/CITY): _____

SECTION B: SUMMARY OF PARTICIPANT RESPONSES

The Lead Facilitator who oversaw the training will compile the responses of the Training Participant Evaluation forms to complete the table below. The Lead Facilitator should use these results and summarize participants' observations and findings. This form should be filled out and submitted to AgBiz three days after the actual date of training completion with the originals of A-1 and A-2 Forms enclosed.

1. PARTICIPANTS OVERALL EVALUATION

Question	Average
1) The presentations were clear and to the point	
2) The training was interactive	
3) The presenter(s)/facilitator(s) were very knowledgeable of the subject material	
4) The content of the training matched its goals and objectives	
5) The materials/handouts were useful	
6) The presentations were interesting and practical.	
7) Adequate time was provided for attendee questions	
8) The content was well organized and easy to follow.	
9) I will be able to apply the knowledge learned	
10) The training met my expectations	
Total	

(The evaluation is on a 5 – 1 scoring system where a 5 = Strongly Agree and a 1 = Strongly Disagree. The average score should be calculated and entered. Determining average scores only requires adding up the individual scores and dividing by the number of respondents.)

2. Will participants be able to apply the knowledge transferred and what further steps they will make as a result of the training delivered?

SECTION C: MIS SPECIFIC DATA

1. Gender Participants:

Male: _____

Female: _____

Total: _____ **(MUST EQUAL NUMBER OF PARTICIPANTS THAT ATTENDED EVERY DAY OF TRAINING)**

.....

2. Type of company/organization/affiliation of participants:

Number of Producer Organizations: _____

Number of Trade and Business Associations: _____

Number of Small and Medium Enterprise (SME): _____

Number of Business Service Provider: _____

Number of GoM's bodies/entities: _____

Number of Other firms that are not mentioned above: _____

Total: _____

.....

3. List all companies (that participants belonged) that attended training:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
-

3. Number of technologies and/or management practices introduced

*Please specify the technology/management practice introduced

.....

5. COST

Please insert Budget table from the Activity Description, Lol or SoW.

.....

6. MIS Code: _____

(To be filled out by AgBiz upon completion of this form by the Lead Facilitator)

SECTION D: SIGNATURE FROM LEAD FACILITATOR

Please sign your name here: _____

Date _____

Appendix 2.2 STUDY TOUR & B2B

Appendix 2.2.1 B-1 Study Tour and B2B Participant Sign-in Form

Appendix 2.2.2 B-2 Study Tour Participant Evaluation Form

Appendix 2.2.3 B-3 Post Study Tour Lead Facilitator Evaluation Form

Appendix 2.2.1 B-I Study Tour and B2B Participant Sign-in Form

B-1 AGBIZ PROGRAM STUDY TOUR, B2B AND PROMOTIONAL EVENT PARTICIPANT SIGN-IN FORM

NAME of STUDY TOUR: _____

STUDY TOUR, B2B OR PROMOTIONAL EVENT COORDINATOR RESPONSIBLE: _____

STUDY TOUR DATE(S): _____

LOCATION: _____

.....

	Participant Name	Company/Organization/ Affiliation	e-mail address	Phone Number
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Appendix 2.2.2 B-2 Study Tour Participant Evaluation Form

B-2 STUDY TOUR AND B2B PARTICIPANT EVALUATION FORM

Please take a few minutes to thoughtfully answer these questions in regard to your recently completed professional development course. Your assistance in this matter is greatly appreciated

NAME of STUDY TOUR: _____

NAME of STUDY TOUR PARTICIPANT: _____

NAME of STUDY TOUR PARTICIPANT COMPANY: _____

ACTIVITY COORDINATOR RESPONSIBLE: _____

STUDY TOUR DATE(S): _____

LOCATION: _____

1. What is your overall evaluation of the study tour? (Please Circle)

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1) The Study Tour was interactive	5	4	3	2	1
2) The technical people I met with were knowledgeable of the subject material	5	4	3	2	1
3) The Study Tour/Trade Show successfully met its goals and objectives	5	4	3	2	1
4) The Study Tour was interesting and practical.	5	4	3	2	1
5) The information that I received was not information that I could have obtained in Macedonia	5	4	3	2	1
6) The Study Tour was well organized.	5	4	3	2	1
7) I will be able to apply the knowledge learned	5	4	3	2	1
8) The Study Tour met my expectations	5	4	3	2	1

2. Please list two examples of how you can apply what you have learned to your work.

1.)

2.)

.....

3. What other Study Tours might help you?

.....

4. Were you introduced to a new technology or management practice? If yes, please specify the technology or management practice?

.....

5. Will you be able to apply the knowledge transferred and what further steps will you take as a result of the Study Tour?

.....

6. The following question applies if Business to Business meetings or promotional events were organized during the Study Tour

Number of <u>New</u> Customers (i.e. 2 - Germany)*	TOTAL Number of Customers	TOTAL Value of orders as result of study tour/B2B/Promotional Event (Euro)
TOTAL:		

*New customer means order contract made with new partner (or retail chain) not previously cooperated with in new or already existing market/country

Please sign your name here: _____ Date _____

Appendix 2.2.3 B-3 Post Study Tour Lead Facilitator Evaluation Form

B-3 POST STUDY TOUR/B2B/PROMOTIONAL EVENT LEAD FACILITATOR SELF EVALUATION FORM

SECTION A: STUDY TOUR /B2B/PROMOTIONAL EVENT BACKGROUND

NAME of STUDY TOUR: _____

LEAD FACILITATOR RESPONSIBLE FOR STUDY TOUR: _____

STUDY TOUR DATE: _____

LOCATION (COUNTRY/CITY): _____

SECTION B: PARTICIPANT RESPONSES QUANTITATIVE

The Lead Facilitator who coordinated the Study Tour/B2B/Promotional Event will compile the responses of the Study Tour Participant Evaluation forms to complete the table below. The Lead Facilitator should use these results and summarize participants' observations and findings. This form should be filled out and submitted to AgBiz three days after the actual date of Study Tour completion with the originals of B-1 and B-2 Forms enclosed.

1. PARTICIPANTS OVERALL EVALUATION

Question	Average
1) The Study Tour was interactive	
2) The technical people that I met with were knowledgeable of the subject material	
3) The Study Tour successfully met its goals and objectives	
4) The Study Tour was interesting and practical.	
5) The information that I received was not information that I could have received in Macedonia	
6) The Study Tour was well organized	
7) I will be able to apply the knowledge learned	
8) The Study Tour met my expectations	
Total	

(The evaluation is on a 5 – 1 scoring system where a 5 = Strongly Agree and a 1 = Strongly Disagree. The average score should be calculated and entered. Determining average scores only requires adding up the individual scores and dividing by the number of respondents.)

2. Will the participants be able to apply the knowledge transferred and what further steps will they take as a result of the participation in the Study Tour?

SECTION C: MIS SPECIFIC DATA

1. Gender Participants:

Male: _____

Female: _____

TOTAL: _____ (Must equal number of participants that participated in the Study Tour)

.....

2. Type of company/organization/affiliation of participants:

Number of Producer Organizations: _____

Number of Trade and Business Associations: _____

Number of Small and Medium Enterprise (SME): _____

Number of Business Service Provider: _____

Number of GoM's bodies/entities: _____

Number of Other firms that are not mentioned above: _____

TOTAL: _____

3. List all companies (that participants belonged) that attended the study tour:

- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____

.....

1. Number of new technologies or management practices introduced

Technologies and management practices to be counted are agriculture-related technologies and innovations stretching from input supply and production through marketing and processing to domestic consumption and exports. Farm level: New varieties, cultivation techniques and technologies, or farming. At the aggregator and processing levels: improved sorting and grading, improved warehouse management or cold storage, more efficient technologies, and at the sales level: improved packaging and branding.)

Type of technology/management practice	Number of practices

TOTAL Number of new technologies or management practices introduced during the Study Tour/B2B/Promotional Event	

.....

The following question applies if Business to Business meetings/Promotional Events were organized during the Study Tour

5. Value of new orders received from customers as a direct result of the Study Tour (please add row, if necessary)

Study Tour Participant	Total Number of Customers (by Participant)	Number of New Customers (i.e. 2 - Germany)*	New orders as result of trade fair (Euro)
TOTAL:			

*New customer means order contract made with new partner (or retail chain) not previously cooperated with in new or already existing market/country

.....

4. Cost

Please insert Budget table from Activity description, Lol or SoW.

.....

6. MIS Code: _____

(To be filled out by the AgBiz MIS upon completion of this form by the Lead Facilitator)

.....

SECTION E: SIGNATURE FROM LEAD FACILITATOR

Please sign your name here: _____

Date _____

Appendix 2.3 TRADE FAIR

Appendix 2.3.1 C-1 Trade Fair Participant Sign-in Form

Appendix 2.3.2 C-2 Trade Fair Participant Evaluation Form

Appendix 2.3.3 C-3 Post Trade Fair Lead Facilitator Evaluation Form

Appendix 2.3.1 C-1 Trade Fair Participant Sign-in Form

C-1 AGBIZ PROGRAM TRADE FAIR PARTICIPANT SIGN-IN FORM

NAME of TRADE FAIR: _____

TRADE FAIR COORDINATOR RESPONSIBLE: _____

TRADE FAIR DATE(S): _____

LOCATION: _____

.....

	Participant Name	Company/Organization/ Affiliation	e-mail address	Phone Number
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____

C-2 TRADE FAIR PARTICIPANT EVALUATION FORM

Please take a few minutes to thoughtfully answer these questions in regard to your recently completed professional development course. Your assistance in this matter is greatly appreciated

SECTION A: BACKGROUND

NAME of TRADE FAIR: _____

NAME OF TRADE FAIR PARTICIPANT: _____

NAME of TRADE FAIR PARTICIPANT'S COMPANY: _____

LEAD FACILITATOR RESPONSIBLE: _____

TRADE FAIR DATE(S): _____

TRADE FAIR LOCATION (COUNTRY, CITY): _____

SECTION B: QUANTITATIVE RESULTS

What is your overall evaluation of the entire trade fair? (Please Circle)

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1) The trade fair was interactive	5	4	3	2	1
2) I was fully prepared to present at the trade fair	5	4	3	2	1
3) I was able to make contacts that will result in greater company sales	5	4	3	2	1
4) The contacts that I made could not have been made from networking in Macedonia	5	4	3	2	1
5) The trade fair was well organized	5	4	3	2	1
6) The trade fair met my expectations	5	4	3	2	1

SECTION C-1: QUALITATIVE RESULTS

Please provide as much information as possible, using quotes, and citing examples

1) What were the major successes' from the trade fair? Please give examples as to why the trade fair will be/is beneficial for your company (*providing quotes and citing examples is very helpful for this question*)

.....
2) How could your experience at the Trade Fair been improved (logistical, improved contacts/linkages, etc)?

.....
3) How will you incorporate what you learned/observed at the Trade Fair to increase your business?

.....
4) Were you introduced to a new technology or management practice? If yes, please specify the technology or management practice?

.....
5) How will the Trade Fair help your business in regards to international /intra-regional sales?

.....
6) Value of new orders received from customers as a direct result of the trade fair (please add row, if necessary)

Number of <u>New</u> Customers (i.e. 2 - Germany)*	TOTAL Number of Customers	TOTAL Value of orders as result of the Trade Fair (in Euro)
TOTAL:		

*New customer means order contract made with new partner (or retail chain) not previously cooperated with in new or already existing market/country

.....

Please sign your name here: _____

Date _____

C-3 POST TRADE FAIR LEAD FACILITATOR EVALUATION FORM

SECTION A: TRADE FAIR BACKGROUND

NAME of TRADE FAIR: _____

NAME of ACTIVITY COORDINATOR: _____

TRADE FAIR DATES: _____

LOCATION (COUNTRY/CITY): _____

.....

SECTION B: PARTICIPANT RESPONSES

The Lead Facilitator who coordinated the Trade Fair will compile the responses of the Trade Fair Participant Evaluation forms to complete the table below. The Lead Facilitator should use these results and summarize participants' observations and findings. This form should be filled out and submitted to AgBiz three days after the actual date of Trade Fair completion with the originals of C-1 and C-2 Forms enclosed.

1. PARTICIPANTS OVERALL EVALUATION

Question	Average
1) The trade fair was interactive	
2) I was fully prepared to present at the trade fair	
3) I was able to make contacts that will result in greater company sales	
4) The contacts that I made could not have been made from networking in Macedonia	
5) The trade fair was well organized.	
6) The trade fair met my expectations	
TOTAL	

(The evaluation is on a 5 – 1 scoring system where a 5 = Strongly Agree and a 1 = Strongly Disagree. The average score should be calculated and entered. Determining average scores only requires adding up the individual scores and dividing by the number of respondents.)

2. Will the participants be able to apply the knowledge gained and what further steps they will take as a result of the participation at the Trade Fair?

SECTION C: MIS SPECIFIC DATA

2. Gender Participants:

Male: _____

Female: _____

TOTAL: _____ (Must equal number of participants that attended every day of trade fair)

3. Type of company/organization/affiliation of participants:

Number of Producer Organizations: _____

Number of Trade and Business Associations: _____

Number of Small and Medium Enterprise (SME): _____

Number of Business Service Provider: _____

Number of GoM's bodies/entities _____

Number of Other firms that are not mentioned above: _____

TOTAL: _____

3. List all companies (that participants belonged) that attended the trade fair:

- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____

.....

4. Number of new technologies or management practices introduced

(Technologies and management practices to be counted are technologies and innovations related to improved sorting and grading, packaging, branding and marketing)

Type of technology/management practice	Number of practices
TOTAL Number of new technologies or management practices introduced during the Trade Fair	

.....

5. Value of new orders received from customers as a direct result of the trade fair (please add row, if necessary)

Trade Fair Participant		Total Number of Customers from which orders are received (by Participant)	Number of New Customers (i.e. 2 - Germany)*	Value of orders as result of Trade Fair (Euro)
TOTAL:				

*New customer means order contract made with new partner (or retail chain) not previously cooperated with in new or already existing market/country

.....

6. Cost

Please insert Budget table from Activity description, Lol or SoW.

.....

7. MIS Code: _____

(To be filled out by AgBiz upon completion of this form by the Lead Facilitator Project)

.....

SECTION D: SIGNATURE FROM LEAD FACILITATOR

Please sign your name here: _____

Date _____

Appendix 2.4 ACCESS TO FINANCE

Appendix 2.4.1 D-I Customer Access to Finance Facilitated Form

D-1 Customer Access to Finance Facilitated Form

(To be submitted to AgBiz seven days after completion of each Quarter)

Reporting Period: October, 1 – December 31, 2011

	CUSTOMER	Purpose of Loan	Customer Investment Stimulated (US Dollar)*	Non-DCA or DCA-supported financial institutions that provided the loan	AgBiz Cost Share (US Dollar)	Customer Cost Share	Value of Loan Facilitated (US Dollar)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

*Value of TOTAL Investment

2. SME/CUSTOMER THAT ACCESSED TO SOURCES OF FINANCING CONTACT INFO

COMPANY NAME	
TYPE OF BUSINESS	
YEAR ESTABLISHED	
OFFICE ADDRESS	
CITY/AREA POSTAL CODE	
OFFICE PHONE NUMBER	
OFFICE FAX NUMBER	
WEBSITE	
OWNER	
CELL PHONE NUMBER	
E-MAIL ADDRESS	
CONTACT PERSON	
CELL PHONE NUMBER	
E-MAIL ADDRESS	
ANNUAL TURNOVER (in USD)	
NUMBER OF MALE FULL-TIME EMPLOYEES	
NUMBER OF FEMALE FULL-TIME EMPLOYEES	

*Please multiply table as many times as necessary

Appendix 2.5 POLICY AND INSTITUTIONAL REFORM NEED IDENTIFICATION

Appendix 2.5.1 E-1 PIRN Identification Sheet

E-1_POLICY AND INSTITUTIONAL REFORM NEED (PIRN) IDENTIFICATION SHEET

The purpose of this sheet is to serve as a tool for identification of policy and institutional constraints for export competitiveness enhancement of the value chains supported by AgBiz.

Date:	Submitted by:	Brief name of the PIRN:
--------------	----------------------	--------------------------------

This PIRN is relevant for the competitiveness enhancement of (circle):

- | | |
|---|--------------------------------|
| Processed Vegetables VC | Fresh Fruits and Vegetables VC |
| General Macedonian Agriculture/Agribusiness | General Macedonian Economy |

1. How was this PIRN brought to the attention of AgBiz: (single or multiple participants in value chains, other VC stakeholders, etc.):

.....

2. Brief description of the PIRN:

.....

3. How does the PRIN negatively impact the export competitiveness of participants in AgBiz supported VCs:

.....

4. Who are the beneficiaries, partners and GoM institutions that need to be involved in the resolution action proposed above?

.....

5. What are the assumed quantitative and qualitative results/benefits to the enhanced competitiveness of value chain participants if the PIRN is successfully addressed?

Prioritization Form

Criteria	Low-----High (CIRCLE)
How serious of a constraint to the export competitiveness of AgBiz supported VCs is this PIRN?	1 2 3 4 5
How large of an export competitiveness improvement of an AgBiz supported VC would result from resolution of this PIRN?	1 2 3 4 5
To what extent is there a real and perceived interest on the part of AgBiz supported VCs participants to actively participate in actions/activities aimed at resolving this PIRN?	1 2 3 4 5
To what extent is AgBiz involvement in actions/activities toward resolving PIRN likely to produce results within the Program LoP.	1 2 3 4 5
Total Prioritization Points	

Appendix 2.7 Consultant/BSP Evaluation Form

BUSINESS SERVICE PROVIDER (BSP)/CONSULTANT PERFORMANCE EVALUATION

Activity (MIS) Number _____

(BSP)/CONSULTANT CONTACT INFO

Address: _____

Office Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Type of Assignment (Please circle)

TECHNICAL ASSISTANCE ASSESSMENT SURVEY POLICY STRATEGY

Date final report received: _____

.....
Please rate the assignment/assistance provided using scale 1-5 (1 corresponds to strongly disagree and 5 corresponds to strongly agree)

1. The BSP/Consultant appeared competent in his/her field and had the necessary background and experience to deal with the designated problem.

1 2 3 4 5

2. The BSP/Consultant dealt fully and adequately with the specific areas of requested assistance.

1 2 3 4 5

3. The BSP/Consultant's report was received within the time frame initially agreed upon.

1 2 3 4 5

4. The report was clear and comprehensive.

1 2 3 4 5

5. The BSP/Consultant's recommendations were practical and addressed specific local needs.

1 2 3 4 5

6. The recommendations provided a helpful guide for further action.

1 2 3 4 5

Your responses to the following questions would be helpful to the administration of future assignment/technical assistance.

7. How did you select the BSP/Consultant?

.....
8. Would you consider using the BSP/Consultant to address other similar problems in the future?

.....
9. Business Service Provider/Consultant Average Evaluation Score: _____

To be submitted enclosed with the Activity Results Report seven days after the actual completion date of a selected Activity.

Form prepared by: _____

Date: _____

Appendix 2.8 MONTHLY PROGRESS REPORT TEMPLATES

Appendix 2.8.1 Monthly Progress Report - Value Chains

Appendix 2.8.2 Monthly Progress Report - Advocacy & PPD

Appendix 2.8.3 Monthly Progress Report - Access to Finance

Appendix 2.8.4 Activities Implementation Check List

Appendix 2.8.5 Environmental Mitigation and Monitoring Plan (EMMP)

AgBiz Monthly Progress Report # ____

(Provide a complete and detailed narrative status report on the component implementation for the current reporting month, to be completed and delivered to AgBiz no later than three work days after the end of the preceding month)

COMPONENT: Increased Productivity, Competitiveness and Sales for _____ VC

Reporting Period: _____ 2011

Date submitted: _____ 2011

I. ACCOMPLISHMENTS MADE THIS MONTH AND PROGRES WITH REGARD TO THE PROJECTED TIME LINE OF EACH ACTIVITY

(narrative status report on the implementation of each activity for the current reporting month)

1. Activities Implemented this month

Activity 1:

Objective:

Results/Status:

Follow-up:

Activity 2:

Objective:

Results/ Status:

Follow-up:

Activity 3:

Objective:

Results /Status:

Follow-up:

**Attach additional sheets as necessary. Attach any relevant photographs, charts or other documentation that helps demonstrate the status of the activities.*

2. Other related important activities and External cooperation (meetings, events, documents, etc.)

(In bullet points)

3. Support provided to other AgBiz components

- **Identified Policy and Institutional Reform Needs this month** *(To be reported in the required format)*
- **Development of VC Export Strategies and Plans for the VCs**
- **Organizational Capacity Building for Advocacy**
- **Identified Access to Finance from VC participants** *(please fill the required data in the table)*

VC Participant	Profile	Purpose of the loan	Value of requested loan	Total investment

4. Tasks expected to be initiated/in progress/completed in the next month

a. Activity 1:

Objective:

b. Activity 2:

Objective:

III. PROBLEMS OR POTENTIAL PROBLEMS (IF ANY) THAT HAVE BEEN ENCOUNTERED THIS MONTH AND RESOLUTIONS OR RECOMMENDED SOLUTIONS TO THESE PROBLEMS

IV. SUPPORT NEEDS TO ACCOMPLISH OVERALL OBJECTIVES OR OVERCOME CONSTRAINTS

V. SIGNIFICANT EVENTS, MEETINGS, OR TRAVEL FOR NEXT MONTH

Date _____

Signature – Authorized Signer

Appendix 1. Activities Implementation Check List

Appendix 2. Environmental Mitigation and Monitoring Plan

AgBiz Monthly Progress Report # ___

(Provide a complete and detailed narrative status report on the component implementation for the current reporting month, to be completed and delivered to AgBiz no later than three work days after the end of the preceding month)

COMPONENT: Strengthening Advocacy & PPD

Reporting Period: _____ 2011

Date submitted: _____ 2011

I. ACCOMPLISHMENTS MADE THIS MONTH AND PROGRES WITH REGARD TO THE PROJECTED TIME LINE OF EACH ACTIVITY

(narrative status report on the implementation of each activity for the current reporting month)

1. Identification of the VC participants' representatives and analysis of the current situation and documents related to FF&V and PV VCs:

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

2. Needs assessment and developing tailored training programs created for VC participants using participatory approach

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

3. Training events for VC participants (preparation and delivery):

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

4. Training events for GoM representatives (preparation and delivery):

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

5. Preparation and organization of meetings related to creation of PPD platform:

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

6. Establishment of cooperation channels among relevant institutions and organizations:

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

7. Organization of discussion panels on specific issues:

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

**Attach additional sheets as necessary. Attach any relevant photographs, charts or other documentation that helps demonstrate the status of the activities.*

8. Other related important activities and External cooperation (meetings, events, documents, etc.)
(In bullet points)

9. Tasks expected to be initiated/in progress/completed in the next month

- a. Objective:
- b. Results/ Status:
- c. Follow-up:

II. PROBLEMS OR POTENTIAL PROBLEMS (IF ANY) THAT HAVE BEEN ENCOUNTERED THIS MONTH AND RESOLUTIONS OR RECOMMENDED SOLUTIONS TO THESE PROBLEMS

III. SUPPORT NEEDS TO ACCOMPLISH OVERALL OBJECTIVES OR OVERCOME CONSTRAINTS

IV. SIGNIFICANT EVENTS, MEETINGS, OR TRAVEL FOR NEXT MONTH

Date _____

Signature – Authorized Signer

Appendix 1. Activities Implementation Check List

AgBiz Monthly Progress Report # ___

(Provide a complete and detailed narrative status report on the component implementation for the current reporting month, to be completed and delivered to AgBiz no later than three work days after the end of the preceding month)

COMPONENT: Enhanced Access to Finance

Reporting Period: _____ 2011

Date submitted: _____ 2011

I. ACCOMPLISHMENTS MADE THIS MONTH AND PROGRES WITH REGARD TO THE PROJECTED TIME LINE OF EACH ACTIVITY

(narrative status report on the implementation of each activity for the current reporting month)

1. Access to Finance applications received and approved by AgBiz

Participant profile:

Value and purpose of loan:

Total investment:

2. Access to Finance obtained

Participant profile:

Value and purpose of loan:

Total investment:

3. Matchmaking and educational events conducted

Objective:

Results/ Status:

Follow-up:

4. Communication tool and dissemination of information on innovative access to finance products

Objective:

Results/ Status:

Follow-up:

**Attach additional sheets as necessary. Attach any relevant photographs, charts or other documentation that helps demonstrate the status of the activities.*

5. Other related important activities and External cooperation (meetings, events, documents, etc.)

(In bullet points)

6. Tasks expected to be initiated/in progress/completed in the next month

a. Access to Finance from VC participants

b. Matchmaking and educational events

c. Communication tool and dissemination of information on innovative access to finance products

II. PROBLEMS OR POTENTIAL PROBLEMS (IF ANY) THAT HAVE BEEN ENCOUNTERED THIS MONTH AND RESOLUTIONS OR RECOMMENDED SOLUTIONS TO THESE PROBLEMS

III. SUPPORT NEEDS TO ACCOMPLISH OVERALL OBJECTIVES OR OVERCOME CONSTRAINTS

IV. SIGNIFICANT EVENTS, MEETINGS, OR TRAVEL FOR NEXT MONTH

Date _____

Signature – Authorized Signer

Appendix 2. Activities Implementation check list

Appendix 2.8.4 Activities Implementation Check List

Component :										
FY'12 Activities										
Activity Description	Activity Description submitted to AgBiz	Activity Description Approved	All Agreements Signed	Actual Start Date	Actual End Date	Post-Evaluation forms submitted to AgBiz	Activity Results Report submitted to AgBiz	Three-month follow-up	BUDGET ALLOCATED	
1	PLANNED									
	COMPLETED									
2	PLANNED									
	COMPLETED									
3	PLANNED									
	COMPLETED									
4	PLANNED									
	COMPLETED									
5	PLANNED									
	COMPLETED									
6	PLANNED									
	COMPLETED									
TOTAL ALLOCATED BUDGET										

Appendix 2.8.5 Environmental Mitigation and Monitoring Plan (EMMP)

COMPONENT:

REPORTING PERIOD: _____

ACTIVITY	MITIGATION MEASURE(S)	IMPLEMENTATION SCHEDULE	EFFECTIVENESS CRITERIA	PROGRESS/STATUS THIS MONTH/QUARTER	PARTY (IES) RESPONSIBLE
List all activities that received a "negative determination with conditions".	<p>If mitigation measures are well-specified in the IEE, EDD, PPA (or other) quote directly from relevant assessment/plan</p> <p>If they are not well-specified, define more specifically here</p>			<p>For example:</p> <p>"Monitor weekly, and report in quarterly reports. If XXX occurs, immediately inform AgBiz"</p>	<p>If appropriate, <i>separately</i> specify the parties responsible for mitigation, for monitoring and for reporting.</p>
EXAMPLE:					
<p>Provision of comprehensive technical on-field assistance for modern production technology of table grapes</p>	<p>PESTICIDES</p> <p>Company XXX purchases pesticides and other chemicals for farmers. XXX must provide annual pesticide training. This training must cover proper handling and use of pesticides, pesticide mixing and application rates, disposal of unused pesticide and package disposal.</p> <p>Company XXX should also review its storage practices for pesticides and chemicals and provide improved management, organization and safety in their chemical store.</p> <p>In addition, a Pesticide Evaluation Report and Safe Use Action Plan (PERSUAP) is being conducted by AgBiz/LF and the results will be used by XXX to develop a comprehensive pesticide use plan. Considering the breadth of activities, Company XXX should consider identifying a person to oversee environmental issues.</p>	<p>The pesticide training and the SUAP should be done/provided before the next season</p> <p>Due date XXXXXX</p> <p>SUAP submission due date, XXXXXXXX completed</p>	<p>Pesticide training provided</p> <p>PERSUAP prepared by AgBiz/LF;</p> <p>SUAP prepared by Company XXX</p>	<p>Company XXX representative for pesticide organized short training on Date: XXX and provided information for pesticides use, storage, containers disposal, safety requirements and protective clods and Mk regulation</p> <p>Company XXX developed Safe Use Pesticides Plan and is being implemented</p>	<p>Mr. XXX conducted training on pesticide handling</p> <p>Senior Agronomist Mr. XXX is overseeing SUAP implementation</p> <p>Overall responsibility/Reported by:</p>

Appendix 2.9 QUARTERLY REPORT OUTLINE

List of ACRONYMS AND ABBREVIATIONS

EXECUTIVE SUMMARY

One paragraph per Value Chain/Component

1.0 QUARTER ACCOMPLISHMENTS

1.1 Increased Productivity, Competitiveness and Sales for Fresh Fruits and Vegetables

Value Chain/Component Overview: (Goal & Issues)

(Half page)

1.1.1 Activities Completed during the Quarter

Activity Title

Objective *(from Activity Description)*

Activity Summary, including Results Achieved *(from Activity Results Report)*

Activity Cost: *Total Cost: \$xxx; AgBiz Share: \$xxx or xx%*

(Half page per Activity)

1.1.2 Environmental Protection

Activity Title

Possible Negative Environmental Impact

Recommended Mitigations Measures

Implementation Status

1.1.3 Activities Planned for the Next Quarter

(Bullet points)

2.0 PROGRAM DEVELOPMENT AND IMPLEMENTATION

External Cooperation and Coordination

(Bullet points)

3.0 PERFORMANCE MONITORING AND EVALUATION

3.1 Qualitative Performance Indicators

(Half Page Paragraph)

3.2 Quantitative Performance Indicators

(Indicator Table)

Table XX. FIRST QUARTER ACHIEVEMENTS						
	Performance Indicator	PAST PERFORMANCE	PROGRESS THIS QUARTER	FY'12 TO DATE	FY'12 TARGETS	PERFORMANCE (in %)
IR X.X						
Indicator XXX						

