## Questionnaire

## 0n

# Civil Society Organizations in Papua New Guinea

1.	Name of Organization:	Address:	No. Of Staff:
	Province (Location):		Website:
2.	Details (Head of Organization)	Contact Details:	
		Name:	Title:
	(Photo) Attach a copy of NID card	Landline:	Mobile:
		Email:	
L			
3.	Status of Formalization		
	IPA Registration No:	Date Registered:	
4.	Name of Bank:	Branch:	Account Status:

-

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

Year	Project Name	Funding Agency	Project Value	Project Beneficiaries							
				Dire	ct			Indir	ect		
				М	F	СН	TOT	М	F	СН	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

<ol><li>Number of clients served in the last five ye</li></ol>
--

Year	No. of Clients	Comments
	Served	
2018		
2017		
2016		
2015		
2014		
Total		

### 8. Audit Reports in (Last Five (5) Years only)

YEAR	AUDIT FIRM	TITLE OF REORT
2018		
2017		
2016		
2015		
2014		

### 9. Partner Organizations

List Partner Organizations (Last Five Years only)	Contact Person & Email Address