



GROUP INVESTMENT ACTIVITY

# Mid-Term Business Evaluation

This is a companion document to [A Guide to CARE's VSLA in Emergencies](#), and a sub-tool of the [VSLAiE Group Investment Activity Standard Operating Procedure](#).

Use this form to gather qualitative and quantitative information about each VSLAiE's group investment activity, assess progress, and identify areas for improvement.

OCTOBER 2025

## GROUP INVESTMENT ACTIVITY

# Mid-Term Business Evaluation

Date of Evaluation: \_\_\_\_\_ Name of Evaluator: \_\_\_\_\_

## 01 Group Information

Group Name: \_\_\_\_\_

Group Location: \_\_\_\_\_

Date of Group Formation: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Group Composition (male/female/mixed): \_\_\_\_\_

## 02 Business Overview

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Investment Started: \_\_\_\_\_

## 03 Financial Performance

Initial Investment Amount: \$

Current Value of Investment: \$

Total Revenue Generated to Date: \$

Total Expenses Incurred to Date: \$

Net Profit/Loss to Date: \$

## 04 Progress Assessment

Rate the following statements from 1 (Strongly Disagree) to 5 (Strongly Agree):

Statement	Rating (1-5)
The group has successfully pooled resources.	
Profit from the business has been reinvested effectively.	
The group is meeting its financial targets.	
Members are satisfied with the investment outcomes.	
The business is contributing to the community.	

## 05 Challenges Faced

What challenges has the group encountered in managing the investment?

How have these challenges impacted the business?

## 06 Capacity Building

Has the group received any training or support related to business management?

Yes      No

If yes, please specify:

## **07 Future Plans**

What are the group's plans for the next six months?

What support does the group need to achieve these plans?

## **08 Additional Comments**

Please provide any other relevant information regarding the group investment activity:

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_