**Monitoring Team Report**

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| **Name of the organization:** |  |
| **Name of the Project:** |  |

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| --- | --- |
| Previous risk level: |  |
| Current risk level: |  |
| Previous implementation grade: |  |
| Current implementation grade: |  |

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| --- | --- | --- |
| **Visit no.** | **Date** | **Type of visit**  **(regular, ad hoc, interim, final)** |
| 1 |  |  |
| *2* |  |  |
| *3* |  |  |
| *4* |  |  |
| ***Next:*** |  |  |

***Risk level***

*A=no risk, B=minor risk, C= high risk, D= very high risk*

***Implementation assessment scale***

*Descriptive grades have the following meaning: 1 – insufficient, organization has not met majority of set requests and results; 2 – sufficient, organization has met requests/results in a measure sufficient for positive grade; 3 –good, organization has met all expectations with satisfactory quality of work; 4 – very good, organization has met all results with high quality of work and/or has exceeded expectations; 5 – excellent, organization exceeds expectations in project implementation and in quality of work and level of professionalism.*

**I IDENTIFICATION OF THE ORGANIZATION**

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| **Name of the organization** | | |  | | |
| **Address** | | |  | | |
| **Phone** |  | | | **Fax** |  |
| **e-mail** |  | | | | |
| **Person in charge** | |  | | | |
| **Authorized person** | |  | | | |

**II PROJECT IDENTIFICATION**

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| --- | --- | --- | --- | --- | --- |
| **Name of the Project** |  | | | | |
| **Beginning of implementation** |  | | **End of implementation** | |  |
| **Total budget:** | | **Co-financing**: | | **Funds according to GA**: | |
| **Funds transferred so far:**  **KM** | | **Number of installments:** | | **Project costs:**  **KM** | |
| **Balance (account):**    **KM** | |  | |  | |

**III REPRESENTATIVES OF THE CSO PRESENT DURING MONITORING VISIT**

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| **Name and surname** | **Sex** | **Function in the organization** |
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*(Filled on the basis of personal impression and information compiled in the field)*

**IV General part**

1. Is all relevant project documentation available and kept in line with prescribed standards?

1.1 Is all relevant project documentation related to implementation available (Project proposal, Agreement, Annexes to the Agreement, Budget, and all eventual changes to the Budget)?

* 1. Is all correspondence related to the project proposal (including fax transcripts and emails) and all correspondence related to eventual changes to the original project proposal and budget available?
  2. Project budget and invoices/receipts (kept in a separate folder containing documentation on incurred costs in a chronological order and archived within the corresponding category. Costs need to be in line with the approved budget).
  3. Accompanying documentation created during implementation (e.g. documentation from seminars, trainings, round tables, workshops, gender disaggregated lists of participants, all final versions of promotional materials).
  4. Is documentation related to project staff (CVs, job descriptions in line with agreed plan of activities and project proposal) available?
  5. Equipment (technical specification, documentation guaranteeing that equipment was purchased in line with guidelines, receipts and guarantees, confirmations about hand over of the equipment, inventory stickers in place).

1. Describe qualitative and quantitative implementation of the activities described in the agreement (compliance with the timeframe, eventual delays, indicators, outcomes, level of achievement of indicators). Graded on the basis of information provided in the civil society organization report.
   1. What activities are implemented currently and what progress has been achieved against planned activities and log frame?
   2. Have expected results been reached compared to the log frame and expected goals table attached to the Grant Agreement?
   3. To what measure are results in line with the main goal of the project?
   4. Were there any changes to the project? Are assumptions listed in the log frame correct?
   5. Are there any difficulties, obstacles or problems (activities in risk)?

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| **Activity** | **Status** | **Possible difficulties** |
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1. Incorporating gender equality and women empowerment into the project implementation

3.1 Are all data gender disaggregated?

* 1. Is one of the sexes less represented in the project implementation and, if yes, why?
  2. Are municipal gender officers involved in the project implementation and, if yes, in which manner?
  3. Does the project support and utilize gender sensitive communication (when communicating with media, partners, municipality)?
  4. What effect has had the project on men/women and boys/girls?

Recommendations of the Monitoring team:

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**V Financial part**

1. Have all recommended procedures for book keeping and storing of project documentation been followed?
2. Is quality of administration managing the project at the satisfactory level?
3. Is book keeping performed in the organization and what is the general impression about financial management?
4. Is the quality of financial operations in line with requests?
5. Have you noticed any discrepancies, illogical acts or illegal actions in financial sector? If yes, describe eventual problems in detail.
6. Are funds spent in line with the proposed budget and good practices of financial management?
7. Are all costs program justified?
8. Were there any costs that had not been approved by the budget? If Yes, from what sources were they covered? If not, has the organization requested permission for covering additional costs?

Recommendations of the Monitoring team:

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**VI Achievements according to the goals set in Grant Agreement**

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| **GOALS** | **BASELINE** | **Proposed** | **Achieved** |
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**VII Partnership (role of partners in the implementation)**

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**VIII Project promotion (visibility)**

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**Monitoring of changes and influence at personal level and at partner level**

**(fill in only during the final visit)**

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| Grade: A–excellent; B–good; C-problematic; D–unacceptable | A | B | C | D | Comment made by the team | Comment made by the implementing organization |
| **DEVELOPMENT OF THE PARTNER** |  |  |  |  |  |  |
| To what degree has the project influenced capacity building of partners? |  |  |  |  |  |  |
| To what degree has the project influenced participation of citizens in project implementation? |  |  |  |  |  |  |
| To what degree has the project influenced the relation between partners and local governance? |  |  |  |  |  |  |
| To what degree the project has influenced specific knowledge of partner (related to the project theme)? |  |  |  |  |  |  |
| **INDIVIDUAL DEVELOPMENT** |  |  |  |  |  |  |
| To what degree has the project has influenced you personally? |  |  |  |  |  |  |
| To what degree has the project influenced the strengthening of your personal capacities? |  |  |  |  |  |  |
| To what degree has the project influenced Your knowledge about the theme addressed by the project? |  |  |  |  |  |  |
| To what degree the project has influenced gaining new experiences during implementation? |  |  |  |  |  |  |
| To what degree has the project influenced your cooperation with the governance sector and business actors in your municipality? |  |  |  |  |  |  |
| To what degree has the project influenced your managerial skills? |  |  |  |  |  |  |
| **How did the project influence Your knowledge about the following concepts:** |  |  |  |  |  |  |
| Preparation of Project proposal? |  |  |  |  |  |  |
| Implementation of procedures in line with local legal framework? |  |  |  |  |  |  |
| Influence of the project to your cooperation with the municipal monitoring team? |  |  |  |  |  |  |
| Your project implementation skills? |  |  |  |  |  |  |
| Your cooperation with other levels of governance? (e.g. state, entity, cantonal)? |  |  |  |  |  |  |

**LOCAL IMPLEMENTATION MONITORING TEAM:**

**Municipal team:**

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|  |  |  |  |  |
| (Name and Surname) |  | (Signature) |  | (Date) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| (Name and Surname) |  | (Signature) |  | (Date) |
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**Beneficiary:**

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|  |  |  |  |  |
| (Name and Surname) |  | (Signature) |  | (Date) |

**Date**: \_\_\_/\_\_\_/20\_\_

**Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| (Name and Surname) |  | (Signature) |  | (Date) |