**CFP 1.3 : Partner Information Document**

Please complete the following information to the best of your ability. GCA will use this information to perform a preliminary capacity assessment.

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| **Section 1. Organizational Overview** |
| Name of prospective partner  |  |
| Call Ref. Number  |  |
| Type of Registration (INGO, NGO, CBO, Company Limited by Guarantee)   |  |
| Registration (Please provide proof of registration) | Certificate No.  |  |
| Date of first Registration  |  |
| Expiry Date  |  |
| Official Address  | Postal Address  |
| Website/s  |
| E-Mail  |
| Telephone  |
| Number of staff (Female and Male)  |  |
| Number of interns & volunteers (Female, Male)  |  |
| Name, position, email and mobile number of secondary contact of organization  |  |
| Geographical coverage  | *Country, province, district* |
| Is your organization affiliated to any political, ethnic, or religious group, or armed group?  | *Y/N* |
| *If yes, explain* |

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| **Section 2: Share project donors, interventions and target population, outreach and program area implemented in the past 3 years** |
| **Name of Donor** | **Role of Donor** | **Program Intervention** | **Program location (State/District/County)** | **Target Group** | **Outreach - # of beneficiaries** |
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| **Section 3: Governance**Name your current Board members   |
| **Name** | **Sex** M/F | **Position on the Board** | **Date of joining** | **Profession** | **Contact**(mobile and email) |
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| **Section 4: Senior Management Team Composition**Please provide names and qualifications of your senior management team  |
| **Name** | **Sex** M/F/Prefer not to say | **Position** | **Years in Position** | **Key Qualifications** | **Contact**(mobile and email) |
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| **Please attach an organogram** |

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| **Section 5: Funding sources in the past 3 years**Please provide a list of all your funders in the table below  |
| **Name of Funder/Donor**  | **Contact Person and Email Address**  | **Year when funding started**  | **Funding Period (Years)**  | **Amount of Funding (Indicate Currency)**  |
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| **Please attach audited financial statements and project audits for the previous 3 years.** |

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| **Section 6: Policies & Procedures****Please provide a list of all your policies and procedures in the table below.** |
| **Policy/Document** | **Requirements** | **Policy Holder** | **Last Updated** | **Next Updated** |
| Finance Policy |  |  |  |  |
| Anti-Fraud & Anti-Corruption Policy |  |  |  |  |
| PSEAH Policy |  |  |  |  |
| Code of Conduct |  |  |  |  |
| HR Policy |  |  |  |  |
| Salary Scale and Fringe Benefits/Terms and Conditions of Employment |  |  |  |  |
| Procurement Policy/Manual |  |  |  |  |
| Cost Allocation Policy |  |  |  |  |
| Internal Control Framework |  |  |  |  |
| Risk Management & Risk Registration |  |  |  |  |
| Monitoring & Evaluation |  |  |  |  |
| Authorization Matrix |  |  |  |  |
| Program Planning and Implementation Procedure/Policy |  |  |  |  |
| Audited financial statement for past 3 years |  |  |  |  |
| Project audits for the previous 3 years |  |  |  |  |
| Organogram |  |  |  |  |
| Partnership Policy |  |  |  |  |
| **Add other policies as necessary** |  |  |  |  |
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| ***Please attach copies of the policies listed above*** |