**CFP 1.3 : Partner Organisation Information**

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 | 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 and 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**  Please 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 an audited financial statement and project audits for the previous 3 years.** | | | | |

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| **Section 6: Policies & Procedures**  Please provide a list of your policies and procedures in the table below. | | | | |
| **Policy** | **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 |  |  |  |  |
| **Add other policies as necessary** |  |  |  |  |
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| ***Please attach copies of the policies listed above*** | | | | |