P4.S3.T1 In kind follow up form

This is a monitoring template for the database of <name> project. Your responses are voluntary and will be confidential.

|  |  |  |
| --- | --- | --- |
| **a** | **Interviewer’s name** |  |
| **b** | Date of interview | Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| |

# Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **1.1.** | **Beneficiary Number** | |\_\_|\_\_|\_\_| | Please make sure you have checked and registered the Beneficiary number before proceeding to interview |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.2.** | **Name** | **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | | | | | | |
| **1.3.** | **Current Address** |  | | | | | | |
| **1.4.** | **Locality** |  | | | | Rural o Urban o Peri-urban o | | |
| **1.5.** | **Municipality** |  | **1.6.** | **District / Province / Region** | | | |  |
| **1.7.** | **Phone number(s)** |  | | |  | | | |
| **1.8** | **Sex** | ¨ Male ¨ Female | **1.9.** | **Age** | | | |\_\_|\_\_| | |

# 2B. Entrepreneur assessment

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2B.7.** | | **Work space available at this time** | | ¨ Yes  ¨ No | | **2.4.1** | **If YES, month rent for workspace** | | | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_|  (In case there is no rent, mark CERO “0” | |
| **2B.8 Business training** ¨ Yes ¨ No | | | | | | | | | | | |
|  | | **2B.8.1** | | | **From:** Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_|  **To:** Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| | | | | | | |
| **2B.9** | **Have you participated in any additional technical / skill upgrade training?** | | | | | | | | | | ¨ Yes ¨ No |
|  | **2B.9.1** | | **If yes, which one?** | | | | |  | | | |
|  | **2B.9.2** | | **What organization/training institution facilitated the training?** | | | | | |  | | |
|  | **2B.9.3.** | | **Dates** | | | | | **From:** Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_|  **To:** Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| | | | |

# Microntrepreneurship Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1.** | **Business name** |  | | | | | | |
| **3.4.** | **Is it a business group** | ¨ Yes  ¨ No | **2.2.1** | **If YES, name of group** |  | | | |
| **2.2.2** | **If YES, # of group** | |\_\_|\_\_|\_\_| | **2.2.3** | **If YES, number of members** | |\_\_|\_\_| |

|  |  |  |
| --- | --- | --- |
| 3A. In kind distribution | | |
| **4A.1.** | **Date** | Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_| |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Description of item / good** | **Unit** | **Quantity received** | **Cost per unit <CURRENCY>** | **Total <CURRENCY>** | |
| 1 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| 2 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| 3 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| 4 |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
|  |  |  |  |  |  | |
| … |  |  |  |  |  | |
| N |  |  | |\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|\_\_|\_\_|\_\_| | |
| **4A.2** | **Total cost of the items / goods** | | | | | <CURRENCY> |\_\_|\_\_|\_\_|\_\_|\_\_| |

# 4A. Othe considerations

|  |  |  |  |
| --- | --- | --- | --- |
| **4a.1.** | **The other conditions set forth in the MoU have been complied with.**  *(Detail if needed)* | | ¨ Yes ¨ No |
| **4.2.** | **Additional comments** |  | |

# Signature

|  |  |
| --- | --- |
| **First name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| **Family name** |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | |
| **Beneficiary’s signature** | Day |\_\_|\_\_| Month |\_\_|\_\_| Year |\_\_|\_\_|and <place> |