

The partner assessment form shall help you and us to reflect on our partnership, preparing reviews, or joint applications for co-financing.

**1. Partnership Assessment** (*please tick*)

- No previous relation to plan:g
- Partner of plan:g since [date] \_\_\_\_\_.\_\_\_\_.\_\_\_\_\_

**Partnership in the course of** (*please tick*)

- Development Cooperation
  - Child Sponsorship (before 2013)
  - Sponsorship Advancing Quality of Teaching (since 2015)
  - Pharmaceutical Aid
  - Other (*please specify*):
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**2. Information on the Organisation**

**List of Appendices** (*please tick appropriate field and attach documents*):

- Organisational rules
- Copy of the registration document
- Latest annual report and financial statement
- Organisational strategy and budget for the current year
- Organisation's latest audit report from the financial statement
- Organisation's governing structure's composition
- Annual Report
- Child Protection Guideline
- Other

**3. Contact information: Organisation**

Full name of Organisation	
Acronym	
Address Headquarter ( <i>fill all existing and applicable data as suggested below</i> )	
Street	
Street Number	
Zip Code	
City	
County	
State	

Country	
CIDSE code	
Telephone	
Fax	
Email	
Web-Page	
Skype	
Other	

#### 4. Contact information: Contact Person

First Name	
Middle Name	
Last Name	
Title	
Job Title	
Position	
Address ( <i>fill all existing and applicable data as suggested below</i> )	
Street	
Street Number	
Zip Code	
City	
County	
State	
Country	
CIDSE code	
Telephone	
Fax	
Email	
Web-Page	
Skype	
Other	

#### 5. Basic information on the Organisation

Date and place of registration	
Name of Registrator	
Registration number and/or possible business identity code	
Affiliation with Diocese/Mother Institution	
Number of members	
1 Individual members	
2 Other members (e.g. organisations)	
Total income of the Organisation's latest financial period	
1 Membership fees	
2 Grants	
3 Other	

### 5a. Staffing Information

The Organisation has hired employees:

No

Yes, number:

Persons responsible for development co-operation activities:

Name	Position/task	Telephone	E-mail

### 5b. Authorised signatories of the Organisation and the authorisation of signatories

1. Name: \_\_\_\_\_ Position:

\_\_\_\_\_

2. Name: \_\_\_\_\_ Position:

\_\_\_\_\_

### 6. Activities

<b>3.1 Summary of the Organisation's development cooperation expertise (thematic/regional)</b>
<b>3.2 Summary of the Organisation's current development co-operation activities</b>

<b>3.3 Brief Assessment of Cooperation with plan:g</b>

### 7. Funding Sources

Support from Governments, other donors and other sources (e.g. private sources and companies)	
1 Source/Amount	
2 Source/Amount	
3 Source/Amount	
4 Source/Amount	
...	
...	

Total annual income:   
 % of income by plan:g:

### 5. List of possible evaluations

Topic	Date	Type ( <i>internal/external; tracer studies, other</i> )

### 8. Network Capacities

We have cooperated with other organizations in:

- fundraising
- project implementation
- campaigning
- lobby
- other, (*please specify*): \_\_\_\_\_
- We are interested in cooperation because (*please specify*): \_\_\_\_\_

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We are not interested in cooperation because (*please specify*):

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9. Date of last audit \_\_\_\_ . \_\_\_\_ . 20 \_\_\_\_

10. Date of last plan:g organisational assessment: \_\_\_\_ . \_\_\_\_ . 20 \_\_\_\_

### 10. Approval

We/I declare that to the best of our/my knowledge and belief, all the particulars entered on this form are correct and complete in every respect.

Place and date	Place and date
Signature	Signature
Name in capitals	Name in capitals
Position	Position