

## MOU & GUIDELINES – Re-Orientation of Honey Gatherers Training

S.NO.		PARTICULAR
1		Format for submission of proposal
2		MOU for MFP trainings with implementing agency
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**ANNEXURE-1**

**FORMAT FOR SUBMISSION OF TRAINING PROPOSAL TO TRIFED HO FOR APPROVAL**

(Proposal should be submitted **commodity wise-cum-Implementing Agency wise**)

- 1) Name of MFP Training Programme:
- 2) Name of TRIFED Regional Office:
- 3) Training is proposed to be conducted in the District of ..... of (State).....
- 4) HO allotment details for this programme for this current FY/2013-14:

HO Allotment letter No. / Date	Numbers of batches allotted	Total numbers of beneficiaries	Budget (Rs..in Lakhs)

- 5) Total no. of batches already trained by RO up to 2012-13 in this MFP commodity:

Upto 2012-13	Districts where trainings were held by TRIFED	No. of batches trained X no of beneficiaries in each batch	Total numbers of beneficiaries trained.

- 6) Proposal of RO for the training programme:
  - (i) Whether training is proposed to be conducted directly by TRIFED RO or through Implementing Agency: Directly/ Through Implementing Agency
  - (ii) If it is to be conducted through Implementing Agency, provide the following details:
    - a) No of batches to be trained through this Implementing Agency: .....Batches.....beneficiaries
    - b) Name of Village/GP/Block/Dist where
    - c) training to be undertaken (batch wise) :
    - d) Name & address of Implementing Agency:
    - e) Name of CEO of Agency and his phone no.:
    - f) Name of responsible person of Agency for this training programme :
    - g) Whether this agency has been empanelled with TRIFED, if so date of empanelment and serial no. of empanelled register maintained by RO:

h) Whether latest Audited Accounts of the Agency has been collected by RO, please confirm the year: (Copy of last Annual Report and Audited Account statement of last three years should be enclosed)

7) Whether tribal beneficiaries / trainees have been identified / selected by the RO/ Agency in consultation with other State Govt. Institutions and or Agency / Member Federation / Member Representative of TRIFED as per the criterion fixed in the guidelines circulated by HO to all ROs: **Yes / No**

(i) If yes, please provide the brief details of the methodology adopted for such identification / selection and a list of such proposed trainees should be enclosed.

(ii) If not, please indicate the stage and the plan as to how and by when beneficiaries for the proposed training shall be identified. (In this scenario list of beneficiaries must reach HO at-least 15 days before start of the training)

8) Whether awareness and motivation programme for the tribal trainees has been organized before the selection as per guidelines:

(i) If yes, please provide the brief details of such awareness / motivation campaign : **Yes / No**

(ii) If not, state the reasons for not organising the same and when it will be conducted:

9) Name and address of the Resource Person / Trainers to be engaged to impart training (If identified / selected, please provide the copy of Bio-Data of such person(s) or state reasons for non-selection and date by which it will be completed.):

10) Proposed Training Schedule- Batch wise:

Sl. No.	Training Venue ( Name of the Venue / Village /GP / Block / Dist/ State	Date of Training (From.....To.....)	No of Days	No. of Batches / Trainees to be trained.

11) Please indicate the amount-Batch wise estimated expenses proposed by Agency & amount duly recommended by RO, but in any case it should not be more than the prescribed limit of batch wise expenses as communicated by HO: ( Separate Annexure may be enclosed)

Sl. No.	Batch identification	Batch wise estimated expenses proposed by Implementing Agency	Batch wise expenses recommended by RO to HO
1			
2			
	Total		

12) Fund Requirement

Sl. No	Month	Amount Required (Rs.in Lakhs)

13) Proposed plan for Marketing linkages for

- a) Raw material availability
- b) Production process
- c) Finished product ( It must include how the finished product proposed to be marketed, efforts required/taken, resources required etc.)

14) Establishment of an enterprise (Plan for establishment of an enterprise must indicate the formalities to be completed, resources required, how the resources shall be organised, timelines etc.)

15) Inspection and Monitoring :

- a. Name of the TRIFED officials (other than RM) responsible for the training if more than one please identify them batch-wise
- b. Monitoring mechanism proposed to be installed for monitoring the progress
- c. Tentative plan of inspection by officials of RO

16) Any other aspect which RO may like to highlight

Dated:

Signature of RM  
(Name:.....)  
RO:.....

## MEMORANDUM OF UNDERSTANDING

This Agreement is executed at ..... on ..... between Tribal Cooperative Marketing Development Federation of India Ltd. (hereinafter referred to as "TRIFED" which expression shall unless repugnant to the context, mean and include its successors or assignees, on one part), a National level cooperative society registered with Central Registrar of Cooperative Societies New Delhi under the Multi State Cooperative Societies Act, 1984 having its Head Office at NCUI Building, 2<sup>nd</sup> Floor, 3, Siri Institutional Area, August Kranti Marg, Hauz Khas, New Delhi-1100016 represented by its Regional Manager, TRIFED, ..... TRIFED is engaged in marketing development of tribal products and providing services to its Member Organizations.

**AND**

M/s..... (Name of Agency) registered as a .....(Society / NGO....) under societies registration Act of 1860 vide registration No..... dated before the registering authority (name of the authority to be written) having its registered Office at ....., Dist..... State..... Pin ..... represented by Smt / Shri..... Secretary / Director of Society / NGO duly authorized by the Executive committee / Board of Directors/Governing Body of the Society / Organization vide Board Resolution No..... dated..... This Organization / Society is engaged in implementation of various training and rural tribal development projects in various parts of the District / State (herein after referred as an Implementing Agency of the project which expression shall unless repugnant to the context mean and include its successors or assignees, on the other part).

Whereas Honey is one of the important MFP collected by tribals for their livelihood & income generation.

Whereas TRIFED intends to implement its scheme/programme for Re-orientation training, skill up-gradation & capacity enhancement of tribal Honey gatherers (**Apiary Honey**) so as to enable them to take up economic activities based on such produces.

Whereas the said Implementing Agency has agreed in principle to implement TRIFED's Scheme for Re-Orientation Training and skill development of Tribal Honey Gatherers in the State of .....

Now, therefore, in consideration of the aforesaid premises both the parties agree to and declare as follows:

**1. Area of Operation & Target:**

The Programme will be implemented in the tribal areas of ..... in the State of ..... for ..... no. of tribal Honey gatherers.

**2. Period of the Project:**

The Programme period is from ..... to .....

**3. Role of the Implementing Agency:**

To implement the above Programme in most effective manner as per the guidelines enclosed as Annexure-A which include the following duties & responsibilities:

- 3.1 To organize the meeting of the stake holders in consultation with RM TRIFED and organizations like Govt Departments/ Agencies / Member Organizations of TRIFED / TRIFED's local Board Members/ NGOs etc. who are likely to be associated in the project to decide strategy/plan of action for effective implementation of the project.
- 3.2 To organize the awareness/ motivation programme for the tribals before the actual training programme in consultation with RM TRIFED.
- 3.3 To assist TRIFED's Regional Manager for identifying beneficiaries (tribal Honey Collectors) in tribal areas to whom training will be imparted.
- 3.4 To identify resource persons/ experts and organizing training for the tribal beneficiaries as per the approved training module & curricula.
- 3.5 To organize training programme for the beneficiaries at different places in the State as per the guidelines of TRIFED and approved action plan.
- 3.6 To distribute Honey collection tool Kits among the trainees during the training course, which are provided by TRIFED.
- 3.7 To monitor & supervise each and every batch of training programme through its senior officials.
- 3.8 To submit progress report along with relevant documents like photographs, audio, Videography (wherever applicable), CD etc. for each batch of training on regular basis.
- 3.9 To maintain proper records & accounts of the training programme as per the guidelines of TRIFED.
- 3.10 To submit fund utilization certificates in the prescribed format (copy enclosed) at **Annexure-B(i) & (ii)** duly certified by a qualified Chartered Accountant on completion of the Programme.

- 3.11 To tie-up forward linkages post training by organizing i.e. beneficiaries into Self Help Groups, Producer Companies, Cooperative or other Collectives so that they can carry on with the economic activity for which training was imparted to them and submit action taken report to RM TRIFED and help them to get credit / loan from financial institutions like NSTFC & also Marketing facilitation of their produce etc.
- 3.12 To make arrangement for Post training marketing activities and it's follow-up in close coordination/ consultation with RM TRIFED.
- 3.13 Any other action relevant to the training programme as per the instruction of TRIFED.

#### **4. Role of TRIFED:**

- 4.1 To identify in consultation with Implementing Agency tribal beneficiaries for the training programme.
- 4.2 To prescribe & formulate guidelines, training module & time schedule / action plan for training programme.
- 4.3 To provide financial assistance to the Implementing Agency for implementation of the Programme as per the prescribed norms.
- 4.4 To coordinate with all the concerned agencies/ institutions for effective implementation of the Programme/ Scheme.
- 4.5 To monitor, inspection & evaluate the training programme through its representative / outside agency.

#### **5. Release of funds:**

**5.1** TRIFED shall pay an amount of Rs..... Per batch of .....beneficiaries towards Training Fees & Charges. A total amount of Rs..... (Rupees .....Only) shall be paid by TRIFED for ..... (Total number of Batches) batches consisting for .....(Total number of beneficiaries) nos of beneficiaries. Head-wise expenses limit for the programme are given at **Annexure-C**.

5.2 The Funds shall be released in the following manner:

- (a) The Funds will be released to Implementing Agency by TRIFED, RO, (Name of RO.....) after receipt of detailed action plan and requisition form for whole training programmes (showing quarter wise / month wise requirement) of the year indicating the activities vis-à-vis the cost/ funds required for undertaking such activity. On receipt of the same duly certified by the authorized person of the Implementing Agency, TRIFED shall release the funds after examining & satisfying the appropriateness of the same. TRIFED shall have the right to curtail / enhance the amount to be released to the Implementing Agency for any reason whatsoever.
- (b) The funds, head wise details of which is mentioned in **Annexure-C** for the programme shall be released as per the following installments:

- (i) First installments equivalent to 30% of total funds, sanctioned for the programme shall be released before commencement of training subject to signing of MOU and receipt of all required documents by RO from Implementing Agency.
  - (ii) 2<sup>nd</sup> installment of 40 % of funds shall be released after assessing the progress of Training programme subject to receipt of following documents:
    - a) Certificate from the Implementing Agency that the Programme / Scheme is implemented as per the terms and conditions of MOU & Guidelines of the Project.
    - b) Regular reports of the progress.
    - c) Submission of statement of utilization of 80% funds already released.
    - d) That prescribed amount of stipend to each trainee is released and proof towards the same is submitted.
  - (iii) Third installment (20% of sanctioned funds) will be released by RO on receipt of entire documents and reports of the trainings and receipt of statement of utilization of 100% of the funds already released prior to release of this installments.
  - (iv) Fourth & final installment which is related to Administrative Cost of Implementing Agency shall be released on successful completion of One year of operation from the last date of Training of last batch and receipt of utilization certificate duly certified by a qualified Chartered Accountant on completion of project as mentioned in clause 5.9.
- 5.3** The Implementing Agency will not be reimbursed more than the total limit prescribed in the **Annexure-C**.
- 5.4** The funds released should be spent exclusively in pursuance of the objective envisaged in the MOU and for the purpose for which it is being sanctioned.
- 5.5** The fund shall be utilized for the purpose for which it has been released and shall not be diverted for any other purpose by the Implementing Agencies. If it is found that the funds are not utilized for the purpose it is released or trainings are not conducted as per the terms and conditions including guidelines issued by TRIFED, no further funds will be released and the funds already released shall be recovered from such Agency with interest of 18% per annum compounding annually, from the date of release of funds till the date of complete refund. TRIFED shall be free to initiate such other action as it may deem fit including black listing of such Organization / Agency.
- 5.6** Requisition of funds in respect of purchase of assets covered under should be supported with documents/ letters etc. support.



- 5.7 The assets required wholly or substantially shall not be disposed off without obtaining the prior approval of TRIFED.
- 5.8 The release of funds is subject to the satisfaction of TRIFED.
- 5.9 Implementing Agency shall submit a fund utilization certificate duly certified by a qualified Chartered Accountant on completion of the Project in the prescribed format (Format enclosed at **Annexure-B (i) & (ii)**)

**6. Bank Account:**

The Implementing Agency shall provide the bank details including Xerox copies of bank pass book / bank statement where the Grant-in-aid funds of TRIFED shall be deposited and utilized before release of first installment of funds by TRIFED.

**7. Post training marketing arrangement / Follow-up Action:**

- 7.1. To ensure that the training programme has been implemented in most effective manner and benefit is accruing to the tribals.
- 7.2 The Implementing Agency in close coordination and consultation with RM TRIFED will develop a suitable mechanism for follow up of the programme and also arrange/ assist the marketing of their finished products.
- 7.3 The mechanism for follow up and marketing shall include assistance for organizing the beneficiaries in Groups / SHGs/ Collectives, arrange registration, opening /maintaining the bank account , handhold the beneficiaries and assist them in providing forward and backward linkages so that they are able to market their produce in a sustainable manner.

**8. Audit of accounts & Inspection:**

- 8.1 Besides the audit to be conducted by the Implementing Agency, TRIFED may depute its Auditors for inspection of the accounts of the programme ..... by the Implementing Agency for the purpose under the agreement.
- 8.2 The inspection & review of the Programme may be undertaken by any expert or agency appointed by TRIFED.
- 8.3 At any point of time, if it is found that Implementing Agency is not performing their assignments effectively as per the agreement, TRIFED has full right to cancel in part or full the assignment given to the Implementing Agency and black list the institution/agency from any assignment of TRIFED and other Govt. Institution.

- 8.4 The Implementing Agency shall produce all the relevant records pertaining to the programme & daily progress of the event during the visit of the Auditors/ Inspection Team.

## **9 Impact Assessment / Evaluation & Bench Mark Study**

- 9.1 TRIFED can conduct evaluation of the Programme at any point of time during the period of implementation or after completion of the Programme/scheme through its representative or external agency.
- 9.1 The Implementing Agency will collect feedback periodically from the beneficiaries after completion of training. The impact of the training programme can be assessed with reference to increase in quantity & qualities of Honey collected by the trained tribal honey gatherers and subsequent increase of their income by way of collection of Honey. The detailed report of such feedback and impact assessment shall be submitted to respective TRIFED RO within one year of completion of the project and RM shall send the same to HO along with his feedback about the report.

## **10. Finality of Agreement:**

On coming in force of this Agreement, all previous negotiations, correspondence exchanged between the parties shall be null and void to the extent they pertain to subject matter of this Agreement.

## **11. Amendment & Addendum:**

Amendment & Addendum to the Agreement shall be made with the mutual consent of all the parties. However, such amendment/ addendum shall be valid only if made in writing and signed by the duly authorized representatives of all the parties.

## **12. Force Majeure Clause:**

This Agreement is subject to force majeure conditions which are not within the control of either party such as act of god, flood, earthquake or any other natural event, war of action of the Government or any other event which is beyond the control of either party.

## **13. Validity of Agreement**

- 13.1 The Agreement shall remain valid until all the obligations/ responsibilities & liabilities under the Agreement are fully discharged by the parties. However, the agreement may be terminated anytime during the validity period of the agreement by either party by way of giving one month notice in writing.

**13.2** Agreement may also be terminated in case the Implementing agency is not in a position to impart training as per the guidelines / schedule of TRIFED. In such an event Implementing agency shall refund the entire amount released by TRIFED. In case of delay in refunding the amount released by TRIFED beyond 30 days, then TRIFED shall be eligible to charge interest of 18% per annum compounding annually, from the date of release of funds till the date of complete refund. TRIFED shall also be free to initiate such other action as it may deem fit including black listing of such Organization / Agency.

**14. Arbitration**

All disputes or differences, whatsoever arising between the parties within or relating to the construction/ meaning/ operation/ effect and/ or dispute with regard to this agreement or the breach of contract thereof shall be referred to the Sole Arbitration of the nominee of Managing Director of TRIFED not being employee of TRIFED and the award made in pursuance thereof shall be binding on all the parties. The parties hereby agree and undertake not to challenge the award made in pursuance of the aforesaid Arbitration clause on the ground that the arbitrator was the nominee of the Managing Director of TRIFED.

**15. Jurisdiction**

This Agreement is subject to ..... (Place of RO) jurisdiction and only Court of competent jurisdiction at ..... shall have exclusive jurisdiction in regard to the matter under The Arbitration & Conciliation Act, 1996. The parties hereto agree and confer jurisdiction to ..... Courts in the event of any dispute and that no other court shall have jurisdiction in this regard to any matter under this Agreement.

**Accepted:**

For TRIFED

**Signature**  
**RO**  
**M/s. ....**  
**Designation & Seal of Agency**

**Signature of RM of TRIFED**  
  
Name & Designation  
Seal of TRIFED

Witnesses:

- 1.
- 2.

**Witnesses:**

- 1.
- 2.

## Annexure-A

### Guidelines for Implementation of Re-Orientation Training Programme for Honey Gatherers' (Apiary Honey) in the State of .....

#### 1. TITLE

"Re-orientation Training, Skill Up-gradation & Capacity enhancement of Honey Collectors in..... (District) of ..... (State).

#### 2. Objectives:

- 2.1 To develop & upgrade skills of tribal Honey Gatherers for scientific rearing of Apiary Honey coupled with providing necessary Tool Kits.
- 2.2 To improve the collection of Honey on sustainable basis thereby better income to the tribals.
- 2.3 To help the traditional Honey Collectors & uplift them from poverty line.

#### 3. Area of operation and Target:

The Programme will be implemented in the tribal areas of ..... Blocks / Mandals under the District of .....in the State of ..... for ..... numbers of tribal Honey Gatherers. However, TRIFED reserves the right to increase / decrease the number of beneficiaries.

#### 4. Modus Operandi

##### 4.1 Batch size & Duration :

Each batch of re-orientation training shall have **30 (thirty)** persons. The Duration of the training shall be **TWO (2) days**

##### 4.2 Identification of trainees/beneficiaries:

- a) Beneficiaries shall be selected by RM, TRIFED in association with the implementing agency and in consultation with Dist. Administration/ ITDA / Forest Department / Organizations like Govt Departments/ Agencies / Member Organizations of TRIFED / TRIFED Board Members./ NGOs or any other agency suggested by TRIFED.

**b) The criteria of selection of beneficiaries shall be as follows:**

- i) Member should invariably be from tribal community and priority will be given to PTGs in remote areas. Women beneficiaries will be given preference.
- ii) They should be involved in collection of the MFPs in which training is proposed to be given from nearby forest areas or from their own fields.
- iii) Activities will be carried out in Self Help Group concept.
- iv) Each Self Help Group (SHG) will have minimum 10 tribal members from a particular village or nearby villages.
- v) Each SHG must identify the suitable space in their / nearby village for installation of any machinery (wherever applicable).
- vi) All members of each group must work together in collective manner.
- vii) Each group either should have bank account with continuance of savings or they must open one bank account to continue the savings.

**4.3 Training Venue:**

As far as possible the training venues should be located nearer to the hamlets of tribal Honey Collectors.

**4.4. Experts / Trainers:**

- The training must be undertaken by engaging the services of experts and/or trainers who have adequate experience/ knowledge about harvesting, processing of honey and **use of tool-kits** in professional manner and their marketing etc.
- The **Expert(s)** engaged for the training must be qualified with a background in Agriculture/ Horticulture / Forestry / Tribal Development. He should have an experience of minimum 5 years in imparting trainings in collection, cultivation, value addition, marketing etc of similar natural products.
- The **Trainer** should be educated and should be able to interact with the beneficiaries in their local language. He should have adequate practical experience of handling similar items and / or imparting training in collection, cultivation, value addition, marketing etc of similar items.

**4.5 Training Module:**

The details of the training module is given at the **Annexure-I**. However, Implementing Agency & TRIFED RO may modify the same as per need depending upon situation and circumstances. In case of any modification, the copy of modified training module should be sent to HO before commencement of training.

5. **Photography:**

Each batch of training programme should be well documented in the form of photography.

- Two sets of Group photograph of trainees & trainers of each batch (opening & valedictory session & also during training session) should be documented.
- Soft copy and Hard copy of documentation to be produced to RO TRIFED office along with progress report RO TRIFED.
- RO TRIFED shall submit the same to HO along with recommendations.

6. **Issuance of certificate to the trainees:**

After completion of the training of each batch of beneficiaries, the Implementing Agency should satisfy itself that the skill of trainees is upgraded in collection and extraction as well as awareness of processing and marketing of Honey.

- The Implementing Agency would issue a certificate to the trainees to the effect that particular trainee has successfully participated in the training.
- The certificate should be signed jointly where RM, TRIFED would be one of the signatory and other signatory from Implementing Agency i.e. he or she must be responsible official of the Agency.
- The certificate shall be issued in the format enclosed as **Annexure-II**

7. **Sourcing of Tool Kits for the Training Project:**

7.1 TRIFED RO will source required tool kits by following proper procedure as per Govt. Financial Rules and also instructions of HO from time to time. The said tool kits will be handed over to Implementing Agency for making arrangement for distribution to the trained beneficiaries. The list of tool kits and its specifications is enclosed at **Annexure-III (A to D)**

7.2 The purchases of tool kits should be finalized by a Committee consisting of representative(s) of Trifed RO, and the representative (s) of Implementing Agencies involved in this project. Representatives of Member Federation or any other expert in similar field may also be associated with the process of finalization of purchases of tool kits.

8. **Distribution of Tool Kits to the trainees:**

The Implementing Agency will make arrangement for delivery of tool kits to the honey gatherers in consultation, supervision and presence of representative of RO, TRIFED. One set of tool kit will be distributed to each group of honey trainees (comprising of 5 members) under proper acknowledgement as per **Annexure-IV**. A copy of the same will be submitted to RO, TRIFED by implementing agency along with their report.

**9. Safety & security of the trainees:**

Proper and adequate care shall be taken by the Implementing Agencies to ensure the safety of the trainees.

**10. Logistic Arrangements:**

The Implementing Agency shall make necessary arrangements for the following:

- 10.1 To mobilize trainees and arranging their to & fro journey from their villages to training centre as well as in the forest for demonstration purposes.
- 10.2 To arrange boarding and lodging for the Trainees and trainers, attending the training program wherever required.
- 10.3 To arrange training venue with necessary arrangements for fitting, posters, banners, etc.
- 10.4 To arrange for Coffee, tea, lunch and snacks etc. to be provided during the course of the training programme.
- 10.5 To make arrangement for safe drinking water.
- 10.6 To organize First-Aid facilities to meet the medical need in the event of any accident.
- 10.7 To make arrangements for practical demonstration.
- 10.8 To make other necessary logistic arrangements for smooth & successful operation of the programme.

**11. Training Schedule:**

- 11.1 RM TRIFED in consultation with the Implementing Agency will prepare time schedule of the training programme in advance.
- 11.2 The Programme would be completed by ....., however all out efforts should be made by Implementing Agency to complete the Programme as per the schedule.
- 11.3 Any modification and/or rescheduling in the training programme can only be made in consultation with RM TRIFED under intimation to HO.

**12. Bank Account:**

The Implementing Agency should provide the bank details including xerox copies of bank pass book / bank statement where the Grant-in-aid funds of TRIFED will be deposited and utilized before release of first installment of funds by TRIFED.

13. **Records & Documentation:**

The Implementing Agencies shall have to maintain the following records:

- i) The records with regard to maintenance of funds receipt and its Utilization for MFP Training;
- ii) Attendance Register of participants & Trainers / Experts and daily attendance should be taken. The format of such Attendance Register is given at **Annexure-V**.
- iii) A register should be maintained to record the Bio-data & Passport size photograph of each Beneficiary & Trainer / Experts / Resource person of each batch of training. The signature of these persons shall be recorded in the said register against the respective names. Wherever possible please mention Aadhar number also. The format of such Register is given at **Annexure-VI**.
- iv) Syllabus / Training Module of the training as provided by TRIFED in Annexure-I.
- v) Stock Register of Raw material and its finished products / tool kits and its disposal / issuance details.
- vi) Group photograph of trainees & trainers for each batch of training also during training session.
- vii) Stipend Payment Register/ Statement duly acknowledged by the recipient. The format of Payment Register is given at **Annexure-V**.

14. **Post training marketing /financing arrangement / Follow-up Action:**

14.1 In order to ensure that the training programme is implemented in most effective manner and benefit is accruing to the tribals, the implementing Agency in close coordination and consultation with RM TRIFED will develop a suitable mechanism for follow up of the programme and also arrange/ assist the marketing of their finished products and in obtaining concessional credit/loan from NSTFDC etc.

14.2 The mechanism for follow up and marketing shall include assistance for organizing the beneficiaries in Group / SHGs/ Collectives, arrange registration, opening /maintaining the bank account , handhold the beneficiaries and assist them in providing forward and backward linkages so that they are able to market their produce in a sustainable manner.

15. **Disposal of Finished products and its accounting:**

15.1 The training in which provision for raw materials is kept will ultimately produce finished products at the end of the training. The finished products so received shall be disposed off in the following manner:

- a. Adequate samples shall be sent to P&P committee, HO for evaluation and based on the recommendation of P&P Committee further action for integrating the product in TRIFED's product line shall be taken.
- b. Simultaneously the remaining finished products will be disposed of within a reasonable time by a Committee consisting of the representative(s) of Implementing Agency and TRIFED.



- c. The committee shall decide in view of the quality of the finished products, its marketability, market survey report / offers received (if any) from prospective buyers.
- d. All attempts should be made to maximize the realization from the finished products

### **15.2 Utilization of Sale proceeds**

- a. The sale proceeds received from sale of finished products shall be transferred to a separate fund known as "Training Facilitation Fund".
- b. This fund shall be maintained at the RO level and shall be utilized in the following manner :-
  - i) The amount from this fund can be provided to active SHGs only trained by TRIFED
  - ii) The funds maybe provided as working capital grant, subsidy, grant for additional tool kits or part of the cost of tool kits, matching share capital to start enterprise or any other purpose which can facilitate formation of an enterprise
  - iii) The fund will be managed by RM for the SHGs trained within the area of jurisdiction of the particular RO.

### **16. Progress Report:**

The Implementing Agency shall submit the physical & financial progress report of the Project on monthly basis in the formats enclosed as **Annexure VII & VIII** which should be forwarded to TRIFED HO by the concerned RM along with his comments.

### **17. Publicity & Advertisement:**

Implementing Agency and RM, TRIFED shall publicize the training events and role of TRIFED in a suitable manner which should reach to the mass public.

### **18. Inspection & Monitoring of the Project:**

Inspection & Monitoring of the Project will be conducted in the following manner:

- (i) Respective RM of TRIFED & Implementing Agency will depute their representatives at each training centre for inspection and monitoring of the programmes. They will ensure that training to the beneficiaries as well as distribution of raw material is being done as per the guidelines of TRIFED.
- (ii) TRIFED, HO can depute its representative/ expert/ auditors etc. for surprise visit & inspection of the ongoing programmes.
- (iii) HO TRIFED will also be monitoring the programme through the progress reports and documents like photograph/ CDs etc. received from RO on regular basis.

- (iv) Reports of Inspection & Monitoring conducted by Officials of TRIFED should be submitted in the prescribed format as per the instruction issued by HO from time to time.

**19. Impact Assessment / Evaluation & Bench Mark Study:**

- 19.1 TRIFED can do the evaluation of the Programme at any point of time during the period of implementation or after completion of the Programme through its representative or external agency.
- 19.2. The Implementing Agency will collect feedback periodically from the beneficiaries after completion of training. The impact of the training programme can be assessed with reference to increase in quantity & qualities of Honey collected by the trained tribal honey gatherers and subsequent increase of their income by way of collection of Honey. The detailed report of such feedback and impact assessment shall be submitted to respective TRIFED RO within one year of completion of the programme and RM shall send the same to HO along with his feedback about training.

**20. Information System:**

The information shall be submitted in the prescribed formats only enclosed as **Annexure- IX & X**. However, in addition, existing information as per **Annexure- VII & VIII** may also continue for submission by the Implementing agency.

**21. Audit of Accounts & Inspection:**

- 21.1 Besides the audit to be conducted by the Implementing Agency, TRIFED may depute its Auditors for inspection of the accounts provided by the Implementing Agency for the purpose of the Project under the agreement
- 21.2 The inspection & review of the Project may be undertaken by any expert or agency appointed by TRIFED.
- 21.3 At any point of time, if it is found that Implementing Agency is not performing their assignments effectively as per the agreement, TRIFED has full right to cancel in part or full the assignment of the Implementing Agency for the remaining work and black list the agency from any assignment of TRIFED and other Govt. Institution.
- 21.4 The Implementing Agency shall produce all the relevant records pertaining to the programme & daily progress of the event during the visit of the Auditors/ Inspection Team.

XXXXXXXXXX



**Annexure- II**

Trifed  
Logo

**TRIBAL COOPERATIVE MARKETING DEVELOPMENT  
FEDERATION OF INDIA LTD (TRIFED).  
(MINISTRY OF TRIBAL AFFAIRS, GOVERNMENT OF INDIA)  
NCUI BUILDING 2<sup>ND</sup> FLOOR, 3 SIRI INSTITUTIONAL AREA  
AUGUST KRANTI MARG, NEW DELHI- 110 016**

logo of  
Imp. Agency

**Certificate**

*This is to certify that Ms./ Mr.....S/o, D/o, W/o....., resident of  
.....(Vill  
/GP/Dist/State) has successfully participated in the .....  
.....(Name of training programme).*

*In the State of..... conducted by M/s. ....  
(Implementing Agency),..... (Place) from .... to .....at.....*

*The programme was organized by TRIFED, Ministry of Tribal Affairs, Govt. of  
India.*

*Date: .....*

*Director / Secretary  
Name of Implementing  
Agency,  
Place*

*Regional Manager  
TRIFED RO  
Place*

**Annexure - III**

**DETAILED LIST OF DIFFERENT ITEMS OF A SET OF TOOL KITS HONEY  
HARVESTING FOR APIARY HONEY**

<b>S.No.</b>	<b>Description</b>	<b>No. of items in one kit</b>
1.	Bee Boxes (ISI) "B" Type	2 Nos. of boxes for each beneficiary

**TECHNICAL SPECIFICATION OF ITEMS FOR APIARY HONEY**

<b>S.No.</b>	<b>Description of Honey Bee Boxes &amp; Accessories</b>	<b>Specification</b>
1.	Bee Boxes "B" Type (ISI)	ISI "B" Type 8 Frames Wooden Made/ Bee Space 8 mm.

**Annexure-IV**

**Format for Receipt of Tool Kits for Honey Gatherers (Apiary Honey)  
Re-orientation Training Program**

We acknowledge with thanks the receipt of the following items from..... (Name of Implementing Agency) on behalf of TRIFED, Ministry of Tribal Affairs, Govt. India. We also undertake that all the facilities provided by TRIFED will be utilized & maintained on priority basis for Honey collection by us on long term basis.

**List of Items:**

<b>Name of the Item</b>	<b>Quantity</b>
Bee Boxes (ISI) "B" Type	2 Nos. of boxes for each beneficiary

Received by: Name of SHG.....Village:

<b>S. No.</b>	<b>Name of trainees</b>	<b>Address of trainees</b>	<b>Signature</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Signature of Trifed's representative  
Present on day of distribution of tool kits

Signature & seal of representative of  
Implementing Agency who distributed  
the tool kits with date

**Annexure-V**

**FORMAT FOR ATTENDANCE REGISTER -CUM- STIPEND PAYMENT DETAILS OF  
TRIBAL TRAINEES PARTICIPATING IN THE MFP TRAINING PROGRAMME**

NAME OF THE TRAINING Programme:

Venue of Training: Vill/ Place

GP  
Dist

Block / Mandal  
State

Name of the Implementing Agency:

Name of the  
TRIFED RO:

Sl No	Name of the Participants in the Training programme	SIGNATURE						STIPEND PAYMENT DETAILS
		DATE	DATE	DATE	DATE	DATE	DATE	NO OF DAYS PRESENT
		I Day present	II Day present	III Day present	IV Day present	V Day present	VI Day present	

**Representative of  
TRIFED**

**Representative of Implementing  
Agency**

**Annexure-VI**

**FORMAT FOR BIO-DATA OF TRIBAL TRAINEES PARTICIPATED IN THE MFP TRAINING PROGRAMME**

NAME OF THE TRAINING Programme:

Period of Training: From..... To .....

Venue of

Training:

village

Block

GP

Dist

State

Name of the Implementing Agency:

Name of the TRIFED RO:

S l N o	Name of the Participants in the Training programme alongwith AADHAR card no if any	Father / Husband's Name	Age	Name of tribe	Addresses details	Qualification	Whether Traditional MFP Gatherers	If yes, how long	Photograph of participant	Signature of participant
1										
2										
3										
4										
5										

**Representative of  
Implementing Agency**



**Annexure-VII**

**MONTHLY PERFORMANCE REPORT (PHYSICAL)**

“Training, Skill Up-gradation & Capacity Building of Honey Collectors” in the State of .....

Name of the Branch.....

For the month of ..... (Period)

Name of the State .....

Implementing Agency .....

Number of Batches and Beneficiaries Allotted .....

**PHYSICAL INDICATORS FOR MONITORING OF THE ABOVE PROJECT :**

Activity No.	Name of Activity/ Particulars	Total target fixed	Target achieved			
			Upto the last month	During the month	Cumulative upto the month	Balance
1.	Identification of beneficiaries (in no.)					
2.	Total number of training programme organized (in no.)					
3.	No. of Honey Collectors/ trainees trained (in no.)					
4.	No. of tool kits supplied to the beneficiaries					

Seal and Signature of  
Implementing Agency

**MONTHLY PERFORMANCE REPORT (FINANCIAL)**

Training, Skill Up-gradation & Capacity Building of Honey Collectors in the State of .....

Branch name .....

For the month/ Quarter of ..... (Period)

Implementing Agency .....

Number of Batches and Beneficiaries Allotted .....

Total Cost of the Project.....

**FINANCIAL INDICATORS FOR MONITORING OF THE ABOVE PROJECT**

<b>S.NO</b>	<b>PARTICULARS (ACTIVITIES)</b>	<b>Upto the last month</b>	<b>During the month</b>	<b>Cumulative upto month</b>
1.	Funds received			
2.	Funds utilized (head wise)			
A				
B				
C				
D				
E				
F				
3.	Total Expenses			
4.	Funds balance with the Agency			

Seal and Signature of  
Implementing Agency

## ANNEXURE-IX

### FORMAT FOR SUBMISSION OF REPORTS TO HO BEFORE COMMENCEMENT OF MFP TRAINING PROGRAMME

(This report should reach HO 15 days before the commencement of training programme. This report to be prepared implementing agency wise)

Name of Regional Office:.....

State where Training is proposed to be conducted .....

Name of MFP Training Programme:

01. HO allotment for the training programme: Letter No. ....dated.....

02. No. of batches allotted by HO for the state: .....Batches.....beneficiaries

03. Total no. of batches already trained by RO: .....Batches.....beneficiaries

04. Proposal of RO for the training programme:

a) No of batches to be trained : .....Batches.....beneficiaries

b) Name of Village/GP/Block/Dist where training to be undertaken (batche wise) :

c) Name & address of Implementing Agency:

d) Name of CEO of Agency and his phone no.:

e) Name of responsible person of Agency for this training programme :

f) Whether this agency has been empanelled with TRIFED, if so date of empanelment and serial no. of empanelled register maintained by RO:

g) Whether latest Audited Accounts of the Agency has been collected by RO, please confirm the year:

05. Whether tribal beneficiaries / trainees have been identified by the Agency / RO for this training as per guidelines :

06. Whether awareness and motivation programme for the tribal trainees has been organized before the selection:

07. Please confirm that the list of tribal trainees to be trained has been finalised and retained at RO.

08. Name and address of the Resource Person / Trainers to be engaged to impart training:

09. Training Schedule- Batch wise:

Sl. No.	Training Venue ( Name of the Venue / Village /GP / Block / Dist/ State	Date of Training (From.....To.....)	No of Days	No. of Batches / Trainees to be trained.

10. Please indicate the amount-Batch wise Estimated Expenses proposed by Agency:

Sl. No.	Batch identification	Batch wise estimated expenses proposed by Implementing Agency	Batch wise expenses approved by RO
	Total		

11. Date of MOU signed with this Agency (copy enclosed):

12. Total Funds required by RO and month wise schedule:

Sl. No.	Month	Amount required
	Total	

13. Name of RO official(s) to be deputed for the training programme to supervise and monitor of the operation on behalf of TRIFED :

Dated:

Signature of RM  
(Name:.....)  
RO:.....

**ANNEXURE-X**

**FORMAT FOR SUBMISSION OF FINAL REPORTS TO HO AFTER COMPLETION OF MFP TRAINING PROGRAMME**

(This report should reach HO within one month of the completion of training programme. This report to be prepared implementing agency wise)

Name of Regional Office.....for the state of .....

**Name of MFP Training Programme:**

01. HO allotment for the training programme: Letter No. ....dated.....

02. No. of batches allotted by HO for the state: .....Batches.....beneficiaries

03. a) Name & address of the Implementing Agency Involved to conduct training programme:

b) Date of MOUs signed by RO with Agency:

c) No. of batches allotted & completed by the Agency:

Sl. No.	Training Venue	No. of Batches & No. of Trainees trained.	Period of Training & no. of days	Name of the Resource Persons and trainers involved in this batch of training.	Name of Trifed Officials deputed to supervise & monitor this training programme.

04. Funds sanctioned & utilized:

Sl. No.	Total Funds sanctioned	Total Funds Utilized by the Agency	Utilization Certificates received by RO and submitted to HO. (Name of the CA and its Regn. to be given here)

Note: The Xerox Copies of **UC in GFR-19A and Statement of Expenses** duly certified by CA should be sent to HO and Original to be retained at RO for verification of Auditors.

05. Submission of Documentation Reports by Implementing Agencies for onward forwarding to HO:

- a) A detailed report comprising of resource materials, name & address of the trainees and trainers, guests participated, date wise proceedings of the events, photographs of the training (including group photographs of inauguration and valedictory session) programme (at least 7-10 photographs- hard copy and soft copy) of each batch of training. (Two sets of such colorful reports to be submitted by the Agency out of which one set to be sent to HO and another to be retained by RO.
- b) The soft copy of training programme specifying batch wise- two sets (.One to be retained by RO and another to be sent to HO):
- c) Day wise Attendance Sheet of participants and resource persons as per format **Annexure-V** for each batch of training. - Confirmation of RO: **Yes / NO**
- d) Stipend Payment Register/ Statement duly acknowledged by the recipient. Format of payment Register is given at **Annexure-VII**. The certified true copy of such register / sheet to be sent to HO and Original register to be retained at RO for future verification and reference:
- e) The passport size photographs of trainees and trainers of each batch to be recorded in a Register in the prescribed format as given at - **Annexure VI**. The certified true copy of such sheet to be sent to HO and Original register to be retained at RO for future verification and reference:
- f) The copy of final set of Physical & Financial report as per **Annexure-VIII & IX**.
- g) The Original set of receipt of tool kits distributed to tribal trainees (group or individual wise receipted) as per format at **Annexure-IV** on completion of training programme should be obtained. (These are to be retained by RO for verification of Auditors).

Confirmation of RO: **Yes / NO**

- h) A certificate from Implementing Agency to be collected that each batch of training has been conducted by them as per terms & conditions of Agreement and guidelines prescribed by TRIFED.
- i) A certificate from Regional Manager of concerned ROs, that each batch of training has been conducted by them as per terms & conditions of Agreement and guidelines prescribed by TRIFED.

**REGIONAL MANAGER**

**GFR 19 - A**  
(See Rule 212 (1))  
**Form of Utilization Certificate**

S.No.	Letter No. & Date	Amount in Rupees	
			Certified that out of Rs. .... of Grant-in-aid sanctioned during the years ..... in favour of ..... Under this Ministry/ Department letter No. .... given in the margin and Rs. .... On account of unspent balance of the previous year, a sum of Rs. .... has been utilized for the purpose of ..... for which it was sanctioned and that the balance of Rs. .... remaining un utilized at the end of the year has been surrendered to Government (vide No. .... dated ..... ) will be adjusted towards the grant-in-aid payable during the next year .....

Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled/ are being fulfilled and that I have exercised that following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:

- 01.
- 02.
- 03.
- 04.

Signature .....

Name of the Proprietor /  
Partner of the Firm

Date... ..

Regn No. and

**Annexure-B**

**Statement of actual expenditure incurred for ..... batches of Re-orientation Training for tribal Honey Gatherers consisting .....nos of beneficiaries of .....(State)**

<b>Sl.NO</b>	<b>PARTICULARS</b>	<b>Amount in Rs.</b>
<b>1</b>	<b>TRAINER'S EXPENSES</b>	
<b>A(i)</b>	Resource Persons / Experts Fees / Charges	
<b>A(ii)</b>	Trainers Fees	
B	Lodging rent for Resource person / Experts	
<b>2</b>	<b>TRAINEE'S EXPENSES</b>	
A	Stipend	
B	Training Kit i.e. Bag, Scribbling Pad, Pen, Brochures, Training Manual, Booklet etc	
C	Lodging rent for trainees	
D	Travelling allowance	
<b>3</b>	<b>VENUE RELATED EXPENSES</b>	
A	Training venue arrangement including sound and light and other expenses	
B	Food expenses ( Breakfast , Lunch , Tea /Snacks)	
	Food expenses ( Breakfast , Lunch , Tea /Snacks, Dinner)	
C	Van hire charges for demo session	
<b>4</b>	<b>PUBLICITY &amp; OTHER EXPENSES</b>	
A	Documentation including photography & Videography	
B	Publicity, Banner & stationeries	
C	Identification & Mobilization Expenses	
	Total	
D	Contingency expenses	
	Total	
<b>6</b>	Implementing Agency Fees - 10% of total budget (except on tool kits)	
<b>7</b>	Tool kit	
<b>8</b>	Total Expenses	
<b>9</b>	Cost of raw material consumed	
	Total Expenses	
<b>10</b>	Monitoring, Supervision & Misc. Charges	
	Grand Total	

Certified that above amounts correct as per the records & vouchers verified.

Signature of Head of  
Implementing Agency

Signature Chartered Accountant  
Date & Seal



**Annexure-C**

**Estimated expenses for one batch of Re-Orientation Training programme for Tribal Honey Gatherers ( Apiary Honey)**

	Batch size				30
	Duration				2
	Unit size				1
	<b>Trainers</b>				1
<b>S.NO</b>	<b>PARTICULARS</b>	<b>Amount in Rs.</b>	<b>Basis</b>	<b>Condition</b>	<b>Honey Gatherers Training-Reorientation Programme</b>
<b>1</b>	<b>TRAINER'S EXPENSES</b>				
A	Resource Persons fees / Charges	1000	Per day	In case the Resource person invited from outside	2000
		500	Per day	If the services of a local Persons are utilised	1000
B	Lodging rent for Resource person	300	Per day	In Case the trainer is invited from outside and is a Govt employees then the entitlement shall be governed by the entitlement in their organisation. However in case they are not Govt. servant then TA/DA as per the entitlement of upto DM Cadre in TRIFED can be allowed. In such cases arrangement for stay shall have to be arranged by TRIFED directly.	0
<b>2</b>	<b>TRAINEE'S EXPENSES</b>				
A	Stipend	150	Per day		9000
B	Training Kit i.e. Bag, Scribbling Pad, Pen, Brochures, Training Manual, Booklet etc	100	Per beneficiary		3000

C	Lodging rent for trainees	1000	Per day Per batch	In case trainees need to stay at the venue	0
D	Travelling allowance	1000			0
3	<b>VENUE RELATED EXPENSES</b>				
A	Training venue arrangement including sound and light and other expenses	1500	Per day		3000
B	Food expenses ( Breakfast , Lunch , Tea /Sanacks)	100	Per beneficiary/ day	In case trainees are not staying then expenses on Dinner are not required	6000
	Food expenses ( Breakfast , Lunch , Tea /Sanacks, Dinner)	150	Per beneficiary/ day	In case trainees stays overnight	0
C	Van hire charges for demo session	1000	per vehicle per day	To be used for exposure visit to the field. The number of exposure visit to be indicated at the time of formulation of project.	0
4	<b>PUBLICITY &amp; OTHER EXPENSES</b>				
A	Documentation including photography & Videography	2000	Per Batch	Videography is required only for one batch per implementing agency	2000
B	Publicity, Banner & stationeries	1000	Per Batch		1000
C	Identification & Mobilisation Expenses	0	Per Batch		0
	Total				27000
D	Contingency expenses	5%		Allowed on actual subject to a maximum limit of 5% of the total expenses excluding administrative expenses of Implementing agency	1350

6	Administration Cost- 10% of total budget (except on tool kits) for implementing agency	10	Percent (%)	10% administrative expenses on the total expenses mentioned above except tool kit expenses shall be allowed to Implementing agency	10000
					38350
7	Tool kit ( Estimated)				180000
8	Total Expenses				218350
9	Raw Material				0
	Grand Total				218350

7278

\* New Training Programme where service charges are fixed