

**Questionnaire  
On  
Civil Society Organizations in Papua New Guinea**

1. Name of Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. Of Staff:

\_\_\_\_\_

Website: \_\_\_\_\_

Province (Location): \_\_\_\_\_

2. Details (Head of Organization)

(Photo)  
Attach a copy of NID card

Contact Details:

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

Title: \_\_\_\_\_

Landline: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

3. Status of Formalization

IPA Registration No: \_\_\_\_\_

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

4. Name of Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Status: \_\_\_\_\_

5. Field(s) of Specialization:

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6. Major Projects undertaken in the last Five (5) Years

Year	Project Name	Funding Agency	Project Value	Project Location	Project Beneficiaries								
					Direct				Indirect				
					M	F	CH	TOT	M	F	CH	TOT	
2018													
2017													
2016													
2015													
2014													
GRAND TOTAL													

**KEY:**

Project Beneficiaries; Direct/Indirect

**M** = Males (Number of Adult Males)

**F** = Females (Number of Adult Females)

**CH** = Children (Number of Children)

**TOT** = Total

