Municipal logo

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## I GENERAL INFORMATION ON CSOs ACTIVITIES IN THE MUNICIPALITY XXXXX

|  |  |
| --- | --- |
| **Summary** | |
| **Number of projects implemented by the Civil Society Organizations (CSOs):** |  |
| **Total planned and approved funds:** |  |
| **Total allocated funds:** |  |
| **Total percentage of funds utilization:** |  |
| **Thematic areas:** | 1. xxxxxxx |
| **Partner organizations:** |  |
| **Municipal contact person:** |  |

### 1. INTRODUCTION

On the Public Call and priority areas, budget lines, etc...........

#### 1.1 Public Call for Civil Society Organizations (CSOs)

On the Public Call – who, when, value, number of applications, evaluation method and process, etc........

#### 1.2 Monitoring of the Civil Society Organizations’ (CSOs) projects

Monitoring of the CSOs projects was based on the information received from the grant beneficiaries’ Progress reports (including financial reports) and performed my means of **the field visits.**

Total number of performed monitoring field visits at the territory of the municipality is: 21.

Through the field visits to the Civil Society Organizations the following questions on the projects implementation have been answered:

1. Implemented activities?
2. Level at which the resources and costs are related to the projects?
3. Have the expected results been achieved?
4. At what level are the results in relation to the project goal?

Subsequent sections of the report contain information on each individual implemented project. Report on the implementation of each individual CSO project is concluded with the final evaluation of the monitoring coordinator. The given grades range from 1 to 5, where the lowest grade in 1 and the highest is 5. 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.

## II OVERVIEW OF INDIVIDUAL CSOs PROJECTS

### Project 1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: | |  | | |
| Address: | |  | | |
| Telephone: | |  | | |
| Fax: | |  | | |
| E-mail: | |  | | |
| Person responsible for the Progress report: | |  | | |
| Project name: | |  | | |
| Location: | |  | | |
| Commencing date of the project implementation: | |  | | |
| End date of the project implementation: | |  | | |
| **Participants/ Beneficiaries** | | | **Capacity development/ Training** | |
| No of women: |  | | No of women: |  |
| No of men: |  | | No of men: |  |
| No of children, boys/girls: |  | | No of children, boys/girls: |  |
| Total approved project budget: | | |  | |
| Total project’s expenditures: | | |  | |
| Percentage of funds utilization: | | |  | |

#### Results and activities in accordance with the CSO’s Final report:

XXXXXXXX

#### Final commend and evaluation of the Monitoring coordinator:

XXXXXXX

**Grade: X**

### Project 2.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: | |  | | |
| Address: | |  | | |
| Telephone: | |  | | |
| Fax: | |  | | |
| E-mail: | |  | | |
| Person responsible for the Progress report: | |  | | |
| Project name: | |  | | |
| Location: | |  | | |
| Commencing date of the project implementation: | |  | | |
| End date of the project implementation: | |  | | |
| **Participants/ Beneficiaries** | | | **Capacity development/ Training** | |
| No of women: |  | | No of women: |  |
| No of men: |  | | No of men: |  |
| No of children, boys/girls: |  | | No of children, boys/girls: |  |
| Total approved project budget: | | |  | |
| Total project’s expenditures: | | |  | |
| Percentage of funds utilization: | | |  | |

#### Results and activities in accordance with the CSO’s Final report:

XXXXXXXX

#### Final commend and evaluation of the Monitoring coordinator:

XXXXXXX

**Grade: X**

### Project 3.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: | |  | | |
| Address: | |  | | |
| Telephone: | |  | | |
| Fax: | |  | | |
| E-mail: | |  | | |
| Person responsible for the Progress report: | |  | | |
| Project name: | |  | | |
| Location: | |  | | |
| Commencing date of the project implementation: | |  | | |
| End date of the project implementation: | |  | | |
| **Participants/ Beneficiaries** | | | **Capacity development/ Training** | |
| No of women: |  | | No of women: |  |
| No of men: |  | | No of men: |  |
| No of children, boys/girls: |  | | No of children, boys/girls: |  |
| Total approved project budget: | | |  | |
| Total project’s expenditures: | | |  | |
| Percentage of funds utilization: | | |  | |

#### Results and activities in accordance with the CSO’s Final report:

XXXXXXXX

#### Final commend and evaluation of the Monitoring coordinator:

XXXXXXX

**Grade: X**

### Project 4.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: | |  | | |
| Address: | |  | | |
| Telephone: | |  | | |
| Fax: | |  | | |
| E-mail: | |  | | |
| Person responsible for the Progress report: | |  | | |
| Project name: | |  | | |
| Location: | |  | | |
| Commencing date of the project implementation: | |  | | |
| End date of the project implementation: | |  | | |
| **Participants/ Beneficiaries** | | | **Capacity development/ Training** | |
| No of women: |  | | No of women: |  |
| No of men: |  | | No of men: |  |
| No of children, boys/girls: |  | | No of children, boys/girls: |  |
| Total approved project budget: | | |  | |
| Total project’s expenditures: | | |  | |
| Percentage of funds utilization: | | |  | |

#### Results and activities in accordance with the CSO’s Final report:

XXXXXXXX

#### Final commend and evaluation of the Monitoring coordinator:

XXXXXXX

**Grade: X**

### Project X.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization: | |  | | |
| Address: | |  | | |
| Telephone: | |  | | |
| Fax: | |  | | |
| E-mail: | |  | | |
| Person responsible for the Progress report: | |  | | |
| Project name: | |  | | |
| Location: | |  | | |
| Commencing date of the project implementation: | |  | | |
| End date of the project implementation: | |  | | |
| **Participants/ Beneficiaries** | | | **Capacity development/ Training** | |
| No of women: |  | | No of women: |  |
| No of men: |  | | No of men: |  |
| No of children, boys/girls: |  | | No of children, boys/girls: |  |
| Total approved project budget: | | |  | |
| Total project’s expenditures: | | |  | |
| Percentage of funds utilization: | | |  | |

#### Results and activities in accordance with the CSO’s Final report:

XXXXXXXX

#### Final commend and evaluation of the Monitoring coordinator:

XXXXXXX

**Grade: X**