****

*“Well coordinated and strong civil society organizations in Nebbi District”.*

 **ORGANIZATION INVENTORY FORM.**

All information provided to Nebbi NGO Forum in regard to this form will be treated with confidentiality.

1. **Name of the organization**………………………………………………………
2. **Contact address**…………………………………………………………………..
3. **Physical location of the organization …………………………………………**

|  |
| --- |
| **Sub County/Town council:**…… ……………………………………………**Parish:**…………………………………………………………………………..**Village:**………………………………………………………………………… |

1. **Type of organization (Tick appropriately)**

|  |  |  |  |
| --- | --- | --- | --- |
| Non-Governmental Organization (NGO)  |  | Year established  |  |
| Community Based Organization (CBO) |  | Registration Number with (District) |  |
| Faith Based Organization (FBO)  |  | Registration. No. with Sub-county/Town council  |  |
| Others (Specify)……………………………… |  | Registration with NGO Forum |  |

1. **Area of focus/activities**

|  |  |  |
| --- | --- | --- |
|  |  | **Specific activities**  |
| **Heath service** | (tick) |  |
|  |
|  |
| **Agriculture**  | (tick) |  |
|  |
|  |
|  |
| **Water and sanitation.** | (tick) |  |
|  |
| **Human rights And good governance**  | (tick) |  |
|  |
|  |
| **Education**  | (tick) |  |

1. **Name of the executive members of the organization (people behind the organization)**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name:**  | **sex** | **Telephone Nos.** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |

1. **Total numbers of members of your organization by gender (how many MALES ...................……… and how many FEMALES……………………) Total members…….…………………..**

**8. Main activities undertaken**

|  |  |  |
| --- | --- | --- |
| **No.** | **Activity**  | **Location**  |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**REVENUE GENERATION AND SUSTAINABILITY STATUS:**

**9. What is the total revenue of your organization for the last two years by categories**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revenue category**  | **Year 2017 Ugshs** | **Year 2018 Ugshs** | **Year 2019** | **Year 2020** |
| Membership fees |  |  |  |  |
| Fees for services |  |  |  |  |
| Donor fund  |  |  |  |  |
| Income from other sources (specify)  |  |  |  |  |
| Total operating budget  |  |  |  |  |

**10. What are the capacities needs of your organization that needs to be supported**?

1:……………………………………………………………………………………………..

2:……………………………………………………………………………………………..

3:……………………………………………………………………………………………...

4:………………………………………………………………………………………………

5:………………………………………………………………………………………………

**Contact Person……………………………………………**

**Signature………………………………………………….**

**Mobile……………………………………………….………Email……………………………….………………….**

**Date………………………………………………**

**Endorse with the official stamp**.

**Return this to Nebbi NGO Forum P.O.BOX, 105, Nebbi, Bishop Orombi Road, and Nebbi Municipal council**

 **Thank You.**