



PROJECT EVALUATION

_____ FIELD OFFICE

PROGRAM:

PROJECT TITLE:

PROJECT SITE:

BENEFICIARY:

TOTAL BENEFICIARY:

TYPE OF BENEFICIARY:

TOTAL PROJECT COST:

DOLE Counterpart:

Beneficiary:

ACP:

Other Cooperating Agency:

APPRAISAL REPORT

Marketing Aspect	
Production Aspect	
Management Aspect	
Financial Aspect	
Endorsement	

_____ FO Technical Staff

(FOR TSSD)

	Complete documentary requirements

Signature Over Printed Name & Date



REGIONAL PROJECT MANAGEMENT TEAM (RPMT)

Criteria	Equivalent %	Rating (%)	Remarks
I. ACP/Proponent Beneficiary Capability Indicator <ul style="list-style-type: none">Track RecordQualified Trainers/managersFinancial StandingFacilities/Equipment	10% 10% 10% 10%		
II. Project Relevance <ul style="list-style-type: none">Target beneficiariesTarget Industries	20% 20%		
III. Proponent Equity <ul style="list-style-type: none">Equity is equal or higher than the required proponent counterpart (20% of the total Project Cost)	20%		
TOTAL	100%		

ENDORSED FOR APPROVAL:

FO Head-RPMT Member

VIRGINIA S. CACANINDIN
RPMT Member

EMERITO A. NARAG
RPMT Member

Atty. ERWIN N. AQUINO
RPMT Chair

FUNDS AVAILABILITY:

GRACELYN W. BARTON
Budget Officer

APPROVED BY:

HENRY JOHN S. JALBUENA
Regional Director