

Guidelines for Evaluation Human Resource Development Program

(Note: Please click in the box to check or uncheck. To write your comments, click on the shaded area and start typing.)

Request for Evaluation:

Date of Request: _____ **Due Date:** _____

The Proposal:

Title of Proposal: _____
 Applicant: _____
 Department: _____
 Organization: _____
 Address: _____

Items included in the proposal:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Cover Page | <input type="checkbox"/> Table of Contents | <input type="checkbox"/> Proposal Summary |
| <input type="checkbox"/> Objectives | <input type="checkbox"/> Benefits / Outputs | <input type="checkbox"/> Training Details |
| <input type="checkbox"/> Milestones | <input type="checkbox"/> Time Lines | <input type="checkbox"/> Budget (with breakup) |
| <input type="checkbox"/> Resumes | <input type="checkbox"/> Additional Items: | |

Evaluator's Details:

Name: _____
 Designation: _____
 Institution: _____
 Address: _____
 Tel #: _____ Cell #: _____ Fax: _____
 Email: _____ Home Page: _____

To The Evaluator: To what degree are you familiar with the proposed topic/program?

- I am actively engaged in research/program development/training in this specific area.
 I have taught advanced courses in this specific area.
 I have carried out research/developmental work in this specific area.
 My experience is in the general area but I have not worked in this specific area.

Other Comments: _____

1. Proposed Objectives:

(a) I rate the relevance of the proposed training program to national needs as:

Very High High Low Very Low

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

(b) Keeping in view the objectives of the proposed training program, the quality of the course design is:

Excellent Very Good Good Adequate Poor

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

(c) The course contents / duration are:

Significantly More Than Required More Than Required
 Sufficient Insufficient Significantly Insufficient

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

2. Trainee Empowerment Plan: (Does this proposal describe a self sustaining model for improving the earning capacity, career growth, enhanced productivity for the beneficiaries?)

Clear Vague Obscure Non-Existent

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

3. Manpower Requirement:

(a) The composition of the work team, taking into consideration their number and expertise, is

- Significantly More Than Required More Than Required
 Sufficient Insufficient Significantly Insufficient

to satisfy the manpower requirements.

Please justify your rating (Also include your estimate on composition of the team if it differs from the applicant's):

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

(b) The quality of trainers is:

- Excellent Very Good Good Adequate Poor

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

4. Monitoring and Evaluation of the Program: (Are the training outcomes concrete enough for monitoring and evaluation?)

- Clear Vague Obscure Non-Existent

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

5. Time Requirement:

The proposed time table for executing the program including hiring, admissions, training, exams, results etc., is:

- A Significant Overestimate An Overestimate A Good Estimate
 An Underestimate A Significant Underestimate

Please justify your rating (Also include your estimated time if it differs from the applicant's):

Key Strengths: _____
 Key Weaknesses: _____
 Other Comments: _____

6. Proposed Budget: (optional)

The budget requested in Pak. Rs. is:

- Significantly Overestimated
 Over Overestimated
 Well Estimated
 Underestimated
 Significantly Underestimated

Please justify your rating: _____

Please identify budget items that should be modified.

| S# | Item | Amount (requested by Organizer) | Amount (suggested by Evaluator) | Remarks & Justification |
|-------|------|---------------------------------------|---------------------------------------|-------------------------|
| I. | | | | |
| II. | | | | |
| III. | | | | |
| IV. | | | | |
| V. | | | | |
| VI. | | | | |
| VII. | | | | |
| VIII. | | | | |

7. Capability of the Institution(s):

(a) From what I know of the institution(s), directly or through their profile included in the proposal, I rate the capability of the institution(s) to conduct and manage the proposed training program as:

- Excellent
 Very Good
 Good
 Adequate
 Poor

Please justify your rating:

Key Strengths: _____
 Key Weaknesses: _____
 Other Comments: _____

8. Capability of the Organizer(s):

(a) From what I know of the applicants, directly or through their resumes included in the proposal, I rate the capability of the Principal Organizer to conduct and manage the program as:

Excellent Very Good Good Adequate Poor

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

(b) From what I know of the applicants, directly or through their resumes included in the proposal, I rate the capability of the Co-Principal Organizers to conduct and manage the program as:

Excellent Very Good Good Adequate Poor

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

(c) Familiarity with the Principal Organizer: I know the Principal Organizer

Personally Professionally By Reputation Not At All

Please comment:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

9. Conclusion:

In summary, I rate the proposal as:

Excellent Very Good Good Adequate Poor

Please justify your rating:

Key Strengths: _____

Key Weaknesses: _____

Other Comments: _____

10. Recommendations:

- Accept in current form. Send for approval by the competent authority.
- Accept with following revisions. Does not require any external re-evaluation.
Suggested revisions: _____
- Send for external re-evaluation with the following revisions.
Suggested revisions: _____
- Reject

Date: _____ Signature: _____

Please return this form by e-mail and fax, before due date to:

**Solicitation & Evaluation Department
National ICT R&D Fund
6th Floor, HBL Tower
Jinnah Avenue Islamabad.**

Tel: (+92 51) 921 5360 - 65

Fax: (+92 51) 921 5366