PARTNER PROFILE

Updated: Click here to insert a date  
(maximum one year old)

# Cover page

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| --- | --- |
| **Name of the organisation:**  (As it appears on the constitution or in the set of rules.) |  |
| **Abbreviation or acronym for your organisation:** |  |
|  |  |
| **Type of organisation**  (Member based organisation, Development NGO, Community Based Organisation, foundation etc.): |  |
| **Legal status & date of registration**  (if applicable): |  |
| **Registration number**  (if applicable): |  |
| **Signature of the organisation’s legally authorised representative:** | |  |  |  | | --- | --- | --- | | Click here to insert a date |  |  | | Date |  | Signature of legally authorised representative |   Place Name of representative (block letters) |

Guide

This appendix is a fact sheet giving information about the South partner who is implementing the project or activity. An updated version must be filled in by the South partner.

You may have given some of the information before when applying to the Danish Disability Fund. Feel free to reuse any information as long as it is still up to date. Please delete this guide before submitting the annex.

## 1. Basic facts

### 1.a Size of the organisation

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| --- | --- | --- | --- | --- | --- |
|  |  | **Number of people** | | | |
| **Members** | Individual: | *Total:* | *Male*  *(if info is vailable):* | | *Female*  *(if info is available):* |
|  | Organisational/  groups/other: |  | | | |
| **Staff** (secretariat, management or administration) | | *Please specify the positions and number of staff in each position:* | | | |
| **Volunteers** (unpaid staff - not including board members) | | *National level:* | | *Local level (please explain at what level):* | |
| **Do you have any branches at local level?** Please specify number of branches and their legal status. | |  | | | |

### 1.b Contact details for your organisation

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| **Phone number (Land):** | **E-mail address:** |
| **Mobile number:** | **Website and Facebook address** (if any)**:** |

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| **Do you have an office or access to office facilities?** (please indicate whether it is an office owned by the organisation / rented/ borrowed/private home/ no office/ other): |  |
| **Street/Road:** | **City/Village:** |
| **District:** | **Region:** |
| **Postal Address/PO Box:** | **Country:** |

### 1.c Contact details of chair person

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| --- | --- |
| **Name:** | |
| **Email:** | **Phone:** |

### 1.d Contact details of executive secretary/director (if any)

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| **Name:** | |
| **Email:** | **Phone:** |

### 1.e Contact person in relation to this application (or to your Danish partner)

|  |  |
| --- | --- |
| **Name:** | **Position:** |
| **Email:** | **Phone:** |

## 2. Purpose and foundation

### 2.a Foundation

#### When was your organisation founded and by whom?

### 2.b Objectives

#### What are your organisation’s main objectives (vision/mission)?

## 3. Capacity and governance

### 3.a Members

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| What **kind of disabilities** do your members have / does your organisation represent? |  |
| How are you in **contact with your members** and how often? (meetings/ news letters/ radio programs/others? |  |
| Does the organisation have a **membership register?**  If yes please indicate the type (List on paper/on PC/other( please indicate type)?  Who is responsible for the management of the register and when it was last updated? |  |
| Do members pay membership fee and if so how much and to which entity (local structure/national structure/other)? |  |

### 3.b General Assembly (if applicable)

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| Who can participate in your general assembly/members meeting? |  |
| When did you conduct your last general assembly/members meeting? |  |
| How many participated? (approximately) |  |
| When do you plan to conduct your next general assembly/members meeting? |  |

### 3.c Board

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| How were the board members elected? (secret ballot/show of hands/appointed other please describe) |  |
| When was the sitting board elected/ appointed? |  |

### 3.d Board composition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Sex** | **Position on board** | **Disability** | **Profession**  (farmer, teacher, housewife, engineer, shop owner, etc.) |
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| **How often and when has the board met over the past two years?** (Dates) |  |  |

### 3.e Activities and income

#### Please list your main grants during the previous three years (not more than one page).

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| --- | --- | --- | --- | --- |
| **Project title** | **Focus area(s)** | **Period** | **Funding/partner(s)** | **Amount** |
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| **Do you have other sources of income?** (Productive projects/friends/ state/other and if so approximately how much per year) |  |
| **What is the organisations turn-over per year?** |  |
| **Do you have experience in audit of funds?** If so who is your current auditor? |  |
| **Are you part of any DPO/NGO networks?** If yes which? |  |
| **Do you coordinate your work with any authorities?** If yes which? |  |
| **Do you do any advocacy work?** If yes which?Describe main results with in the last 3 years |  |
| **Do you produce annual narrative and financial reports for the entire organisation (supplementary to project reports)?** If yes, please attach the latest one. |  |

### 3.f Evaluations and assessments

#### If relevant, please list important external or internal evaluations or organisational assessments carried out during the previous three years (if any).

### 3.g Management procedures

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| **Do you have:** | **Specify and indicate year for when it was last updated** |
| **Constitution/ by-laws?** (*Please attach)* |  |
| **Strategic plan describing the priority areas of the organisation?** (*Please attach)* |  |
| **Gender policy?** (*Please attach)* |  |
| **Code of conduct?** (*Please attach)* |  |
| **Written management procedures or guidelines describing lines of authority and responsibilities within the organisation (organisational/financial/ procurement)?** (*Please attach)* |  |
| **Who is responsible for monitoring procedures are followed?** (*Please attach)* |  |

### 3.h Signatories

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| --- | --- |
| **Please list the persons who are authorised to sign cheques or withdrawals from the account which your Danish partner will transfer the funds to (you may add more rows).** | |
| **Name** | **Position in organisation** |
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