

SUBJECT: Market Access Program (MAP) Program Evaluation Requirements

TO: MAP Participants

BACKGROUND

The MAP regulations, in paragraph 7 CFR 1485.20(c)(3), specify that a MAP participant shall conduct periodic evaluations of its program and may contract with an independent evaluator to satisfy this requirement. Evaluation results guide the development and scope of a participant's program, contributing to accountability and providing evidence of program effectiveness.

CCC reserves the right to have direct input and control over design, scope and methodology of any program evaluation, including direct contact with and provision of guidance to the independent evaluator.

POLICY

Periodically a MAP participant shall conduct an evaluation of its program. The program evaluation may be a review of the MAP participant's entire program or any appropriate portion of the program to determine the effectiveness of the participant's strategy in meeting specified goals. A MAP participant shall complete at least one program evaluation each year.

The program evaluation shall contain the following seven elements:

- The name of the party conducting the evaluation;
- The activities covered by the evaluation (including the activity numbers);
- A concise statement of the constraint(s) and the goals specified in the activity plan;
- A description of the evaluation methodology;
- A description of additional export sales achieved;
- A summary of the findings, including an analysis of the strengths and weaknesses of the program(s); and
- Recommendations for future programs.

A MAP participant shall submit, via a cover letter to the Director of the Cooperator Programs Division, an executive summary which provides an assessment of the program evaluation's findings and recommendations and proposed changes in program strategy as a result of the evaluation.

A suggested template is attached to this program notice for use by participants.

EFFECTIVE DATE

This program notice is effective beginning with the 2010 MAP year.

A handwritten signature in black ink, appearing to read 'C. Foster', with a long horizontal line extending to the right from the top of the signature.

Christian J. Foster
Deputy Administrator
Office of Trade Program

NOV 17 2009

MAP PROGRAM EVALUATION

Date of Evaluation _____

Name of Participant _____

Name of Program Evaluator _____

I. Goal(s) specified in activity plan:

- 1)
- 2)
- 3)

II. Constraint(s) to be addressed in activity plan:

- 1)
- 2)
- 3)

III. Activity(ies) covered in this evaluation:

(include activity numbers)

Description of evaluation methodology:

Description of progress made in the market, that is a description of additional export sales achieved and a description of other program results:

Description of strengths:

Description of weaknesses:

Summary of Findings:

Recommendations:

Future and/or proposed changes in program strategy: