

**U.S. Department of Agriculture  
Food for Progress and Section 416(b) Reporting Format  
LOGISTICS & MONETIZATION REPORT**

Please See "Guidelines for USDA Food for Progress and Section 416(b) Reporting"  
for examples and tips on filling out this form.

|                                 |  |                 |  |    |                     |                         |              |
|---------------------------------|--|-----------------|--|----|---------------------|-------------------------|--------------|
| 1. Cooperating Sponsor          |  |                 |  |    |                     |                         |              |
| 2. Agreement Number             |  |                 |  |    |                     |                         |              |
| 3. Country Name(s)              |  |                 |  |    |                     |                         |              |
| 4. Final Report?                |  | YES             |  | NO |                     | 5. Report # (1,2, etc.) |              |
| 6. Report Date                  |  |                 |  |    | 7. Reporting Period |                         |              |
| 8. CHECK THE APPROPRIATE BOXES: |  |                 |  |    |                     |                         |              |
| Food for Progress               |  | Section 416 (b) |  |    | Direct Feed         |                         | Monetization |

**COMMODITY LOGISTICS INFORMATION**  
(Complete this section for all programs)

Table A.

**GENERAL COMMODITY INFORMATION**  
(quantities in actual NMT)  
Include sub-totals (by commodity) and Totals

| Commodity    | Agreement Allocation | Amount Received | Date Received Month/Year | Balance | Expected Delivery Date |
|--------------|----------------------|-----------------|--------------------------|---------|------------------------|
|              |                      |                 |                          |         |                        |
|              |                      |                 |                          |         |                        |
|              |                      |                 |                          |         |                        |
| <b>Total</b> |                      |                 |                          |         |                        |

Table B.

**COMMODITY RECEIPT AND LOSSES**  
(quantities in actual NMT)  
Include sub-totals (by commodity) and Totals

| Report # (1,2, etc.) | Commodity | Bill of Lading Amount | Amount Rec'd at Port (Survey Report) | -----Losses/Damages (L/D)----- |                      |               |                  | Total Losses/Damages | Balance |
|----------------------|-----------|-----------------------|--------------------------------------|--------------------------------|----------------------|---------------|------------------|----------------------|---------|
|                      |           |                       |                                      | Ocean Transport L/D            | Inland Transport L/D | Warehouse L/D | Distribution L/D |                      |         |
|                      |           |                       |                                      |                                |                      |               |                  |                      |         |
|                      |           |                       |                                      |                                |                      |               |                  |                      |         |
| <b>Total</b>         |           |                       |                                      |                                |                      |               |                  |                      |         |

9. Provide an explanation for any commodity losses/damages, and any problems encountered in the commodity delivery process. (Specify when, where, and why.)

10. List any claims on lost or defective goods. What is current status of these claims?

11. Was the port able to adequately handle the commodity offloading without a large loss of commodity; did the port authorities and customs authorities handle the commodity clearance process efficiently? Was the surveyor present? Was he cooperative? Note name and firm of surveyor.

12. Were any measures taken to cut down on warehouse expenses, i.e. sharing space with other commodities, other PVOs, etc.?

13. Were there any security measures that worked well or not well (warehousing)?

14. Did the country's intermodal system (trucking, rail, etc.) provide timely delivery? What were your experiences?

**DIRECT DISTRIBUTION INFORMATION**

If no commodities were used for direct distribution/feeding during this reporting period, go directly to the "Monetization Information" section of this report.

Table C.

DIRECT DISTRIBUTION  
(quantities in actual MT)  
Include sub-totals (by commodity) and Totals

| Report #  | Commodity | Amount Distributed (NMT) | Distribution Region | Type of Institution (Include Food for Work) | Number of Recipient Institutions | Number of Beneficiaries |
|-----------|-----------|--------------------------|---------------------|---|----------------------------------|-------------------------|
|           |           |                          |                     |   |                                  |                         |
| Sub-total |           |                          |                     |   |                                  |                         |
| Total     |           |                          |                     |   |                                  |                         |

15. What have been the project impacts on the beneficiaries and the community? How did the targeted recipients/participants respond to the food aid/donation?

16. Compare the progress to date with planned project targets.

17. Describe how the monitoring procedures as outlined in the agreement are functioning, noting any adjustments or changes made.

18. Was the commodity appropriate for the country/region? If not, could another commodity and/or package type, have been used that would have improved the program?

19. Has this distribution program helped reduce the need for future food aid? Have new or are potential development prospects evident?

**MONETIZATION INFORMATION**

(Use this section only if program involves sale of commodities)

20. Sales - Were any commodities sold during this reporting period?

YES  NO

If "NO", use this block to provide a brief explanation and fill out only the "aggregate" section in Table D.

Table D.

**SALES**  
(Include Totals)

| Report # | Commodity        | Date(s) of Sale (Month/Yr) | Amount Sold (NMT) | Price per MT (LC) | Exchange Rate (LC to USD) | Proceeds Generated (LC) |
|----------|------------------|----------------------------|-------------------|-------------------|---------------------------|-------------------------|
|          |                  |                            |                   |                   |                           |                         |
|          |                  |                            |                   |                   |                           |                         |
|          |                  |                            |                   |                   |                           |                         |
|          | Sub-totals       |                            |                   |                   |                           |                         |
|          | Aggregate Totals |                            |                   |                   |                           |                         |

21. Barter - Were any commodities bartered in exchange for other commodities or services?

YES  NO

If yes, please describe the terms of the barter in this block.

22. Has a separate special interest bearing account been established? YES  NO

Table E.

**SPECIAL FUNDS ACCOUNT**  
Include Totals

| Report # | Beginning Balance (LC) | Sales Deposits (LC) | Interest Earned (LC) | Other Program Income (LC) | Total Deposits (LC) | Total Disbursements (LC) | Account Balance (LC) |
|----------|------------------------|---------------------|----------------------|---------------------------|---------------------|--------------------------|----------------------|
|          |                        |                     |                      |                           |                     |                          |                      |
|          | Aggr. Total            |                     |                      |                           |                     |                          |                      |

23. Use of Funds - Were any funds disbursed from the Special Funds Account during this reporting period?

YES  NO

If "NO", use this block to provide a brief explanation.

| Table F.  |             |              |
|---|-------------|--------------|
| USE OF FUNDS<br>(values in thousands)<br>Include Totals   |             |              |
| Report #  | Amount (LC) | Use of Funds |
|   |             |              |
|   |             |              |
|   |             |              |
| Total   |             |              |
| 24. Describe any issues or discrepancies in the monetization process and procedure.   |             |              |
|   |             |              |
| 25. Describe any problems encountered in the receipt and disbursement of funds:   |             |              |
|   |             |              |
| 26. Describe your experience with the local banking system. Is it more capable of dealing with future transactions of a similar nature? |             |              |
|   |             |              |

|   |  |
|---|--|
| <b>FINAL INFORMATION</b><br>(Complete this section for all programs)  |  |
| 27. Describe how this program has helped develop infrastructure/marketing channels (i.e. ports, warehouses, inter-mobile transportation systems, stores, commodity markets, etc.)                   |  |
|   |  |
| 28. Is there an increase in privatization?  |  |
|   |  |
| 29. Were taxes levied on the imported commodities? If so, was it at a level such that program implementation was jeopardized?   |  |
|   |  |
| 30. If the (salvageable) commodity had to be reconstituted, what was done to minimize the commodity loss? Would dual language commodity labels aid in the program's effectiveness? Why or why not?  |  |
|   |  |
| 31. Were program objectives accomplished as defined in the signed agreement? If so, to what degree? (Both qualitative and quantitative if feasible). What objectives were left unaccomplished? Why? |  |
|   |  |

|   |  |
|---|--|
| 32. What were the short and long-term direct/indirect impacts of the program to the targeted recipients/participants?   |  |
|   |  |
| 33. Unexpected project outcomes, both positive and negative, as defined in the signed agreement should be noted. (Both qualitative and quantitative if feasible).   |  |
|   |  |
| 34. Has your organization had an audit (which meets the A-133 audit guidelines) within the last year? If yes, please submit audit, with a cover letter, to the address below. If no, please explain.  |  |
|   |  |
| 35. How were your dealings with USDA? Did you encounter problems with any of the regulations or rules regarding the program? Do you feel that the forms, web-sites, and staff are friendly and useful? What recommendations would you make to improve or streamline these or other areas? |  |
|   |  |
|   |  |
| Name of report preparer:  |  |
| Preparer's e-mail address:  |  |
| Preparer's phone #:   |  |
| Date prepared:  |  |

Save completed report locally as a WordPerfect document. Submit report as an e-mail attachment to E-mail questions and comments about this form to the same e-mail address.

Mailing address (for audits and/or hard copy reports):

Branch Chief  
 Evaluation and Special Projects Branch  
 PPDED, Export Credits, Stop 1034  
 1400 Independence Avenue  
 Washington, D.C. 20250

This form was last revised on January 21, 2021.

The public reporting burden for this information collection is estimated to be 60 minutes. This burden estimate includes time for reviewing instructions, researching existing data sources, gathering and maintaining the needed data, and completing and submitting the information. Send comments regarding the accuracy of this burden estimate and any suggestions for reducing the burden to: U.S. Department of Agriculture, Foreign Agricultural Service, Office of Capacity Building and Development, Food Assistance Division, Attn: OMB Number (0551-0035), 1400 Independence Avenue., S.W., Washington, DC 20250-1034. You are not required to respond to this collection of information unless a valid OMB control number is displayed.