



A Form of partnership request

Project/ "Economic Empowerment of Female Ex-Prisoners through Mobile Commerce Vehicles"

General Information:

Full Name of Association	
Date and Registration Number in Administrative Authority	
The governorate where the registration was	
official address	
Website and e-mail (if applicable)	
Phone Number: city code + Number	
Fax: city code + number	
Number of board of directors, Co-founders of association/ /foundation board of directors (Full names of / date of birth/ place of birth / gender / level of education)	

The Applicant acknowledges that data and information provided are correct and on his responsibility and if there is any violation, the application will be rejected.

Chairman of the board	
Association	
Seal/Signature	

Checklist of management/ verification form

Full Name of Association:

The target (as stipulated in its statute):

Action Fields of association:

Date of Establishment:

Board of Directors' Term of office:

Date of the last mandate renewal:

Names of Co-founders members:

Names of Board of Directors:

Address:

Phone Number:

Fax:

Website:

Membership in the local network:

Membership in international network:

Human Resources:

index	2017		2016		2015	
	Males	Females	Males	Females	Males	Females
salariéd employees						
volunteers						
Direct beneficiaries						
Indirect beneficiaries						

Senior management:

Board of Directors:

name	Date of hold office	Age	Phone	E-mail
level of education		Last position		

Secretary-General:

name	Date of hold office	Age	Phone	E-mail
level of education		Last position		

Secretary of the Board:

name	Date of hold office	Age	Phone	E-mail
level of education		Last position		

- Describe briefly the rules of procedure of your foundation/Association.

Financial Regulation and Administration structure.

- Describe your experiences in implementation of other projects according to the following table:

Name of Project	Duration of implementation(From – to)	overall Budget	Funding authority	Field of project	Number of beneficiaries	Place of action and beneficiaries

The following should be attached:

- The last three budgets (whenever possible)
- The association's statutes- staffing structure

